

North East Autism Society

14 Thornhill

Inspection report

14 Thornhill Park
Sunderland
Tyne And Wear
SR2 7LA

Tel: 01915102038

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24 October 2018
29 October 2018
06 November 2018

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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

This inspection took place on 24 October 2018 and was unannounced. A second day of inspection took place on 29 October 2018 which was announced. We also spoke to relatives on 6 November 2018.

14 Thornhill is a 'care home' located in the Ashbrooke area of Sunderland. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. 14 Thornhill provides care for up to six people who have autistic spectrum conditions. The service does not provide nursing care.

14 Thornhill has been developed and designed in line with the values that underpin Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Some issues were found in relation to management of over the counter medications, food hygiene practices, storage of hazardous household materials and safety of windows in the premises. The registered manager took immediate action to address these issues throughout the inspection.

Relatives we spoke with told us they felt their family members were safe living at the service and staff knew their family members very well. They also told us that staff knew about autism and said this was paramount to caring for people with autism.

Safeguarding issues were logged and reported and staff we spoke with were confident in their understanding of safeguarding and were able to tell us how they would action any safeguarding concerns.

Staff were subject to a robust recruitment process, including pre-employment checks. Newly recruited staff had a period of induction which included shadowing existing members of staff.

People were supported and encouraged to eat a healthy and balanced diet. People were involved in the creation of their weekly menus, buying the ingredients and preparing, (where possible,) their own meals.

People had access to a variety of healthcare professionals, including GPs, dieticians and consultants.

Relatives we spoke with confirmed their family members attended regular check-ups and annual healthcare appointments.

Staff were seen to treat people with great care and kindness and relatives we spoke with confirmed this also.

Prior to admission to the service, a detailed pre-assessment was carried out to ensure that the service could meet the needs of that person. Care plans contained lots of detailed information about how staff should care for that person, including their likes and dislikes, what made them happy or sad and what kind of activities they enjoyed and chose to do. Staff were able to tell us how they would ensure that people's dignity was maintained during personal care and every-day tasks and this was evidenced during the inspection.

Care plans seen included 'goals' that people were working towards. These goals included, enhancing people's social skills, building upon their personal confidence and expanding people's life skills.

People had access to a range of activities which included attendance at college and farm as well as a local friendship group.

Relatives and healthcare professionals confirmed that the service was well-managed. The registered manager is supported in their role by an area manager who visited the service regularly.

Staff told us they felt supported and valued in their role. The provider had a range of quality assurance systems in place to ensure that the service provided care that was safe and person-centred.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service has deteriorated to requires improvement.

Requires Improvement 

Is the service effective?

The service remained effective.

Good 

Is the service caring?

The service remained caring.

Good 

Is the service responsive?

The service remained responsive.

Good 

Is the service well-led?

The service has improved to good.

Good 

14 Thornhill

Detailed findings

Background to this inspection

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

This inspection took place on 24 October 2018, and was unannounced. This meant the provider did not know we would be visiting. A second day of inspection took place on 29 October 2018 which was announced. Telephone calls to relatives were made on 6 November 2018.

The inspection team was made up of one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the local authority commissioning team, the clinical commission group, and the safeguarding adult's team, social workers and other health care professionals. We contacted the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke with three people who lived at the service and three relatives. We spoke with the registered manager, the deputy manager, the area manager, the provider's Head of Adult Services and three care staff.

During our visit we observed care and support provided by staff within the home. We looked at the personal care and support plans for two people. We reviewed two staff files including recruitment, supervision and training information. We also reviewed records relating to the management of the service.

We looked around the building and spent time in the communal areas.

Is the service safe?

Our findings

We checked the way in which medicines were managed and we found some aspects were not completely safe.

Some homely over the counter remedies which had been purchased and opened, did not have a recorded opening date, and one item was also out of date. A review of first aid boxes included one item which was also out-of-date. We also checked people's MAR charts to compare 'held' stock verses 'recorded' stock, and we found a discrepancy for one person.

A review of MAR charts, showed that people's medicine was received and administered correctly and people received their medicines as prescribed. Medicines were stored safely in locked cupboards which were located in a locked room. Any unused/no longer required medicine were stored separately and then returned to the pharmacy. The provider had a system in place which allowed people to safely take their medicine when they were not at home, for example when attending college, or other activities. Training records showed that all staff were up-to-date with training regarding the safe handling of medicines.

We spoke to the registered manager regarding the issues identified above. By the second day of inspection, all over the counter homely remedies had been disposed of, and a more detailed and effective medicine audit plan had been created and implemented.

Records showed that the provider had carried out regular maintenance and premises safety checks for example, fire extinguisher servicing, fire drills and gas safety checks.

During a walk-around of the premises on the second day of inspection, we identified a number of issues that required improvement. This included poor food hygiene practices, and unsafe storage of hazardous household substances. In addition to this we found that two windows on the top floor landing did not have window restrictors in place nor did a window in the accessible staff toilet.

We spoke to the registered manager about the issues we had found and by the end of the inspection appropriate action had been taken to ensure the safety of people within the service. They also told us that they spoke with the local authority to address the lack of food hygiene inspection.

People told us they felt safe living at the service and relatives we spoke with also said they felt people were safe. One person told us if they did feel worried they would tell staff about this. One relative we spoke with told us, "Yes, the service is safe and the staff are really good and know about autism, which is paramount."

There were policies in place in relation to safeguarding procedures to protect people from the risk of abuse. All staff had received safeguarding training and understood these policies and were confident in their knowledge of the safeguarding procedures. Records showed that safeguarding issues were logged and investigated and the provider took appropriate steps to keep people safe.

Records showed that the provider had carried out a variety of environmental and personal risk assessments to keep people safe that were regularly reviewed to ensure they remained effective. Personal emergency evacuation plans (PEEPs) were also in place to support people in the event of a fire.

Accidents and incidents were logged and staff we spoke with were confident regarding when and where such events should be recorded. Records showed positive pro-active support' (PPS) forms had been completed and steps were taken to monitor and support each person following any incidents. A review of these forms, included written instruction stating that incidents should be; shared with staff via de-briefing sessions following the incident; shared with relatives following any incidents and that the registered manager should review and sign each form as being complete. However, a review of the PPS log showed that although incidents had been logged, not all records had been fully signed as completed.

We spoke with the registered manager regarding the missing information and they told us that although records had not been updated to state information had been shared, daily meetings were held with staff which included de-briefing sessions regarding any behavioural incidents.

The provider had a robust recruitment process in place which included a number of pre-employment checks. This included an enhanced Disclosure and Barring Service (DBS) check. The DBS check helps providers to ensure that only suitable people are employed to work with vulnerable people.

There was enough staff deployed to provide people with safe care and this was confirmed following conversations with both staff and relatives. The registered manager told us that the staffing numbers were calculated by assessing people's individual needs.

The service was clean, tidy and free from malodours. Daily cleaning rotas were in place and the registered manager told us that as part of their role, staff were required to undertake daily cleaning elements of the service. During the inspection staff were seen to be carrying out cleaning duties. A review of the laundry room showed that it was well organised and procedures were in place to support infection control.

Staff we spoke with understood and were confident in their responsibility regarding the recording of safety incidents and records showed that incidents were recorded appropriately. The registered manager gave us an example of a lesson learnt. For example, when the key to one service user's portable medication had been lost, a change in process had been implemented to prevent reoccurrence.

Is the service effective?

Our findings

Prior to admission to the service a comprehensive assessment is carried out to ensure that the service and staff can meet the needs of each person. This assessment included involvement of relatives and healthcare professionals. Records showed that each care plan is designed to promote, encourage and meet the social needs of individuals.

The provider had a robust training plan in place which was up-to-date for all staff. Areas of training included, safeguarding, first aid and introduction to autism. New members of staff were subject to a combination of a three-month probation period, along with a two-month induction. This induction allowed new members of staff to 'shadow' designated keyworkers for a period of time. This process provided both staff and people the opportunity to get to know each other, which is a key element when caring for people living with autism. The registered manager told us that plans were in place to introduce more training which would further support staff in their care of people living with autism.

Staff received regular supervisions and yearly appraisals with their line manager. Supervision meetings are a formal process which allows staff and their manager to discuss staff's performance and any development needs.

People were supported to eat a healthy and balanced diet which is supported by dieticians, including a lot of fresh products such as fruit and vegetables. Any cultural and special dietary needs are catered for. Information was recorded regarding people's likes and dislikes in relation to food and drink. People were encouraged and supported, where possible, to design their own menus, buy their own groceries and to be involved in the preparation of their own food. Relatives we spoke with told us, "[Person] loves the food. We skype call twice per week and I always ask if the food is nice and they always say yes. [Person] is on a very healthy diet plan." Another relative we spoke with told us, "[Person] can't tell me about the food so I am not sure, but the staff make an effort to give [Person] a balanced diet and [Person] always looks fit and healthy!"

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met. DoLS had been appropriately applied for, mental capacity assessments had been carried out and decisions made in people's best interests were clearly recorded.

Relatives told us that people were supported to access healthcare professionals. Records showed that people had access to regular health care checks for example attendance at GP appointments, visits to their dentist and visionary checks. Other healthcare professional involvement included input from dieticians, speech and language therapy team (SALT) and specialist behavioural teams.

The service was suitably designed to meet the needs of people who lived there. Some people had their own designated kitchen and dining areas, whereas other people had shared kitchen and dining facilities. The home was comfortable, clean and bright with a good level of decoration throughout.

Is the service caring?

Our findings

During the inspection staff were seen to treat people with care and kindness. Relatives we spoke with confirmed that staff provided care and support that was both kind and compassionate. They also told us that staff knew the people they cared for very well. One relative we spoke with told us "[Person's] keyworker is great and to be honest I have been all over the country and nowhere else in the country is like this." One person we spoke with told us, "Staff are nice, they speak lovely and don't shout."

One person was keen to show us their room of which they were very proud. They told us how nice they thought their room was, which had been decorated to a good standard with lots of personal items and family photographs in place.

Care plans included detailed information regarding how staff should support people if for example someone became upset. We asked staff to tell us how they would care for people, and they were able to explain to us in detail what was important to each person in terms of how they would support them both within the service and whilst out in the community.

Relatives we spoke with told us that people were supported to maintain regular contact with their family either by skype calls, phone calls or visits home. One member of staff had recently supported someone to travel home for a few days so that they could be involved in, and enjoy a family celebration.

Some people who lived in the service had limited verbal communication skills. We did speak to a number of people, and when we asked them about the staff who cared for them, they were able to smile and make happy gestures. One person we spoke with told us, "[Staff member] sits and chat and it is nice." One relative had recently requested further involvement from the SALT team to see if additional support was available to enhance their family member's communication skills. Following this request, plans were in place for updated 'software' to be installed to this person's iPad which will support them to have greater communication with their family.

Information regarding advocacy services was available to people, relatives and visitors. Advocates help to ensure that people's views and preferences are heard.

We saw that people's dignity and privacy was respected. Staff were seen knocking on people's doors before entering as well as asking people's permission to enter. One member of staff we spoke with told us, "When I go into [Person's] room to assist with personal care, I always shut the door and make sure the blinds/curtains are closed. I always talk to [Person] so that they know exactly what I am doing/going to do."

Staff were aware of the importance of maintaining confidentiality. Care records were kept in locked cabinets.

Is the service responsive?

Our findings

People had individualised person-centred care plans which contained lots of information regarding their care needs, likes and dislikes, things that made them happy or sad and how they would react in various situations. Relatives we spoke with told us that they were regularly involved in their family members care planning and had the opportunity to discuss any changes with staff. Care plans were reviewed on a regular basis to ensure that any change in needs or support was documented. One healthcare professional told us, "The service meets good in all areas with high standards of care and excellent person-centred practice. Their review documents in particular, are exceptional."

Care plans reviewed, included a number of achievable 'goals'. These goals were set and were in place to support people to achieve as much independence as possible. These goals were discussed with relatives and people, where possible, and were regularly reviewed by staff. New goals were 'set' once previous goals had been achieved

Activities played a key part in the lives of people who lived at the service, and the service placed great emphasis upon ensuring that activities were meaningful and provided positive experiences for people, whilst supporting them to develop and enhance their social skills and life skills.

Each person had a wide range of activities they engaged in including, for example, trampolining, attendance at a local climbing wall and socialising with friends at a local friendship club. The registered manager told us that one person attended a local climbing wall but would often choose to just sit and relax, chatting with staff, preferring to 'people watch' whilst there.

During the inspection we observed people going out and about into the local community. Some people went out for walks with staff and one person went into the town to help staff buy decorations and pumpkins for the forthcoming Halloween celebration. We spoke with this person about going out and they told us they were very excited to go out and were looking forward to buying decorations. They told us they were also looking forward to getting dressed up for the Halloween party.

People were also supported to attend a variety of off-site provisions/facilities including the organisation's own establishments at Emsworth College and Warlands Farm. Emsworth College offered a range of personal, educational and social development programmes, whilst Warlands Farm supported people in a range of vocational and social activities. One person also volunteered in a shop in the local town one day per week and staff told us that this person really enjoyed doing this.

A few people had also recently been on holiday. Some people had travelled to Disneyland in Paris with the support of staff, and other people had visited Blackpool. People and their relatives we spoke with told us how much they had enjoyed these trips, and one relative was very complimentary regarding the level and detail of planning that was required to ensure that their family member was kept safe during these trips.

The provider had a complaints policy in place. The provider had received three complaints since the last

inspection in May 2016. Complaints had been acknowledged and investigated appropriately. Relatives we spoke with told us they would have no hesitation in raising concerns if the need arose.

Is the service well-led?

Our findings

The service had a registered manager in post who was supported by a deputy manager, senior carers and care staff. 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.

Staff confirmed they were well supported by the registered manager and deputy manager. One person we spoke with told us, "Both managers are really easy to talk to, if ever I need anything [registered manager] is always happy to help." One relative we spoke with told us, "I like [registered manager], she is very good." Relatives we spoke with told us, without exception, that the home was well managed.

Staff confirmed they attended regular staff meetings which were recorded. These minutes were available for staff who had not attended to read. Staff also told us that they attended daily flash meetings. These meetings included, for example, awareness of any care plan updates, any identified issues or plans for the day.

The registered manager was further supported by their area manager and the Head of Adult Services. These meetings included organisational changes/initiatives which the registered manager then cascaded to staff for their information. The registered manager regularly reported to the Chief Executive and Board of Trustees. These reports included service performance and what plans were in place to enhance the service further. The registered manager also attended an annual 'Challenge' meeting with the Board, to talk through how the service had performed during that year, including progress on each person living at the service along with a focus on people's future expectations.

The provider produced an overall organisational strategic plan for all of their services. Staff are encouraged to have input into the creation of the strategic plan and ideas for improvement are welcomed by the registered manager.

Annual questionnaires were sent out to relatives to obtain their views of the service and feedback from the last questionnaire was very positive.

Monthly quality audits were carried out by the registered manager. These audits were further supplemented by quarterly audits which were carried out by the area manager. Any areas for action were noted and a 'traffic light' system was in place to monitor the status and progress of each area.

The provider worked in partnership with other agencies, such as the local authority and the local clinical commissioning group. Good links with the local community were in place. This included people volunteering to work in shops in the nearby town. People were also supported to be 'out and about' in the local community including attendance at local attractions and sports facilities.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.