

North East Autism Society Thornhill

Inspection report

21 Thornhill Park
Sunderland
Tyne and Wear
SR2 7LA

Tel: 01915143083

Date of inspection visit:
05 July 2023

Date of publication:
04 October 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Thornhill is a care home providing personal care to people with a learning disability and autistic people. The service accommodates 7 people. At the time of the inspection 6 people were using the service.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right support: The service maximised people's choice, control and independence. Staff were safely recruited and received an induction followed by training from the provider. Training was monitored and staff were supported with regular meetings and supervisions. Staffing capacity was enough to meet people's needs. The provider followed current best practice guidelines to effectively manage people's medicines and risks associated with infection prevention and control (IPC). People and their relatives were very positive about the care provided. People told us they felt safe, and staff had the skills to support them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. If people lacked capacity to make certain decisions appropriate support was sought to support them.

Right care: Care is person-centred and promoted people's dignity, privacy, and human rights. People were encouraged to communicate freely and accessed community for activities when they wanted to. Staff supported people to learn new skills and maintain important contacts. People's care records were person-centred and up to date. Staff knew people well and understood their support needs which empowered people to make decisions about their care.

Right culture: People who use services live confident, inclusive, and empowered lives thanks to the leaders' and care staff's values and behaviours. The staff team coordinated efficiently to ensure that people's rights and preferences were respected. The management team set a good example, and people were encouraged to take positive risks and were supported to complete more tasks independently.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 22 April 2021).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We undertook a focused inspection. This report only covers our findings in relation to the Key Questions Safe and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed not changed. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Thornhill on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Thornhill

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector carried out this inspection.

Service and service type

Thornhill is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Thornhill is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke to the registered manager, the deputy manager and the operations manager; we received feedback from 2 care staff and 2 relatives. We reviewed a range of records. This included 2 people's complete care records and medication records for 2 people. We looked at 3 staff files in relation to recruitment and staff supervision as well as staff feedback forms. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Policies and procedures were in place for staff to follow.
- Staff had received training on identifying and reporting abuse and knew what action to take if they identified abuse. One staff member said, "I know what to do should I ever have any concerns and I feel confident they would be dealt with to make sure people were kept safe."
- People told us they felt safe when receiving their care. One relative told us, "The staff are very caring with [person], they know their needs and do everything they can to maintain their safety."

Assessing risk, safety monitoring and management

- People were kept safe as risks to people and within the environment were assessed regularly and mitigated.
- Some people might display behaviours when anxious or in distress. We saw in care records that people had positive behaviour support plans, which had been developed to provide staff with guidance of the least restrictive way in supporting people who displayed such behaviours.

Staffing and recruitment

- Staff were recruited safely and there was enough staff to safely support people.
- New staff had appropriate pre-employment checks in place which included requesting references and a Disclosure and Barring Service (DBS) check before they were employed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staffing levels were regularly reviewed against people's support needs.
- People were cared for by appropriately trained and competent staff. The providers training matrix showed 100% compliance across modules including health and safety, medication awareness and equality and diversity.

Using medicines safely

- Medicines were managed safely. The registered manager carried out regular checks on people's medicines to make sure they were being administered in line with national best practice, the provider's policy and prescribing instructions.
- Staff had received training in administering medicines and had their competencies assessed regularly, we were assured staff were competent in all aspects of medicine management.

Preventing and controlling infection

- IPC policies and procedures had been updated to reflect changes in relation to government guidance linked to the COVID-19 pandemic. In addition, they showed detailed information to guide staff in the actions to take to ensure they followed safe practices to prevent the spread of infections.
- There were sufficient supplies of PPE and staff had received training in how to use this.
- Staff supported visits for people living in the service in line with current guidance.

Learning lessons when things go wrong

- Lessons were learned from incidents and learning was shared with the staff team to prevent similar incidents occurring.
- Accidents and incidents were fully investigated and outcomes from these were used to improve the care provided. For example, we saw improvements relating to the number of falls within the service. Staff had worked with GPs to look at medications and had provided people with slip socks as well as providing extra seating in communal areas. At the time of the inspection the number of falls for the month had been reduced to zero due to the actions taken by staff.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- There was an extremely positive staff culture which helped to achieve good outcomes for people. The registered manager told us, "I think we have a really positive culture here; we have regular meetings to get feedback from staff and will always work together to provide the best care for everyone here."
- The registered manager communicated with people, relatives, and staff. Relatives told us the management team were approachable. One relative commented, "I'm really happy with the communication from Thornhill, they listen to me, and we all work together as a team."
- The provider had a clear vision, and their values were embedded in the service, staff were well trained and took pride in achieving good outcomes for people living in the service.
- The service worked alongside other organisations in order to empower people to live as independently as possible, access community services and go on holidays abroad.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had a duty of candour policy, and the provider understood their responsibility to be open and honest if something went wrong.
- Results from investigations, feedback sessions and audits were used to improve the quality of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was fully aware of their legal responsibilities and was open and transparent. They submitted notifications to the commission for significant events that had occurred at the service, for example accidents and incidents.
- The registered manager undertook a range of audits to assess care quality and safety such as supervisions, care plans, environmental risk assessments, rostering and welfare checks on a monthly basis.
- Staff feedback was positive regarding confidence in the management team. They told us, "I feel supported in my role, I know management can be busy but if I need anything they are there for me." And "Management are friendly and approachable, I know I can go to them with anything."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider held regular team meetings with staff where their views were heard, these included meetings

for care staff, senior staff and management.

- A relatives satisfaction survey had been completed at the end of 2022. Feedback was extremely positive, and we saw the provider had taken on feedback and suggestions made as part of the survey.

Working in partnership with others and continuous learning and improving care

- Staff worked in partnership with people, relatives and other healthcare professionals. Care records showed involvement from other agencies and staff had used the advice/guidance provided to help with people's care planning.
- The service had a quality assurance system which was used to identify positive practice as well as areas for improvement.