

North East Autism Society

Ashdale - Sunderland

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Ashdale - Sunderland is a residential care home providing personal care to four people aged 18 and over at the time of the inspection. The service can support up to four people in one large adapted house.

Services for people with learning disabilities and or autism are supported

The service had been designed and was following the principles and values underpinning Registering the Right Support. The premises were large and homely. People had access to their own space to live as independently as they wished and had the choice to access communal parts of the service to socialise with other people living at the service.

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

People living at Ashdale - Sunderland were very happy with the care and support they received from staff. People had unique bonds with staff and one person commented, "I really love all of the staff they have been with me a long time and I feel they are always there if I need anything or someone to talk to. They are helpful, kind and caring."

Relatives were positive about the service and were actively involved by staff to help plan support for their family members. Care plans were bespoke and reflected the specific outcomes people wanted to achieve and their choices. Relatives described the positive influence staff at the service had on people. A relative commented, "The best thing about the service is knowing my family member is happy and safe. It is the nearest they will ever get to friends and the staff are like family. It helps them to keep their independence as much as possible at the same time being supported. Literally you could not find a better kinder caring place."

Risks people may face were fully identified and mitigated. The premises were safe, and the service had a homely environment. Medicines were safely managed, and the service worked in partnership with other health care professionals to make sure people received a continuous level of support. There was enough staff to safely support people.

There was an established staff team who completed regular training and attended team meetings. Staff were supported with regular supervisions. Staff had a positive relationship with the registered manager and felt able to provide feedback regularly. The quality and assurance systems in place allowed for effective monitoring of the service by the registered manager.

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.

The service applied the principles and values of Registering the Right Support and other best practice

guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was good (published 7 October 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in the effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Ashdale - Sunderland

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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Ashdale - Sunderland is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed the information we held about the service such as when the provider told us about serious injuries or events.

We sought feedback from the local authority contracts monitoring and safeguarding adults' teams. We received feedback from the NHS Clinical Commissioning Group (CCG), who commission services from the provider, and asked the local Healthwatch for their feedback. 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 all of this information to plan our inspection.

During the inspection

We reviewed documentation, inspected the safety of the premises and carried out observations in communal areas. We looked at a range of records. This included staffing rotas, training records, meeting minutes, policies and procedures, environmental safety and information relating to the governance of the service.

We spoke with one person who used the service and four members of staff including the registered manager. We reviewed the care records for two people and medicine records for two people.

After the inspection

We contacted three people who were living at the service and four relatives via the telephone.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe and there were policies and procedures in place for staff to follow. Staff received regular refresher training around identifying forms of abuse.
- People felt safe and had access to easy read guides about staying safe. One person said, "It is safe living here for me yes, and I have people here who know me well and know how to look after me."

Assessing risk, safety monitoring and management

- Risks people may face were fully identified, assessed and steps were put in place for staff to follow to keep people safe. Care records included risk assessments around staying safe in the community, using equipment in the service and domestic tasks.
- The premises were safe and there were regular checks of the environment.

Staffing and recruitment

- There was enough staff to safely support people.
- Staff recruitment continued to be safe. Since our last inspection the service had not needed to recruit any additional staff due to a long-standing well-established staff team.

Using medicines safely

- Medicines were safely managed. Staff received regular refresher training around medicines and had their competencies regularly assessed.

Preventing and controlling infection

- The service was clean, and staff followed good infection control procedures.
- People living at the service were encouraged to be independent and were supported by staff to help with cleaning chores. People were provided with guidance about safe hygiene techniques.

Learning lessons when things go wrong

- Lessons were learned through investigations into incidents and steps put in place to stop similar incidents occurring. The registered manager investigated all accidents and incidents fully.
- Lessons learned from investigations were shared with staff to help remove further incidents occurring.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were provided with regular training to ensure their knowledge was up to date. Staff told us they could request additional training when needed.
- The registered manager held regular supervisions with staff. Topics discussed included safeguarding updates, changes to legislation, training and general well-being.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to access a healthy balanced diet which also reflected their personal choices and dietary needs. One person told us, "I really like all the choices we have. Everyone likes similar food, so it is great. I like to have my meals in the lounge mainly."
- Staff monitored people's weight regularly and if anyone was at risk of malnutrition, referrals were made to the GP.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access other health care professionals, for example the dentist and GP. Guidance from these were incorporated into care plans.
- Care plans included hospital passports which helped other services to provide a continuous level of care. For example, the information included what good and bad days looked like for people, how people communicated and what they needed for support.

Adapting service, design, decoration to meet people's needs

- The service was appropriately decorated and made to feel homely. People chose how they wanted their own bedrooms decorated and bedrooms reflected their own personalities.
- There was information around the service about good hygiene techniques and general information.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- For people who were subject to a DoLS, applications were appropriate and reflected the individual person's needs. Staff had received training around MCA and DoLS and were able to tell us how people's capacity was assessed.
- People had their needs and choices assessed and regularly reviewed. People were the decision makers around their care. Relatives told us they felt extremely happy and involved in supporting people to make choices and decisions about their care
- Staff had assessed the capacity of people for specific decisions. Where people lacked capacity, best interest decisions were made which included input from people's relatives, advocates and other health care professionals.
- Care was provided in line with best practice guidance and national recommendations. For example, staff were provided with information and training around specific campaigns relating to reducing people's reliance on medication.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were caring and kind with people and knew them extremely well. People were very happy with the support from staff. One person said, "Yes I really like all of the staff they are nice to me and help me with anything I need."
- Relatives praised the staff at the service. One relative told us, "The staff are like a family to my family member but so professional at the same time, kind hearted and well trained. I cannot rate them highly enough, they are second to none."
- There were equality and diversity policies to help ensure people were treated fairly, regardless of their age, sex, race, disability or religious belief. People were treated as individuals and supported to follow their own cultural beliefs.

Supporting people to express their views and be involved in making decisions about their care

- People's choices and wishes were heard and were used as part of the care planning process. For people who could not fully communicate their choices, relatives were involved to make sure that their views were heard.
- Care plans were bespoke and created after in-depth assessments of people's needs had been completed. Records showed people's choices and their care needs were reviewed regularly.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. For example, staff always knocked and requested permission before entering people's bedrooms. Locks were also fitted to bedroom doors which encouraged people to feel more independent.
- Staff encouraged people to be independent and supported them when needed. People chose what they wanted to do each day and staff supported this. For example, staff supported people to attend local colleges and visit relatives.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which was recorded in bespoke care plans. Relatives were involved in care planning to make sure that people had their choices respected and helped people to decide what they wanted to achieve.
- Reviews of people's needs were completed regularly between people, staff and relatives.
- Staff knew people extremely well and could tell us about people's preferences. For example, staff told us how people presented at different times and what signs they looked out for if people were anxious and needed additional support and encouragement.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had their communication needs fully assessed as part of their initial assessment. Staff ensured people understood by providing information in easy read guides or by using simple short sentences.
- Staff worked with people who had difficulty communicating. For example, one person could not understand the written word and they were being supported by staff to access a learning course to help with this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain and develop relationships, and to follow their own interests and social activities. This included attending sessions at local colleges and day centres, which included sessions around computer skills, cooking, arts and joinery. People also enjoyed meeting their relatives and attending a local disco.
- Staff supported people into work and some people at the service had part time employment. One person told us how much they enjoyed working at the local museum. The person was extremely happy when talking about this and involved staff with the conservation around what they did there.

Improving care quality in response to complaints or concerns

- Any complaints or concerns were fully investigated by the registered manager. There was a complaints policy in place at the service which was also available in easy read format.
- People told us they did not have any complaints about the service. One person told us, "I have never had

any complaints, but I would feel comfortable to talk to staff myself about anything."

End of life care and support

- People had discussions around how they would like to be cared for in their final days. At the time of inspection no one was receiving end of life care.
- Staff had received training around delivering end of life care and support to people.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People were at the centre of the service and staff made sure everything they did helped to improve people's well-being. All staff could give us individual examples of things they had done to help improve people's outcomes. For example, the registered manager had supported one person with dating and discussing personal safety.
- There was a positive staff culture at the service which was led by the registered manager. One staff member told us, "I love my job." Another staff member told us, "The registered manager is kind, caring and very supportive and I can talk to her about anything at any time."

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; Continuous learning and improving care

- The provider understood their responsibility to be open and honest when something goes wrong. Apologies were given to people and lessons were learnt.
- Results from audits, investigations, feedback sessions and surveys were used to improve the quality of care at 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 CQC for significant events that had occurred at the service, for example accidents and incidents.
- Relatives were complementary about the service and the registered manager. One relative commented, "The service is fantastic. It's very well-led and I'm blessed to have my family member there."
- The quality and assurance systems in place allowed the registered manager to effectively monitor the quality of care provided to people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff worked in partnership with key stakeholders to achieve positive outcomes for people. People's care records showed involvement and guidance from other agencies, for example the learning disability team and GP.
- Staff, people and relatives were regularly asked for their views about the service. Easy read surveys were

created so people could voice their thoughts without staff involvement.

- Staff engaged with the local community to find different ways for people to access courses, activities and work opportunities.