

# North East Autism Society Inverthorne

## Inspection report

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16 March 2018  
22 March 2018

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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 ●

# Summary of findings

## Overall summary

This inspection took place on 12, 16 and 22 March 2018 and was unannounced. Which meant the provider and staff did not know we would be visiting.

Inverthorne is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Inverthorne is registered to provide residential care and support for up to four adults with a learning disability or autistic spectrum disorder. At the time of our inspection three people were living at the home.

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

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

At the last inspection, the service was rated good. At this inspection we found the service remained Good.

We were not able to speak to all of the people who used the service because some of the people had complex needs, which meant they were not able to tell us their experiences, so we asked their relatives for their views.

Relatives told us their family members were safe. Processes were in place to ensure people were protected from abuse. Staff had received safeguarding training and were confident actions would be taken if they ever had to raise concerns.

The provider continued to have a robust recruitment and selection procedure in place and carried out relevant checks prior to staff starting employment.

Medicines continued to be managed safely. Medicines records we viewed were accurate and up to date including records for the receipt, return and administration of medicines. The provider ensured checks were in place to maintain the safety of the home. Systems were in place to ensure people would remain safe in the event of an emergency.

Accidents and incidents were appropriately recorded. Where risks were identified they were assessed and managed to minimise the risk to the person.

Sufficient suitable staff were deployed to meet people's needs. Relatives told us staff had the appropriate skills and knowledge to support their relative. Training was up to date. Staff had the opportunity to discuss their development at regularly held supervisions and at an annual appraisal.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were supported to have a balanced diet. People were supported to make their own choices and to be as independent as possible. The service engaged with multi agencies to ensure people received joined up care.

People were treated with dignity and respect. An established staff team was in place with extensive knowledge about the people they supported. Care plans were comprehensive and detailed people's needs and how they wished to be supported. Reviews were regularly completed.

People were supported to be independent and active as possible, follow their interests and take part in social activities. Relatives told us they were made welcome at the home and were updated regularly.

The provider had systems to audit the running of the service. Staff and relatives were complimentary about the registered manager. Staff, people and relatives were regularly asked for their feedback about the service.

Further information is in the detailed findings below.

## 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 remained Good.

### Is the service effective?

Good ●

The service remained Good.

### Is the service caring?

Good ●

The service remained Good.

### Is the service responsive?

Good ●

The service remained Good.

### Is the service well-led?

Good ●

The service remained Good.

# Inverthorne

## 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 12, 16 and 22 March 2018 and was unannounced. An adult social care inspector attended Inverthorne on 12 March and on 16 and 22 March and telephoned relatives to obtain their views about the service.

We reviewed other information we held about the service, including any statutory notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We also contacted the local authority commissioners for the service and the local authority safeguarding team, the clinical commissioning group (CCG) and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make

We looked at care records for two people who used the service. We examined documents related to recruitment, supervision and training, and various records about how the service was managed. We were not able to speak to all of the people who used the service because some of the people had complex needs, which meant they were not able to tell us their experiences, so we asked their relatives for their views.

We spoke to two relatives, the registered manager, the assistant manager and three staff members.

We undertook general observations of how staff interacted with people as they went about their work. We looked around the home and visited people's bedrooms with their permission.

## Is the service safe?

### Our findings

Relatives told us they felt their family members were safe living at Inverthorne. One relative said, "As I'm not here all the time I can't say 100% but I'm 99.9% sure [Person] is safe." Another relative told us, "Yes they are safe no doubts."

Staffing levels were set by the needs of the people using the service. Relatives we spoke with told us sufficient staff were deployed to meet their family member's needs. People received a full assessment prior to moving to Inverthorne. The registered manager told us, "We make sure we can meet the needs of the person." The service consulted with families and external healthcare and social care professionals when designing people's care packages with staffing levels being a key element.

We observed sufficient numbers of staff, appropriately deployed to ensure people's needs were met and to keep people safe. People were supported by a well-established team and a number of staff members had worked for the provider for over ten years. One relative said, "The staff team is fairly consistent."

The provider had systems in place to ensure people remained safe. Records confirmed safeguarding concerns were investigated and referred to the appropriate authorities. Staff had completed safeguarding training and were able to describe what action to take if they became aware of a safeguarding incident. People had risk assessments for a range of person specific identified risks. These were regularly reviewed. Where risks were identified a risk management plan was introduced, these gave staff guidance on how to reduce the risk in certain situations. For example epilepsy, bathing, in the kitchen and travelling on a mini bus. The provider also had general risk assessments for the environment and premises in place ensuring anyone visiting and working at the service were safe.

Safeguarding information and accidents and incidents were discussed at the provider's manager meetings to identify themes and trends at provider level with lessons learnt. The information was collected across all the provider's services. As the service did not have a large number of records it did not have a system for reviewing and analysing the information within the service. We discussed the importance of using the collected information to identify future lessons learnt. Following the inspection the registered manager designed and produced a template to capture such information.

The provider continued to operate a safe and robust recruitment process. New staff had pre-employment checks conducted including obtaining full employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help to prevent unsuitable people from working with vulnerable adults.

Health and safety checks were regularly carried out to ensure the premises and equipment were safe for people. Records relating to the maintenance and safety of the building were up to date. A business continuity plan was in place to ensure people would continue to receive care following an emergency. Fire drills were regularly carried out with the involvement of people living at the home.

Each person had a personal emergency evacuation plan (PEEP) which contained details about their individual needs, should they need to be evacuated in an emergency.

The premises were clean and tidy. The registered manager told us staff were responsible for maintaining the cleanliness and people were supported to keep their rooms tidy. Staff had access to personal protective clothing such as disposable gloves and aprons and hand washing facilities were available around the premises.

The service continued to have systems in place for the safe management of medicines. Staff members responsible for supporting people with medicines had completed medicines training. Medicines were stored safely in a dedicated room. We observed two staff members administering people's medicines they checked the medication and dose was correct. The medicines administration records (MAR) we viewed showed no gaps or discrepancies. Medicines records were up to date and accurate.

# Is the service effective?

## Our findings

People's needs were assessed before they came to stay at the service. People, their relatives and health care professionals involved in their care were all consulted to ensure the person's needs could be met by the service.

Relatives we spoke with told us their family members were supported by familiar competent staff. Staff members had completed a range of training including first aid, safeguarding, health and safety, food hygiene and mental capacity. Staff had also completed person specific training related to the needs of people who currently lived at Inverthorne. The service monitored the training and conducted spot checks addressing any training issues when necessary. Records confirmed staff received regular supervisions and an annual appraisal.

Staff prepared homemade meals with fresh ingredients with fruit readily available. One staff member told us, "We make sure people get a healthy diet but we have the odd take away it's about balance." Menus were designed around people specific dietary needs, likes and dislikes. We saw people were supported to prepare meals as part of their individual Smart targets with plans in place for people to work towards achieving their goal. Smart target were agreed goals that people were working towards to increase their independent living skills.

The Mental Capacity Act 2005 (MCA) 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 so that they can 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.

The service had assessed people and made appropriate applications to the local authority. These were then monitored to ensure people were not restricted unlawfully. Staff members we spoke with understood the importance of supporting people to make their own decisions. Records detailed how staff were best to support people in making day to day decisions including meal choices and activities.

Inverthorne had a homely feel with a large kitchen/dining area and comfortable communal rooms. People's rooms were personalised with familiar items and decorated in line with their choices.

The service was proactive in ensuring people received joined up health and social care. People were



supported to access healthcare professionals. Care records showed people had regular input from a range of health care professionals, such as GPs, nurses, dentists and occupational therapists. Guidance from these healthcare professionals was adopted into people's care records.

## Is the service caring?

### Our findings

Relatives told us staff were kind and caring. One relative said, "They [staff] are so caring. All the staff are wonderful they look after [family member] so well." Another relative said, "I have only seen staff being kind and respectful."

Staff were knowledgeable about the people living at Inverthorne. They were able to discuss each person and were aware of their preferences and interests and their support needs. They spoke with fondness as they told us about people, describing each person's character and personality. One relative told us, "They know [relative] so well." Another relative said, "They all have the same set of values and want to do the best. They are patient, gentle and caring."

Relatives told us they were always made welcome. A number of relatives lived a long distance from their family member. One relative told us how the registered manager had met them half way to reduce the driving they had to do. One relative told us, "The staff are part of our family."

On the day of our inspection we observed staff warmly welcoming a person from college. They enquired how the day went and focused on the person ensuring all was well. Staff prepared tea and supported the person to get organised for that evening's activity.

The service ensured relatives were kept up to date with information about their loved one. One relative said, "I get to know everything [the registered manager] is always on the phone." Another said, "The manager is very accessible." Relatives told us they were involved in discussions about their family members care and treatment. One relative said, "They listen to what I have to say but they listen to the experts to and we do what is best for [family member]."

People were encouraged to be as independent as possible. The service worked with people to achieve their independent goals. One person reported how they wished to make a packed lunch to take to college, a plan was developed to support the person reach their goal.

Staff were sensitive and respected people's needs and afforded people privacy when they wished to be alone. The provider had an equality and diversity policy to promote people's human rights. We discussed with the registered manager how this was implemented. They told us, "We always respect the individuality of each person who lives here." The registered manager advised that no one had expressed a wish to be supported with any religious or cultural needs.

People received advocacy support from their relatives. The registered manager advised that no one was currently using the service of an independent mental capacity advocate (IMCA). They told us they were aware of local advocacy services and would not hesitate to support a person gain access to the service if required.

## Is the service responsive?

### Our findings

The service continued to ensure people received person centred care. Care plans were comprehensive and detailed how people liked to be supported. Each care plan contained personal information about the person, a profile called 'All of me', a range of person specific support plans and individual goals. 'All of me' described the person, what a good and a bad day looked like and their likes and dislikes. All were written in a person centred way and were regularly reviewed. Daily routines clearly described people's customs and outlined the support required to empower the person to achieve set goals. For example one person enjoyed shopping and could select items but needed supporting when paying.

Relatives we spoke with told us they were involved in discussions about their family member's care and support. One relative said, "I am always invited to any reviews and [the registered manager] lets me know how [Person] is."

People had both an accident and emergency grab sheet and a hospital passport which outlined people's medication, basic medical history, current problems and method of communication. This was readily available for staff to access if a person required hospital treatment.

People engaged in a range of activities designed specifically for the individual. The service consulted with the person, family members and external healthcare and social care professionals in developing people's activities. People were supported to increase their social skills and independence or fulfil their interests. These included attending college participating in activities to improve a person's social skills and independence or for just plain enjoyment. People were encouraged to be physically active and a number of people enjoyed walking, wall climbing, going to the gym, swimming and trampolining. Staff we spoke with told us how each year the service ensured people were supported on an annual holiday. People were supported to explore the local community, socialise at the local pub and go to a disco.

The service used technology to enable people to maintain relationship important to them. The registered manager told us how the service had introduced skype and bought a camera so the person was able to see their relative rather than just hear their voice on the phone. One person enjoyed surfing the internet and communicating via email. A relative told us, "[Person] enjoys emailing the family."

The provider had a complaints and concerns process in place. This was available to people in easy read format and was discussed in residents meetings. The registered manager advised that there had been no complaints since the last inspection.

The registered manager advised that no one living at Inverthorne was receiving end of life care. They told us, "If there was a point when someone was end of life we would ensure they got the best care."

Throughout our inspection we saw the service used accessible information. Care records and communication tools were produced in easy read format to support people in understanding their care plans.

## Is the service well-led?

### Our findings

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The registered manager clearly understood their responsibilities as a registered manager and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.

The provider had a clear vision and core values in place which promoted a positive environment supporting staff to develop and empowering people to be as independent as possible and be a valued member of society.

The service continued to have effective systems in place for monitoring and assessing the quality of care provided. The provider carried out regular quality assurance audits. Areas reviewed included care records, medication, health and safety, and environment. The CQC inspection model formed the format of the audits with a red, amber, green system of rating clearly indicating when action was required.

The registered manager and assistant manager had a visible presence about the service. Both had extensive knowledge of the people they supported. The registered manager talked passionately about the role the whole staff team played in ensuring people led full lives.

Staff and relatives were complimentary about the registered manager. One relative said, "[The registered manager] is amazing everything he does is in [relative]'s best interest." Another relative we spoke with said, "They are excellent, the whole team are the best." Another said, "They are the Navratilova, the Vanessa Williams at Wimbledon they are top of their game, the best."

Morale amongst the staff was high. Staff told us they were happy working at Inverthorne. One staff member told us, "I love working here." Another staff member said, "Every day is different, we all work well together."

The service regularly consulted with people who used the service and their relatives. Easy read format forms were used to capture people's opinions and staff encouraged involvement at residents meetings with items discussed such as holidays, activities and meal menu. Staff told us and records confirmed staff had the opportunity to discuss the running of the service. One staff member said, "We discuss students (people who used the service), how things are going and how we can improve things. [The registered manager] is very open; we don't have to wait for a staff meeting to discuss things with him."

The service worked in partnership with a number of agencies, including the local authority, safeguarding teams and multidisciplinary teams. The registered manager told us how they worked with health and social care professionals to ensure people received continued care and support. Records showed when people's needs changed the service was proactive in involving health and social care professionals rather than waiting for the next review.