North East Autism Society

14 Thornhill

Inspection report

14 Thornhill Park
Sunderland
Tyne And Wear
SR2 7LA

Tel: 01915102038

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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?	Requires Improvement

Summary of findings

Overall summary

The last inspection of this care home took place on 15 April 2014. The service met the regulations that we inspected at that time.

This inspection took place on 31 May 2016 and was unannounced.

14 Thornhill provides care and support for up to six people who have autistic spectrum conditions. The service is situated near other care homes operated by the same provider. The home does not provide nursing care.

The service had a 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.

During this inspection we found that the service had not told us about two incidents that had been referred to the safeguarding team at the local authority. Although these were low level events, it is a legal requirement that registered services inform CQC of any alleged safeguarding events. This had been a management oversight, as similar incidents had been reported the previous year and the correct notification had been submitted to the Care Quality Commission (CQC). We have written to the provider about this outside of the inspection process.

The people who lived at the home had complex needs that meant they were unable to fully express their views. We saw people were relaxed and comfortable in the presence of staff and actively sought out staff members to spend time with them.

All staff had training in safeguarding and understood how to report any concerns. Relatives and staff felt there were enough staff on duty at all times to make sure people were safe.

Staff were vetted before they started work at the service to make sure they were suitable to work with vulnerable adults. The staff managed people's medicines in a safe way for them.

Relatives said the staff were well trained in autism and said their family members' "complex, specific needs are met". New staff received induction training when they started work. One staff commented, "We get all the up to date training we need."

Staff had training in the Mental Capacity Act 2005 for people who lacked capacity to make a decision and deprivation of liberty safeguards to make sure they were not restricted unnecessarily. People's lack of capacity to consent to care was clearly outlined in their care records.

People were supported to maintain a balanced and healthy diet. People's health and well-being was kept under continuous review by the service with input from external healthcare professionals.

Relatives told us their family members were cared for at the service by staff who were "respectful and kind". A relative commented, "Our [family member] is very happy at number 14 and has a very good relationship with staff as do we."

Staff members felt their colleagues were caring and committed to supporting people who lived there. Staff spoke about people in a way that valued them as individuals. Staff supported people in a friendly and encouraging way that met their individual communication needs.

People had been individually assessed and their care was planned to make sure they got the right support to meet their specific needs. Records described how people were not fully involved in their support plans because of their complex needs. Relatives felt they were able to discuss their family member's support at any time.

Staff members were clearly knowledgeable about the specific and individual ways of each person. One staff member commented, "We work very closely with each person so we know their ways and what it means. I know the things they like and don't like and can spot the slightest change in them."

Staff were also familiar with how people might show if they were unhappy with a situation. Relatives had up to date information about how to make a complaint or comment. They said they would be comfortable about telling the registered manager if they had any concerns.

Relatives and care professionals felt it was a well-run home. They told us they thought the home's management team were approachable and open to their suggestions. For example, one relative told us, "We have found [registered manager] and [assistant manager] are good leaders, approachable, helpful and caring."

The registered manager agreed it would be better if people had more regular chances to sit with staff and discuss the service and things they would like, and this was now in their diaries.

Staff felt supported and were kept informed about any changes to the service. The provider had a quality assurance system to check the quality and safety of the service provided.

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.

Staff knew how to report any concerns about the safety and welfare of people who lived there.

There were enough staff to meet people's needs. The provider checked potential new staff to make sure they were suitable.

Risks to people were managed in a way that did not compromise their right to lead a fulfilled lifestyle.

Is the service effective?

Good

The service was effective.

People were supported by staff who were well trained and experienced in supporting people with autism.

Staff had the necessary training in health and safety and in the Mental Capacity Act so they knew about making sure people were not restricted unnecessarily.

People enjoyed their meals at the home. Staff worked with health and social care professionals to make sure people's health was maintained.

Is the service caring?

Good

The service was caring.

There was a good relationship between people and the staff.

Staff talked about people in a caring, valuing way that respected their individuality.

Staff worked with people in a supportive way that promoted their independence and choices.

Is the service responsive?

Good

The service was responsive.

Staff were knowledgeable about each person's individual needs. Relatives felt involved in reviews about people's care.

People were offered daily activities and their independent living skills were promoted. People's choices about whether to engage in these activities were respected.

People and relatives had information about how to make a complaint.

Is the service well-led?

Requires Improvement

The service was not fully well led.

The service had not always sent notifications when it was required to do so.

The home had a registered manager. Relatives and staff said the management team were approachable, open and helpful.

The provider monitored the safety and quality of the service for the people who lived there.

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 31 May 2016 and was unannounced. This meant the provider did not know we were coming. The inspection was carried out by an adult social care inspector.

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 any 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 commissioners of the local authority as well as social care professionals to gain their views of the service provided at this home. We contacted the local Healthwatch group 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. None of these agencies had any concerns about the service at 14 Thornhill.

The six people who lived at this home had complex needs and for some people this limited their communication, so we also contacted relatives for their views.

We spent some time with the people in the home and, with their permission, looked at their bedrooms and communal areas. We spoke with the assistant manager, an operations manager and two support workers.

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 three staff, training records and quality monitoring records.

Good

Is the service safe?

Our findings

The people who lived at the home had complex needs that meant they were unable to fully express their views. We saw people were relaxed and comfortable in the presence of staff and actively sought them out to spend time with them.

Relatives told us they thought the service was safe for their family members. One relative commented, "We feel our son is safe and well taken care of."

All staff had completed training in safeguarding and understood how to report any concerns. It was good practice that every three months each staff member had written competency checks about safeguarding adults to make sure they understood the different types of abuse that might occur. The organisation safeguarding adult's policy was reviewed annually and was available to staff in the office and also on 'sharepoint' (the IT system used by the organisation). There was an on-call system which meant staff could contact a senior manager at any time of day or night.

The staff we spoke with all said they knew how and when to report any concerns and would have no hesitation in doing so. One staff member told us, "I know how to report safeguarding and can approach [assistant manager] and [manager] any time." Another staff member commented, "We're well trained in safeguarding and I would feel able to report anything."

The service had made three safeguarding alerts to the local authority in the past year. These related to two minor incidents about medicines errors and one minor incident between two people who used the service. The registered manager kept a log of the safeguarding incidents including details of the investigation and outcomes. The health and social care professional we spoke with commented that they had "no concerns" about the safety of people using the service.

Risks to people's safety and health were assessed, managed and reviewed. People's records included individual risk assessments which provided staff with information about identified risks and the action they needed to take, for example risk relating to specific behaviours when travelling in the minibus. There were also assessments about acceptable risk taking, for example about sports activities such as trampolining and swimming. This meant people's safety was assessed and protected.

The accommodation for people was comfortable and well decorated. The house was in three units, with two people accommodated on each floor. On the top floor two people had semi-independent living flats with their own kitchen/lounge area and own bathrooms. There were no premises risks seen during this inspection. The provider's health and safety team visited the home regularly to check that all required certificates for the premises were up to date, such as gas and fire safety. The provider had a contract with a fire safety contractor to service the fire safety equipment in the home, and a contract with an external specialist for legionella testing. The home staff carried out monthly health and safety risk assessments.

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 no significant accidents in the home over the past year. There was a clear 'business continuity plan' with arrangements in the event of any type of emergency, including evacuating people from the building and arranging alternative accommodation if necessary.

Relatives and staff felt there were enough staff on duty at all times to make sure people were safe. One staff member commented, "We're waiting for new staff to start but in the meantime we have enough staff to keep people safe."

At the time of this inspection there were six people living at the home with seven members of staff on duty. Two people had two-to-one support when they went out into the community. The staffing levels meant people had sufficient support to go out individually. At night there were one waking and two sleep-in staff in the house.

At this time the provider was recruiting for two new support posts because people's needs had increased. Also one member of staff was on sick leave. Staff said that any gaps in the rota were covered, wherever possible, by staff from the provider's other services who were familiar with people's specific needs. This was very important because people with autism found it difficult to cope with change and unfamiliarity.

There had been a change of registered manager and assistant manager over the past year. The new post holders were existing members of staff who had been interviewed and promoted for these roles.

There had been one new member of support staff recruited in the past year. Staff were vetted before they started work at the service to make sure they were suitable to work with vulnerable adults. The provider had a through recruitment process which included application, references (including one from the most recent employer), informal visit to the home and interview. 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 staff managed people's medicines in a safe way for them. All staff were trained in administering medicines and their competency to continue to do this was checked at least annually. The home received people's medicines in blister packs from a pharmacist. In discussions staff understood what people's medicines were for and when they should be taken.

Medicines were administered to people at the prescribed times and this was recorded on medicines administration records (MARs). There had been a couple of minor medicine errors over the past year. As a result a second staff member now witnessed the administration and counter-signed the MARs record. This was intended to minimise the risk of error. The staff kept a daily count of each medicine to make sure these had been administered and that the remaining amount of medicine was correct. Medicines were stored in locked cabinets in secure areas of the home.

At the time of this visit there were no specific guidelines for people who occasionally used a 'when required' painkiller, but who were unable to verbally express pain. The information about how people would exhibit pain was recorded in care files but this would not be readily available for staff when they were administering medicines. The assistant manager acknowledged this and agreed to draw up guidelines to place in the medicines records for easy access by staff.

Good

Is the service effective?

Our findings

Relatives felt their family members received support from competent staff. For example one relative commented, "We feel the staff are well trained and energetic." They also felt their family member's "complex, specific needs are met". Another relative told us, "Staff attend regular training and understand autism very well."

Staff told us, and records confirmed, that they received relevant training in autism to meet the needs of the people who lived at the home. All staff received necessary training in health and safety, such as food hygiene, first aid and fire safety. All of the staff at this home had also received training in epilepsy to support the specific needs of some of the people who lived there. One staff member commented, "We get all the up to date training we need. We've all just done the medicines course again and some of us have recently done another course in understanding autism which was really good."

Some training was computer-based so staff were responsible for completing this themselves at the required intervals. Although all staff had previously completed all the necessary training, some staff members were ready for renewal of some areas of training. The provider planned to use monthly performance reports to check whether all training was up to date and to offer support and supervision if this was not being achieved.

All staff had achieved, or were working towards, a national qualification in health and social care. During this visit we spoke with an external training assessor. They told us, "They (the provider) are very proactive about training. Also, the manager always makes arrangements for me to meet with staff at times that are convenient for us both."

Staff confirmed they had regular one-to-one supervision sessions with a supervisor. Supervisions provided an opportunity for individual staff members to have a two-way discussion with a manager about their role, expected practices and training needs. Each staff member also had an annual appraisal of their performance and development with a supervisor. Staff told us they felt supported by the registered manager and assistant manager and could speak with them at any time.

It was evident from supervision records that staff had fewer supervisions last year than the provider aimed for, for example four instead of six sessions. The assistant manager confirmed there had been a change of registered manager and assistant manager so they were still catching up, but there was a structured programme of supervisions and appraisals in place for this year.

Staff had training in the Mental Capacity Act 2005 (MCA) which provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met. It was clearly outlined in people's care records that because of their autism people were unable to comprehend the concept of consenting to their care. We found that the provider had made DoLS applications to the relevant supervisory authorities about the people who lived at 14 Thornhill because they all needed supervision both inside and outside of the home. In this way the provider was complying with the requirements of the Mental Capacity Act.

Staff had training in 'proactive positive support', which is an accredited way of supporting people in the least restrictive way that promotes positive behaviour. Due to the complexity of their autism some people had difficulty in managing their behaviour. Incident reports were kept of any occasions where people had been upset or agitated and required support.

Staff provided safe support such as diversion and time and space for people to calm down, and any physical intervention was only used as a last resort if people were at risk of harm. There were detailed support plans for each person who had needed this support. One health care professional told us, "The service appears to be doing a good job with someone who is very challenging."

The care records about each person included information about their eating and drinking needs. None of the six people were at nutritional risk but each person had individual dietary preferences and these were met. For example one person did not like wet food such as sauces. Each person had their own menus that they used as a guide when going grocery shopping.

Each person had individual meals. Some people needed these to be prepared by staff whilst other people were involved in making their own meals with some staff supervision and support. For example, the two people on the top floor had their own kitchenettes and they were able to make their own hot drinks, light meals and snacks.

Healthy eating was promoted and the menus had been checked by a dietitian. Staff kept a monthly record of each person's weight and their nutritional health was regularly checked. Each person enjoyed a weekly meal out of their own choice. This meant that people were supported to maintain a balanced diet that also met their individual preferences.

The people who lived at this home were physically healthy. Each person had a 'grab sheet' which included specific details about their health care needs such as allergies, medicines and any limitations due to their autism. In the event of an emergency the grab sheet would be provided to health care professionals to help them understand the person's health and social care needs.

Each person also had a health action plan which set out any health needs, how these were being met and how they were reviewed. It was clear from health care records that people were supported to access community health services whenever this was required. Each person had access to community health care services such as GPs, dentists and opticians.

The staff also supported people with relevant specialist services such as psychology services and an epilepsy nurse. The provider employed a range of health care professionals including an occupational therapist, physiotherapist and speech and language therapist.

Good

Is the service caring?

Our findings

People were unable to give their opinions of the service they received but we spent time with people during the visit and asked relatives and care professionals for their views about whether the service was caring. One relative told us, "Our [family member] is very happy at number 14 and has a very good relationship with staff as do we."

There were friendly interactions between people and staff. People appeared to enjoy the company of staff and actively sought them out for guidance or reassurance. We saw people playing games with staff members or making arrangements with them to go out.

Relatives felt people were supported by compassionate staff. One relative said staff were "respectful and kind". They commented, "On the whole we are happy and our [family member] is happy."

The service aimed to support people towards increased independent living skills. People were encouraged to take part in all household tasks such as cleaning, laundry, shopping, and preparing meals with supervision. Acceptable risk-taking was encouraged, where possible, to increase people's self-development and independence. For example, one person was assessed as being able to lock their bathroom door and this promoted their dignity and privacy.

A relative told us, "[My family member] has grown in confidence and is more independent and most importantly happy. They have never once said to me that they didn't want to go back (after a home visit), and they most definitely would if they weren't happy."

Each person had a large single bedroom that was decorated and furnished to their own individual tastes. People had their own interests and hobbies and this was reflected in bedrooms. For example one person enjoyed action figures and computer games and they spent time enjoying these in their bedroom. The house was well decorated in a modern style that suited the people who lived there. Staff made sure the home was clean and comfortable for people and included them in housework.

Staff understood the individual likes and dislikes of each person and offered people a small number of choices based on their known preferences. This was important because people with autism cannot cope with too many choices. Staff used visual clues to support people to understand the choices available. For example, we saw a staff member use two thumbs to represent two different choices that is, did they want a shower or a bath. The person was able to select the thumb that matched their choice.

People were given the time they needed to make their own choices. For example, one person's care records stated, '[Person] is able to make choices. When [person] is given a choice it may take a couple of seconds for [person] to process the question but they can make can make a structured decision on what their preferences are.'

Staff felt their colleagues were caring and compassionate about people. One staff member commented, "I

know you shouldn't get attached but you do because they're lovely to support."

Good

Is the service responsive?

Our findings

People were not able to be fully involved in planning their own care service because of their limited communication and the complexity of their needs. However, each person's support records had a section called 'Person's Involvement in Plan' which described how their support plans had been explained to them. For example, one person's records stated, '[Person] was able to discuss what they do' and 'staff told [person] that their plan was in place and they were able to understand this.'

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 also felt able to comment on the care service at any time and their views were listened to. For example one relative commented, "We feel that whenever we have approached them for any reason they have been happy to discuss with us and find solutions or make suggested improvements within their power."

In discussions staff members were clearly knowledgeable about the specific and individual ways of each person. They were able to describe each person's different likes and dislikes, their abilities, favourite past times, their aspirations and wishes for the future. One staff member commented, "We work very closely with each person so we know their ways and what it means. I know the things they like and don't like and can spot the slightest change in them."

We looked at the care records for two people. Their care plans were very descriptive and showed 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.

The care records were personalised and written from the perspective of the person, and described people's abilities as well as their care needs. The care records included an 'All About Me' section that described each person's skills, 'how my autism affects me' and what their individual likes, dislikes and preferred daily routines were. For example one person's record stated, 'If I am unhappy or worried about something it's best to say "what is making you feel sad" because I don't like the word "worry" because I think it is a negative word.'

Each person was working towards increased independent living skills and had individual goals (called SMART targets). For example, one person's goals were to strip their bedding and put it in the laundry and to accept having their fingernails and toenails cut. Other people's goals included social and domestic goals, such as making their own meal. Their progress towards these goals was reviewed every month by staff and at annual reviews which were held with care professionals and relatives.

During the week each person had an individual timetable of vocational activities. For example some people attended an adult college operated by the provider. One person had community- based activities such as swimming, ice-skating and sports centres. It was good practice that one person had a voluntary placement at a supermarket one day a week. Another person was still in full-time education for the next few weeks.

People had opportunities to go out each evening and at weekends to social or sports activities such as trampolining and swimming. People also enjoyed shopping and social activities such as community centres, pubs and meals out. Staff felt people had a fulfilled lifestyle. One staff member said, "I get my satisfaction from giving them a good life, like taking them out and taking them on holiday." Another staff member commented, "We get them out all over. They're out every day."

There was a complaints procedure that was in picture format. Staff told us they were very familiar with people's demeanour and would be able to recognise if they were dissatisfied with a situation. One staff member told us, "I know how [person] would show us if they had a complaint or wasn't happy." There was a record of each person's 'indicators of well-being' in the offices and in care files that showed how each person might present themselves if they were upset or unhappy.

Relatives had been sent information in the past year that included the complaints procedure so would be aware of how to make a formal complaint to the provider if necessary. The relatives we contacted told us they felt able to raise any issues with staff.

The registered manager kept a monthly log of complaints and there was a standard template to use to record the details, investigation and any actions taken following a complaint. There had been four complaints about the service over the past year. These related to the temperature of a bedroom; a missing item; personal hygiene; and missing information on a care record relating to a person's health. Complaints records showed all these complaints had been investigated, acted upon and were now resolved.

Requires Improvement

Is the service well-led?

Our findings

During this inspection we found that the service had not told us about two incidents that had been referred to the safeguarding team at the local authority. Although these were low level incidents, it is a legal requirement that registered services inform CQC of any alleged safeguarding events. This had been a management oversight, as similar incidents had been reported the previous year and the correct notification had been submitted to the Care Quality Commission (CQC). We have written to the provider about this outside of the inspection process.

People did not comment on the management of the service but relatives felt it was a well-run home. The registered manager had been in post for one year. They were supported by an assistant manager. Relatives told us they thought the home's management team were approachable and open to their suggestions. For example, one relative told us, "We have found [registered manager] and [assistant manager] are good leaders, approachable, helpful and caring."

Care professionals felt the service was managed well. For example one commented, "I'm very impressed by the NEAS organisation. I think it's managed effectively." One care professional felt it was well run but felt communication could be improved by being copied in to information that was sent to relatives and had raised this previously.

The service aimed for people to have the chance to attend a monthly meeting to discuss things they would like and not like in the service, such as activities. Some people were not able to tolerate sitting in the meetings but other people were able to take part. However we saw these meetings were sporadic and inconsistent. For most people the meetings had not been held for five months. Where records did exist some people had 'key worker' meeting minutes and others had 'service user' meeting records. It was not clear who had which type of meeting and how they were involved. The registered manager accepted this and stated this had been raised in staff supervisions. The registered manager stated that meetings were now planned in the diaries on each floor to remind staff to support people with these meetings.

Relatives were offered the chance to comment on the service at annual reviews and also in annual questionnaires. For example one relative commented, "I get asked to fill in questionnaires relating to how the home is run and suggestions are implemented." We saw the results of questionnaires carried out in 2015 were positive.

Staff meetings were planned to take place on a monthly basis although they sometimes occurred less frequently. These were an opportunity for staff to receive consistent information and direction, discuss expected practices and make suggestions. Staff told us that the service was well run for the people who lived there, but the number of drivers available for the home's minibus could be improved. At that time there were only four staff qualified to do this, one of whom was on sick leave. The assistant manager explained that she arranged the staff rota to make sure there were drivers available at the times that people needed support with the home's transport.

The registered manager and staff carried out checks in the home to ensure the welfare of the people and staff who worked there. These included water temperatures, fire safety and health and safety checks. Infection control audits had not been specifically completed prior to January 2016. The registered manager stated this was because previously the staff had recorded various checks relating to infection prevention, such as cleaning and personal protective equipment, on separate forms. These had now been consolidated onto one infection control audit report.

The registered manager sent a monthly performance management report to senior managers that included any incidents, accidents, behavioural interventions, personnel issues (for example, sickness), staff training percentages, maintenance issues and any other concerns. This meant the registered manager, senior managers and trustees could monitor the service for any trends.

The home was also subject to quality audits carried out by an assistant operations manager four times a year. The last audit, carried out in February 2016, included checks of care records, risk management plans, the premises, training, fire safety checks, complaints and safeguarding log. Any shortfalls were noted on the 'action' column and the action report was given to the registered manager for them to be addressed. The registered manager then recorded the actions taken and timescales and these were sent back to the operations manager for their oversight. For example, the most recent audit had identified that there were no 'missing persons' risk assessments in place. The registered manager's action report showed this had now been addressed.

The staff we spoke with told us they understood the values and aims of the provider and felt they were part of the organisation. One staff member told us, "NEAS is a good organisation to work for. They keep us well informed." Each member of staff had an email account and access to the provider's computer system so were able to information about the policies and protocols of the organisation.

The organisation had recently achieved gold standard in the Investors in People award. The chief executive officer had written to the managers of each service to congratulate them and their staff for achieving this. The provider had recently introduced 'star awards' where individual staff members could be nominated for especially good work. These included awards for innovative practices, going the 'extra mile' or being an exceptional team leader.

The organisation was involved with the national Autism Alliance, which is the largest UK network of specialist autism charities. A senior manager described how its services were being assessed in line with European Framework Quality Management Systems. This would identify what works well in the organisation and what could be improved. In this way the provider aimed to continuously improve and develop the support for the people who used its services and the staff who worked there.