North East Autism Society

Ashdale - Sunderland

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 15 April 2015. The last inspection of this home was carried out on 13 June 2013. The service met the regulations we inspected against at that time.

Ashdale provides care and support for up to four people who have autism spectrum condition. The care home is a detached family house in a quiet residential area near the city centre. At the time of this visit there were four people living there. The service is situated beside another small care home and they are both managed by the same registered manager.

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.

People told us they "liked" living at this care home. They said they felt comfortable at the home and with the staff who supported them. One person commented, "I've always felt very safe at Ashdale." There were enough staff to meet people's needs. The home had a stable staff team and many staff had worked there for years. This meant

Summary of findings

they were familiar with people's individual needs. The provider made sure only suitable staff were employed. Staff helped people to manage their medicines and did this in a safe way.

People and relatives had confidence in the skills of staff. One person said, "The staff are very good. They know how to help people." A relative commented, "Staff seem very capable." Staff received relevant training to assist each person in the right way. Staff understood the Mental Capacity Act 2005 for those people who lacked capacity to make a decision and Deprivation of Liberty Safeguards to make sure people were not restricted unnecessarily.

People were supported to be as involved and as independent as possible in choosing menus, grocery shopping and preparing meals. One person told us, "I like all the meals because we shop and make them ourselves." Staff helped people to lead a healthy lifestyle, and supported them to go to any health care appointments.

People and relatives made positive comments about the caring and friendly attitude of staff. One person told us, "The staff are really lovely. They are all nice and caring." There was a relaxed and sociable atmosphere in the home. One person told us, "It's a very happy home and it's got a good atmosphere."

People were encouraged to make their own decisions and choices, for example about activities, menus and clothes. Staff were friendly and supportive when talking with people.

Staff were very knowledgeable about people's individual needs, preferences, likes and dislikes. There were up to date care records that were personalised to each person and included guidance for staff about people's specific needs.

Each person had a range of meaningful social, leisure and vocational activities they could take part in. One person said, "We do lots of different things." People and relatives were asked to comment on the service and they felt able to give their views about the home at any time. People and relatives had information about how to make a complaint

People, relatives and staff felt the organisation was well run and the home was well managed. There was an open, approachable and positive culture within the home. Staff commented positively on working for the organisation, but felt their views were not always directly asked for by the provider. The provider had a quality assurance programme to check the quality of the service.

Summary of findings

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. People felt safe at the home and with the staff who supported them. Staff knew how to report any concerns about the safety and welfare of people who lived there.

Risks to people were managed in a safe way so that people could lead as independent a lifestyle as possible.

There were enough staff to meet people's needs. The provider made sure only suitable staff were recruited. People's medicines were managed in the right way.

Is the service effective?

Good

The service was effective. Staff were well trained and experienced in supporting people with their autism needs.

Staff felt supported by the managers to care for the people who lived at the home.

People were supported to lead a healthy lifestyle. People enjoyed being involved in choosing and preparing their meals. Staff worked closely with health and social care professionals to make sure people's well-being was maintained.

Is the service caring?

Good

The service was caring. People said the staff were caring and kind. Relatives felt staff were capable and understood people's individual needs. Staff were supportive, friendly and patient towards the people that lived there.

Staff understood and acted on people's individual preferences of how they wanted to be cared for and respected their dignity. People's privacy and independence were promoted.

People were encouraged to make their own choices and decisions about their lifestyles.

Is the service responsive?

Good

The service was responsive. People and their relatives were fully involved in planning the care and in reviews about the service.

People had meaningful occupations that promoted their independent living skills. They could choose their own preferred social activities.

People had information about how to make a complaint in easy-read format. Relatives had written information about how to make a complaint.

Is the service well-led?

Good

The service was well led. People and relatives said the service was well managed. Relatives felt the provider's charitable status allowed it to operate in a flexible way for the good of the people who used its service.

The home had a registered manager who had been in post for several years. People, relatives and staff told us the registered manager was approachable, open and supportive.

Summary of findings

People's safety was monitored and the provider had systems for checking the quality of the care service.

Ashdale - Sunderland

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 15 April 2015. The provider was given 24 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the information included in the PIR along with other information about any incidents we held about the home. We contacted the commissioners and care managers of the relevant local authorities before the inspection visit to gain their views of the service provided at this home. We contacted the local Healthwatch groups to obtain their views. (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 visit we spent time with the four people who lived at the home and observed how staff supported them. We joined two people for a teatime meal. We spoke with the registered manager, the assistant manager and two support workers. We talked to a relative who was visiting the home. We looked around the premises and viewed a range of records about people's care and how the home was managed. These included the care records of two people, the recruitment records of two staff, training records and quality monitoring records.

Good

Is the service safe?

Our findings

People told us they "liked" living at this care home. One person said, "I've always felt very safe at Ashdale. The staff are lovely and I've always been very happy here." A relative we spoke with said the service was "very safe" and their family member was always happy to return to the care home after visiting them. They felt this was a positive sign that people felt safe and comfortable at the service.

A care manager who had worked closely with the home to support one person since the last inspection told us, "The client I was working with was supported in a safe, outcome focused way."

Staff told us, and records confirmed, they had completed training in safeguarding vulnerable adults and this was regularly updated by computer-based refresher training. Staff were able to describe the procedures for reporting any concerns and told us they would have no hesitation in doing so. One support worker told us, "We get regular safeguarding training and I would feel able to discuss any concerns with the manager."

There had been no safeguarding concerns in the past two years. The provider had clear policies about safeguarding vulnerable adults. There was a safeguarding poster in the office titled, 'If you see something, say something' and this included all the relevant safeguarding telephone contact details. Staff showed us they also had access to the safeguarding procedures and on the provider's computer system.

Risks to people's safety and health were appropriately assessed, managed and reviewed. People's records included risk management plans which provided staff with information about identified risks and the action they needed to take to minimise the risk. For example, some people needed support with preparing meals or with road safety awareness. The risk management plans were detailed and clearly showed how each person could be as independent as possible with the right support to minimise the risks. The risk assessments were reviewed every six months.

The accommodation for people was warm, modern and comfortable. There were no hazards within the home's premises that would present a risk to the people who lived, visited or worked in the home. The provider's health and safety team visited the home regularly to check that the premises were well maintained and all required certificates were up to date. Staff carried out monthly health and safety and fire safety risk assessments to make sure the premises were safe for people, staff and visitors. The people who lived there discussed fire safety drills at their monthly house meetings. This meant they knew how to evacuate the premises in an emergency, with guidance from staff, and this was recorded in their care files.

Staff told us that any premises issues were reported for attention straight away and repairs were carried out promptly. Reports of any accidents and incidents were overseen by the registered manager and were sent to senior managers each month. These reports were analysed for any trends. There had been few accidents in the home over the past year.

There were enough staff to support people with their individual interests and needs. One person told us, "I do nearly everything myself but it's nice to have them and they are very helpful." A relative commented, "Sometimes there are different staff here but it's an excellent service and there are always enough staff to make sure (my family member) is kept active."

The registered manager and staff also felt that staffing levels were sufficient to support people in the right way. One support worker commented, "There's always enough staff to support people individually." On the day of this inspection the registered manager, a senior support worker and a support worker were on duty. (The registered manager and assistant manager also managed a neighbouring small care home.) The staff rotas showed that there were always a minimum of two support staff on duty through the day and evening to support the four people who lived there. There was one staff on sleep-in duty for this home. Staff told us this was sufficient because people slept well and did not require any support through the night.

The home had contingency arrangements in case of staff emergencies or accidents and there were on-call management arrangements. The home only used staff from other homes or services operated by the provider and always aimed to use staff who were familiar with people's needs.

The home had a low turnover of care staff and there were no vacant staff posts at this time. All the staff we spoke with described the staff team as "stable". Most of the staff had

Good

Is the service safe?

worked for the organisation for over four years, and at Ashdale for between two to 10 years. There had been one newly recruited staff member in the past year. The provider's recruitment practices were thorough and included applications, interviews and references from previous employers. The provider also checked with the disclosure and barring service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people. This meant people were protected because the home had checks in place to make sure that staff were suitable to work with vulnerable people.

The arrangements for managing people's medicines were safe. The organisation had a clear policy and procedures for supporting people with medicines. Each person had a review of their medicines every six months with their GP, and psychiatrist if applicable. Medicines were securely stored in a locked medicine cabinet. The home received people's medicines in blister packs from a local pharmacist. The blister packs were colour-coded for the different times of day. This meant staff could see at a glance which medicines had to be given at each dosage time.

One person managed their own medicine, and was supported to be as independent as possible in this. The person signed for receipt of a week's supply of their medicine and staff kept a tally of the remaining medicines. The person described how they kept the medicine under safe, locked storage and was enthusiastic about their ability to manage this.

Staff understood what people's medicines were for and when they should be taken. All the staff, except a new staff member, were trained in safe handling of medicines. All staff also completed in-house competency checks three to four times a year. Medicines were administered to people at the prescribed times and this was recorded on medicines administration records (MARs). On most occasions two staff were available to check that medicines were given in the right way. This meant it was usually checked and witnessed by another staff member, except when there was only one member of staff in the building at that time. Staff also kept a record of the running tally of medicines that were left. In this way, staff were able to audit the medicines every day to make sure no medicines had been missed.

Good

Is the service effective?

Our findings

People had confidence in the staff to support them in the right way. One person told us, "The staff are very good. They know how to help people." A relative commented, "Staff seem very capable. They are confident in what they do and seem happy to work here."

Staff told us they received relevant training to meet the needs of the people who lived at the home. One staff commented, "I feel we get plenty of training and we get lots of refresher training which is good." The organisation employed a training manager who co-ordinated and arranged the required training for each staff member. New staff received a comprehensive induction training programme that included an introduction to autism, safeguarding and all necessary health and safety subjects. The organisation used a computer-based training management system which identified when each staff member was due any refresher training. The registered manager had access to the training system so she could check at supervision sessions with individual staff members that they were up to date with their training.

The training records showed that all staff members had completed mandatory training although some areas of refresher training were now overdue. The registered manager explained that the provider had intended for all staff to take part in an intensive week-long training programme of all refresher training topics. However this had not occurred so each staff member was now planned into individual refresher training courses.

Staff told us they had regular supervision sessions with senior staff and an annual appraisal with the registered manager. One staff member told us, "I have supervision with either the deputy manager or the manager. They are very supportive and allow us to enjoy doing a good job." Another support worker commented, "I have supervision every couple of months. The manager and deputy manager are very helpful, and I feel I can go to them at any time." Records confirmed staff had individual supervision around six times a year where they could discuss their professional development and any issues relating to the care of the people who lived there. In this way staff told us they felt trained, confident and supported to carry out their roles.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS), and to report on what we find.

All of the staff had received training in MCA and DoLS. Staff understood the role of DoLS to make sure people were not restricted unnecessarily, unless it was in their best interests. The registered manager had made DoLS applications to the respective local authorities that were involved in three people's placements. This was because those people needed support from staff to go out. One person was able to go out independently so they did not required a DoLS and staff were clear about each person's rights in this area. In this way the provider was working collaboratively with local authorities to ensure people's best interests were protected.

Staff were trained in ways of helping people to manage behaviours that might challenge the service if they became anxious or upset. Staff described the Positive Behaviour Support (PBS) training and techniques they used to support people in a safe, non-physical way. There had been no occasions over the past year where staff had had to support people in this way. A care manager who had worked closely in the past with the service told us the service was a "good example of a quality service in relation to the client I was working with in terms of managing [their] behaviour." Staff felt that the stable staff group and teamwork had helped people to become calm and settled in the home and this had supported their overall well-being.

People were supported to be as involved and as independent as possible in choosing menus, grocery shopping and preparing meals. One person told us, "I like all the meals because we shop and make them ourselves."

People were fully involved in planning menus and contributing their suggestions at their regular house meetings. Everyone was fully involved in preparing the meals, although some people needed supervision to make sure they did this safely. Most meals were prepared from scratch using fresh ingredients. This helped people to improve their independent living skills. No one had any special dietary needs, but staff recorded people's weight on a monthly basis to make sure they stayed within a healthy weight range. In this way their nutritional well-being was promoted and monitored.

Good

Is the service effective?

It was clear from health care records that people were supported to access community health services whenever this was required. Each person had an annual health check with their GP and regular check-ups with their dentist and optician. One person managed some of these appointments themselves as part of an independent lifestyle. The provider also employed a speech and language therapist, physiotherapist and occupational therapist who could provide relevant support to people if necessary.

At this time all the people who lived there were young, fit and healthy and did not require any specialist health care input. There were detailed records of the support people might require if they attended health care appointments. There were also Health Action booklets with details of the person's well-being and communication skills in case they were needed by other health professionals.

Good

Is the service caring?

Our findings

People and relatives commented very positively on the friendly and helpful attributes of staff. One person told us, “The staff are really lovely. They are all nice and caring.”

Staff also felt their colleagues respected and valued the people who lived there. One support worker told us, “The staff here are definitely caring. We work really closely with each person so we’ve become attached. It’s a very family-like atmosphere and very friendly which is so good for people.”

Another support worker told us, “The staff team are caring and really respect people. We all get on really well and people seem happy here.”

There was a relaxed and sociable atmosphere in the home. People and staff prepared meals together and ate together whilst they chatted about their day and what they were going to do that evening. One person told us, “It’s a very happy home and it’s got a good atmosphere.”

People were encouraged to make their own decisions and choices, for example about activities, menus and clothes. Each person went shopping with staff for clothes and their own personal items so they could be involved in choosing these things.

We saw staff were friendly and supportive when talking with people. Staff encouraged people to make their choices, and gave people information in a clear way that suited them so they could make informed decisions. We saw staff were patient and gave people plenty of time to respond to questions or decisions so they were not rushed.

It was clear from discussions with a relative and staff that there were also good relationships and communication between family members and the home. They felt involved and included in the care of their family member.

We saw there was frequent contact between the home and relatives. Relatives were kept informed of any events and were pleased with the help people received to engage with their family members. People were supported to keep in touch with family and friends through visits and celebrating family events.

A care manager, who had previously worked closely with the home to support one person, told us, “During my time with the client the staff were observed to be also supportive of the family’s needs.”

People’s privacy and dignity was upheld. People liked to spend some time in the privacy of their own bedroom and this was respected. We saw people’s bedrooms reflected their individuality, tastes and interests. People had decorated their rooms in their preferred colour schemes and to a high standard.

Staff described how they encouraged people to have as much as independence as possible. For example, one person managed their own medicines, made all their own meals and travelled independently to their occupations. The person told us, “I do my own thing. I’ve got my own keys and can come and go when I want.” People were also encouraged to be fully involved in household tasks to increase their living skills. In this way, people’s abilities were promoted and valued by staff.

Good

Is the service responsive?

Our findings

People were encouraged to be as involved as possible in their own care planning and their participation was recorded in their care plans. For example, one person's care plan stated, "Staff encourage [name] to contribute to his own care plan and risk management plans by sitting with his keyworker and reading it together."

Relatives said they felt involved in planning and reviewing their family member's care. Relatives were invited to annual reviews of their family member and felt able to comment on the service at any time.

We looked at the care records for two people. These included 'All About Me' profiles to show how each person preferred to be supported. The care plans included guidance for staff on people's communication, understanding, decision-making skills and personal care. This meant all staff had access to information about each person's well-being and how to support them in the right way. It was clear from discussions with staff they had a very good knowledge of people's specific needs. One support worker commented, "It's a very flexible service – we try to provide personalised support to match their personalities and needs."

The care records we looked at were personalised to each person. The care plans were written from the perspective of the person and valued their abilities and their goals for the future. Each person had a small number of goals towards more independent living activities, called SMART targets. For example, one person's goal was to make a hot meal from scratch independently. The targets were reviewed throughout the year, and any progress was recorded. Each person also had one-to-one meetings with key workers if they had specific requests or short term goals. For example one person had said they wanted to go to a UB40 concert. The key worker then supported the person to get tickets and helped them attend the concert.

Each person had daytime vocational occupations. One person worked at a museum and helped in the kitchen at a day centre operated by the provider. Other people had a timetable of daily activities that included sessions at the provider's day centre, working in the provider's shop and working on a farm. These were purposeful occupations that supported people towards increased daily living skills. For example, working in the shop promoted administrative and literacy skills (recording purchases), numeracy and finance (dealing with money) and social skills (talking with customers).

People also told us they had lots of opportunities to take part in activities. One person told us, "There's plenty to do in the evening and weekends like cinema, disco and horse-riding. We do lots of different things." A relative also commented positively on the range of activities for their family member. They told us, "They have loads of different work and leisure pursuits so they are kept purposeful and active in the community."

The provider had a complaints procedure which was available to people, relatives and stakeholders. The procedure was also available in a picture version to help people who used the service understand how to make a complaint. The procedure stated that people should contact a senior manager but did not include any telephone details for people to do this. The registered manager agreed to include these details.

People were asked at their regular house meetings if they were satisfied with the service and whether anything could be better. The people we asked about complaints said they were happy with the service and would feel able to talk to the registered manager or any staff if they had any concerns. There had been no complaints about the service since the last inspection.

Each person had a record in the care file of 'indicators of well-being'. These showed how each person might present if they were feeling upset or unhappy. The staff were very knowledgeable about each person's usually demeanour and were able to tell if people were not happy with a situation.

Good

Is the service well-led?

Our findings

People were offered opportunities to comment on the service they received at their monthly house meetings and one to one meetings with their key worker. People had a good relationship with staff and could speak with them or the registered manager any time. One person told us, "Jill [registered manager] is a very good manager and I can talk with any of the staff."

A relative also felt they were involved and included in giving their views about the service. They told us, "I get the occasional survey to fill out. Also at the reviews they always ask me if anything could be improved, but the service is so comprehensive it couldn't be better." One relative had commented about the bedroom windows being a bit worn. The registered manager raised this comment with the organisation and as a result new windows were going to be provided. In this way the provider listened to and acted upon people's views and suggestions.

The registered manager had worked at the home for several years. She was assisted by a deputy manager and a senior support worker. Staff understood the lines of accountability within the home and the organisation. The registered manager made herself available to people, relatives and staff and had an open door policy. We saw people felt able to seek out the registered manager and any of the staff to discuss their day and their plans. Staff described the registered manager and deputy manager as "very approachable" and "very supportive".

Staff had designated lead roles or responsibilities within the team. For example, the deputy manager was the lead on safeguarding matters, quality improvement and audits of records. The senior staff was responsible for weekly finance checks, fire checks medicines champion. Other staff took responsibility for ordering medicines, health and safety checklist, and food stock rotation.

Staff had many positive comments to make about working at Ashdale care home. One support worker told us, "Morale is fantastic in the home." Staff had monthly staff meetings where they could receive consistent direction, discuss expected practices and make suggestions. The registered manager worked alongside staff on some shifts which allowed her to observe the care provided and to check that the home's values were put into practice.

The head of operations held operational meetings three to four times a year with management staff to discuss guidance and expectations. The deputy manager from Ashdale attended the meetings and fedback to the staff with updates. In this way staff were kept up to date about standards and expected practices.

Staff commented positively on working for the organisation, but felt their views were not always directly asked for by the provider. For example, one support staff told us, "I think the senior managers are supportive of the organisation and run it well, but there are no surveys to ask staff what could be better." Another staff member commented, "I don't feel connected to senior managers. They don't seem to ask us what the organisation could do better."

Staff attributed this to the distance between the head office (in Durham) and the care home, and lack of visits to the care home by senior managers. However the provider was changing the arrangement for quality assurance and as part of that an operations manager was to recommence quality reviews of each service. It was anticipated that this would provide opportunities for staff to speak directly to a senior manager to give their views about the service.

The registered manager carried out a number of audits to ensure the welfare and safety of the service. These included monthly health and safety checks and daily medication audits. Also, the registered manager sent a monthly management report to senior managers that included any incidents, accidents, behavioural interventions, personnel issues (for example, sickness), maintenance issues and any other concerns. This meant the registered manager, senior managers and trustees could monitor the service for any trends.

The provider had carried out a self-assessment of its services in 2014 which identified the organisational key strengths and areas for development. The self-assessment report included an action plan with areas for development and these were being addressed as part of the provider's on-going quality assurance process. The actions included "improve therapeutic interventions through collaborative working with the in-house therapy team" and "develop innovative systems to collect the views of all service users dependent on their receptive and expressive language skills". In this way the provider aimed to continuously improve and develop the support for the people who used its services.