

# Autism Plus Limited

# Thorne House

## 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

The inspection took place on 16 June 2015 and was unannounced.

Thorne House is a care home providing support for up to 18 people living with learning disabilities. At the time of our visit there were 16 people living at the service. The home is set in its own grounds and has accessible garden spaces. The home is divided into 5 apartments.

The service had a registered manager in post at the time of our inspection. 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.

We spoke with staff who had a clear understanding of safeguarding adults and what action they would take if they suspected abuse. Staff we spoke with were confident the manager would act appropriately to safeguard people from abuse.

# Summary of findings

We saw that 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 had been devised to help minimise and monitor the risk.

We spoke with staff and people who used the service and found there were enough staff with the right skills, knowledge and experience to meet people's needs.

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). The staff we spoke with had a good knowledge of this 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. Support plans included information about their family and friends and those who were important to them. We saw that people had their own interests and hobbies and took part in several activities and events on a weekly basis.

We saw staff were aware of people's needs and the best ways to support them, whilst maintaining their independence.

People's needs were assessed and care and support was planned and delivered in line with their individual support plan. The support plans were person centred and some included pictures to assist the person to understand their plan. Support plans included information about healthcare, communication, personal hygiene, mobility and activities.

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

Staff we spoke with felt the service was well led and the registered manager was approachable and listened to them. Staff knew their role within the organisation and the role of others. They knew what was expected of them and took accountability at their level.

# 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?

The service was safe.

The provider had appropriate arrangements in place to manage medicines.

The service had policies and procedures in place to protect people. Staff we spoke with confirmed they had seen the policies and had discussed them in staff meetings.

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 spoke with staff and people who used the service and 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.

Good



### Is the service effective?

The service was effective.

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). The staff we spoke with had some knowledge of this and said they would speak to the registered manager for further advice if needed.

People were supported to eat and drink sufficient to maintain a balanced diet.

People were supported to maintain good health, have access to healthcare services and receive on going healthcare support.

Good



### Is the service caring?

The service was caring.

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. Support plans included information about their family and friends and those who were important to them.

Good



### Is the service responsive?

The service was responsive.

People's needs were assessed and care and support was planned and delivered in line with their individual support plan.

We saw that people had their own interests and hobbies and took part in several activities and events on a weekly basis.

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

Good



# Summary of findings

## Is the service well-led?

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 effective quality assurance systems and these took account of the views of people who used the service and their relatives.

Good



# 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 16 June 2015 and was unannounced. The inspection team consisted of two adult social care inspectors.

Before our inspection, we reviewed all the information we held about the home. We spoke with the local authority and Healthwatch to gain further information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 two senior managers of Autism Plus Limited.

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 also 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 two professionals who visited the service, a social worker and a community nurse. Both gave very positive feedback about the service.

# Is the service safe?

## Our findings

We spoke with three people who used the service. They told us they were happy. We observed staff interacting with people and saw people were comfortable and happy in their company.

The staff we spoke with confirmed the service had policies and procedures in place to protect people and these were part of their induction training. Staff members told us they had received training in safeguarding vulnerable adults and that this was repeated on an annual basis. The staff records we saw supported this. The staff we spoke with told us they would report any concerns to the management team and they all were confident that the concerns raised would be acted upon. The registered manager was able to explain the procedure for reporting safeguarding issues.

People's care and support was planned and delivered in a way that made sure people were safe. The support plans we looked at included risk assessments, which identified any risk associated with people's needs and lifestyles. The risk assessments helped minimise and monitor any relevant risks. They included information about the likelihood and consequence of each area of risk and listed any controls in place, providing guidance for staff about any interventions they should use to help minimise and manage the risks.

Where the risk had been identified that 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.

We looked at the arrangements in place to manage medicines. Records were kept of medicines as they came in, using a Medicine Administration Record (MAR) and a separate book was used to record medicines which were returned to the pharmacy. We checked the records of medicines administration and saw that these were appropriately kept.

Medicines were kept in appropriate safe storage. The service had a fridge to store medicines which required storage at a cool temperature. However, checks had not

been undertaken of the room and medication fridge temperatures. This meant the provider could not be sure that medicines were always stored within the correct temperature range. We spoke with the registered manager about this and they told us they would address this as a matter of priority.

The records we saw confirmed that staff had received training in the safe management of medication. The staff we spoke with told us once they were trained they underwent a competency check with a manager, to make sure they followed safe medication procedures. This was repeated annually, or if any issues were identified.

The recruitment records we saw showed that staff were only employed if they were suitable to work in a care environment. 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.

We spoke with the registered manager who told us that new staff had a month's probationary period. New starters were able to shadow experienced staff until they were confident in their role. We looked at the personnel files for three staff members and found them to be reflective of the company policy.

The people who used the service and the staff we spoke with told us there were enough staff with the right skills, knowledge and experience to meet people's needs. We found staff were available when people needed support. The staff we spoke with felt there were enough staff around and the service operated in a flexible way.

We spoke with the registered manager and were told the service had two team leaders, who led and managed most shifts. In addition to this each apartment had a senior post, called a '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 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.

# Is the service effective?

## Our findings

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 were able to make suggestions and could choose what they wanted.

Staff told us they tried to provide what people chose to eat and assisted them to prepare and cook the food in the healthiest way. For example, grilling rather than frying.

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 were supported to have their assessed needs, preferences and choices met by staff who had the necessary training, skills and knowledge. For instance, the staff we spoke with told us they were involved in lots of training and were encouraged to identify any learning needs they had, to help with planning for future training. Some training was provided delivered face to face and there were e-learning courses available. Staff told us they liked this, as it suited different learning styles. They felt the training provided was appropriate, and gave them confidence to carry out their role effectively.

We looked at the staff training records and found the service had a training matrix, which showed the training that staff had completed and when this was due to be refreshed. However, some parts of the matrix we saw was not up to date. The registered manager assured us that staff had had all of the core training they required and forwarded an up dated version of the matrix to us as supporting evidence.

The company had a training department that issued a training plan with the dates of the courses available. The registered manager told us that they used the training plan and the matrix, to see who needed to attend particular courses and then requested the training for those staff members. 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 all approachable, if they required further support. One member of staff said, "The managers are fantastic, very 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 very 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.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Deprivation of Liberty Safeguards (DoLS) are part of MCA 2005 legislation and ensures that, where someone may be deprived of their liberty, the least restrictive option is taken. The registered manager had made DoLS applications appropriately. The staff had knowledge of DoLS and said they would talk to the registered manager for further advice if needed.

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.

We saw the environment was in need of some attention and some refurbishment was in the process. For instance, a new 'wet room' was being installed on the ground floor. This had been designed with people's future needs in mind. The registered manager told us of the areas which were due to have work completed and provided us with a copy of the organisation's refurbishment plan.

# Is the service caring?

## Our findings

The people we spoke with said they were happy living at Thorne House. 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. For example, staff were knowledgeable about how to support people who had arrived home after daily activities. Staff were aware that some people liked to talk about their day and what they wanted to do during the evening, while others liked to be quiet for a while. One person preferred to be quiet, as noise could make them feel anxious. Staff were sensitive to this and supported the person in a caring manner.

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 had appropriate outside garden areas and the lounges provided pleasant views of the gardens. One person enjoyed gardening and took pride in the grounds looking nice. This person was supported to maintain this skill and interest.

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.

The members of staff we spoke with were able to explain the importance of really getting to know the people they were supporting. One member of staff gave an example of knowing how to deal with people who present with behaviours that may challenge and knowing what may trigger them. They said, "You need to be aware of what could trigger a person's anxiety and have a plan in place on how to manage that, especially when out in public. The main thing is to try to notice the triggers so that the person's dignity can be respected."

Staff we spoke with explained how they maintained people's privacy and dignity, whilst helping people to have a choice and to be independent. One member of staff said, "We ensure curtains and doors are closed when providing personal care, this helps to respect the person." We saw that one person's bedroom window had 'privacy glass' fitted. This was because the person did not like to close the curtains. This showed that the person's dignity was preserved while supporting their choice.



# Is the service responsive?

## Our findings

People's needs were assessed and care and support was planned and delivered in line with their individual plan. People's plans were informative and gave information about the person's assessed and on going needs. They gave specific, clear information about how the person needed to be supported.

We also found that people had plans that were very person centred, and presented in a format that suited their communication needs. 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.

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.

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

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. 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.

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 representative of the local authority commissioners was very positive about the way the service was managed, particularly in relation to how person centred people's care plans were and the way any challenging behaviour was managed.

Autism Plus, who ran the service, had a clear set of values. These included involvement, dignity, respect, equality and independence for people. We spoke with staff who said the values of Autism Plus were very clear and they demonstrated a good understanding of these values. They were reflected in people's individual plans, were in the organisation's policies and procedures, and were part of the staff induction and on-going training. There were summaries on the office wall and discussed at staff meetings.

The atmosphere was calm and relaxed. Everyone we spoke with who used the service was happy about the management of the home and the support staff.

We found the registered manager to be well organised and they 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 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 CQC 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.

We found monitoring of the service to be good generally, with a range of health and safety and quality audits had been periodically 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 told us they 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 relatives, 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 staff 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.

## Is the service well-led?

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. One support worker said, “The manager engages with people and knows everyone well. She is very approachable and you can rely on her support.”

Staff confirmed they knew their role within the organisation and the role of others. They knew what was expected of them and took responsibility. Staff were encouraged and supported to progress and develop in their role, and some had been promoted to more senior positions within the service. The staff we spoke with felt this was beneficial and gave them confidence, because the team managers and programme co-ordinators had a good knowledge of the people they supported, knew the service well and were aware of the kind of challenges support staff sometimes faced.