North East Autism Society

Thornhill

Inspection report

21 Thornhill Park
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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 8 January 2018 and was announced. The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in

Thornhill 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. The service could accommodate up to seven people. At the time of the inspection six people were using the service.

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.

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.

We inspected the service in November 2015 and rated the service as 'Good'. At this inspection we found the service remained 'Good'.

Relatives felt the service was safe. Policies and procedures were in place to keep people safe such as safeguarding, accident and incident policies. Staff had received training in safeguarding and knew how to report concerns.

Staff recruitment procedures were robust and included Disclosure and Barring Service checks and references. Staffing levels were appropriate to the needs of the people using the service.

Risk assessments were detailed, person-centred, and gave staff clear guidance about how to help keep people safe. People had personal emergency evacuation plans in place in case of an emergency.

Staff were trained in a range of subjects such as infection control, health and safety and fire safety. Staff had also received training to support them to meet the needs of people who used the service, such as autism.

Staff received regular supervisions and an annual appraisal which covered their personal development. Staff felt they were well supported by the registered manager and assistant manager.

People had access to a range of healthcare, such as GPs, opticians and dentistry. Nutritional needs were

acknowledged and people enjoyed a healthy varied diet.

The premises were well suited to people's needs, with ample individual living space. Communal areas were available for people to spend time together. Bathrooms were designed to meet the needs of the people living at the home.

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 encouraged to make choices in everyday decisions wherever possible. Staff provided support and care in a dignified manner, ensuring privacy when necessary.

Person-centred care plans were in place and contained good levels of detailed information. Care plans contained people's likes, dislikes and preferences. Regular reviews took place to ensure staff had up to date information.

People enjoyed a range of activities both inside and outside the home. The service had positive links with the community with people accessing local community centres, discos and shops.

The provider had a complaints process in place which was accessible to people in a pictorial format.

The provider had a quality assurance process to monitor the quality of the service. Staff were extremely positive about the registered manager and assistant manager. We found people who used the service, family members and staff attended regular meetings where the quality of the service was discussed.

Staff and relatives felt the service was well managed. The registered manager was reported to be open, honest and effective.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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.

The inspection took place on 8 January 2018 and was announced. The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection was carried out by one adult social care inspector.

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

During our inspection we spoke with one person who lived at Thornhill. Some of the people who used the service had complex needs which limited communication. This meant they could not tell us their views on the service. Therefore we spoke with three relatives of people who used the service to gain their opinions and feedback about the service and how they felt their loved one were supported. We also spoke with the registered manager, assistant manager and three care workers.

We looked around the home and viewed a range of records about people's care and how the home was

managed. These included the care records of two people, medicine records of three people, training records, and records in relation to the management of the service.

Good

Is the service safe?

Our findings

Relatives told us they felt their family member was safe living at Thornhill. One relative told us, "[Person] is safe and well cared for, the accommodation is right for them." Another said, "I have no concerns on that front, there is nothing negative to say." One person who used the service indicated by nodding and smiling that they were safe living at Thornhill.

Safeguarding and whistleblowing policies were available for staff support and guidance. Pictorial information was available to people using the service on how to report concerns. Staff had received training in safeguarding and had an understanding of how to report concerns. Staff felt the provider would take all concerns seriously and act accordingly.

The registered manager kept a record of all incidents and accidents and safeguarding concerns. These were reviewed to monitor for patterns or trends. We found incident forms were completed following episodes of behaviour which might challenge people who used the service and others. We found changes were made to people's support plans where necessary. The registered manager told us staff have a debrief meeting following any incident so the situation can be discussed to see if there is anything that can be learnt to mitigate against another incident occurring.

We found risks to people were reviewed regularly with control measures put into place to protect against any assessed risks. This meant staff had up to date information and guidance to keep people safe when carrying out support both inside the home and out in the community. Environmental risks were assessed to ensure safe working practices for staff. For example, to prevent slips, trips and falls.

The provider ensured appropriate health and safety checks were completed. We found up to date certificates to reflect electrical installation checks, gas safety checks and portable appliance tests (PAT) had been carried out. The service had recently had an inspection from the fire service no actions were necessary following the visit.

We checked the provider's recruitment procedures and found they were robust with all necessary checks being made before new staff commenced employment. For example, applicants completed an application form in which they set out their experience, skills and employment history. Two references were sought and a disclosure and barring service check (DBS) obtained.

There were enough staff to support people's needs. Staff were allocated to support people either on a one to one or two to one basis. Each person had a weekly curriculum which set out their activities in line with their support plans and staffing levels were regularly monitored taking into account people's recreational, medical and educational needs.

People had individual medicine files which contained the level of support people needed with their medicines as well as how they may act or behave if they were in pain. Staff used these records for people who were prescribed 'as and when' analgesia (pain relief) to determine if medicines were needed. These

were useful documents but were not held in the actual medicine administration record (MAR) file. We discussed this with the registered manager who advised this could be addressed and information and guidance would be put in the MAR file. We also found the same issue with topical medicines, in that instructions were available to staff but were held in the medicine file. On the day of the inspection we saw the assistant manager contacted the pharmacy to request topical MAR charts (T-MAR). Topical medicines are creams or ointments applied to the skin.

The following day the assistant manager forwarded a selection of documents to evidence that protocols for 'as and when' medicines and T-MAR's were now in place for people allowing staff easy access to support and guidance.

Medicines were stored securely in a locked room. Fridge temperatures were checked and recorded and were within safe limits. Staff had received training in the safe handling of medicines and had annual checks to ensure they remained competent to administer medicines. We saw medicine administration records (MARs) were completed correctly with no gaps. We found on one person's MAR chart two signatures had been recorded on two days where the person had been on holiday over the Christmas period. We discussed this with the registered managers who advised they would address this with the staff member.

People had up to date Personal Emergency Evacuation Plans (PEEPS) in place. Staff had access to the provider's business continuity plan for the service. This meant staff had access to support and guidance in case of an emergency.

We found people's rooms and communal areas within Thornhill were clean and well maintained. Staff received training in infection control. We found supplies of personal protective equipment (PPE) were readily available for staff.

Good

Is the service effective?

Our findings

Relatives felt that the support provided by staff at Thornhill was effective for their family member. One relative told us, "Goals for [person] is that he does not hurt himself, the support they [staff] give is giving [person] a good quality of life. It takes time to get to know people and staff support [person] so well." Another said, "[Staff member] is absolutely fantastic with [person], I have complete confidence in them [staff]." A third told us, "They [staff] understand what he needs - [person] is watching TV with another resident now, and is happy."

The provider's systems and processes demonstrated how the person's physical, mental and social needs were assessed on admission to the home and then on a regular basis. Care records contained information which took into account current legislation and national guidance when planning outcomes. For example, guidance from the British Institute of Learning Disabilities (BILD) which supports positive approaches to minimise physical interventions. People's outcomes included increasing independent living skills, managing personal care and dealing with small financial transactions.

The registered manager kept an electronic training matrix which demonstrated staff had received the training they needed to meet the needs of the people who used the service. The provider used a blended approach to learning including E-Learning and face to face sessions. By using an electronic method of training this allowed staff to access their own training records whilst at work or at home using a secure password. Essential training included safeguarding and health and safety. We found staff were also training in specific areas such as autism to support the people who used the service.

The registered manager had an annual planner in place for staff supervision and appraisal. We found records to demonstrate staff received their appraisal and had supervision on a regular basis. Staff told us they received supervision on a regular basis.

The Mental Capacity Act 2005 (MCA) providers a legal framework for making particular decisions on behalf of people who 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Where people lacked capacity to make decisions MCA assessments and best interest decision meeting records were available. The registered manager kept a record of all DoLS applications made along with copies of authorisations. This meant the registered manager could ensure a new authorisation was submitted in a timely manner.

Staff we spoke with understood the importance of supporting people to make as many of their own decisions and choices as possible. They told us about the strategies they used to support people with decision making. These included explaining options to people and anticipating needs for some people by using a picture exchange communication system (PECS), and/or observing facial expressions and body language. This meant people's independence was maintained and they retained control over aspects of their lives. PECS is a system using pictures as a method of communication for people with learning disabilities.

We observed the main meal was cooked on an evening as most people were out during the day. People were encouraged to be as independent as possible and could eat their meals either in their apartments or in the communal dining area. Either way staff joined people for the meal. People had their weight monitored regularly and were supported to have a healthy varied diet. We saw the provider had a four weekly menu in place. We saw where people did not want what was on the menu alternatives were provided.

We found care records confirmed people had access to external health and social care professionals when required. For example, GP's and opticians. People had health action plans along with a hospital passport. These records were detailed and gave information and guidance on how to support the person should a hospital attendance or admission be necessary.

People's accommodation had been furnished in such a way that did not restrict behaviours but allowed free movement around the apartments. One person had soothing lighting in their bathroom where they were able to relax. Another had gym type equipment to use. This meant that people were given the opportunity to manage or de-escalate their behaviours where ever possible.

Good

Is the service caring?

Our findings

Relatives told us they felt the service was caring and spoke about the relationships between the staff and people living at the home. Comments included, "They support [person] to have a good quality of life, they are more than good", "Staff really try and there is progress, they are encouraging communication which is great", "It is so good to see [person] smiling, happy and content" and "Really caring, staff even sent photographs so I could see how happy [person] was."

One relative told us, "[Person] is calmer, staff are so supportive. [Person] was so relaxed, he took shoes off and put his feet up when we took him back. Staff are always happy so I have no worries at all." Relative told us how staff ensured people were given privacy, spending time out when they needed to as well as mixing with other people.

We found several positive comments had been submitted by relatives as part of the quality assurance survey, such as, "My [family member] lives as full and good quality of life as could be hoped for. This is due to the expert level of support provided by the placement and hard work of staff", and "We are happy with the care and support."

During our inspection, staff spoke in a caring and respectful manner about the people living at Thornhill. Staff had an understanding of people's needs and told us about the positive relationships they had developed. People appeared comfortable when with staff. We spent time with one person and observed how they engaged in conversations and had a joke and a laugh with staff.

Staff told us they promoted people's independence, respected their wishes and gave opportunities to provide information. We found some people were supported to clean their own rooms, sort their laundry and did their own shopping for meals. One relative also spoke about how caring the staff were when encouraging their family member to communicate, taking time, using pictures. They told us, "[Person] has come such a long way, staff care and know to keep the environment calm which is just what [person] needs."

All staff we spoke with were aware of people's communicative needs and were able to meaningfully engage with people. We saw one person used non-verbal behavioural indicators such as facial expressions and gestures. Staff told us they had taken time to get to know the people they supported, by reading care records and spending quality time with them.

Some people who used the service had access to advocacy services which was detailed in their care records. The provider had information available for people and relatives relating to advocacy. Advocates help to ensure that people's views and preferences are heard.

Good

Is the service responsive?

Our findings

Relatives told us staff kept them up to date with their family member's health and well-being. Contact was made with relatives when people were not well or if there had been any need to contact health care professionals. Relatives told us they were involved in their family members support and were invited to attend reviews and meetings. They told us staff responded to people's needs in a variety of ways, either by diversion therapy, giving time out or just spending time calmly and quietly.

We looked at care records for two people. Care files contained evidence of comprehensive risk assessments to include, personal safety, accessing the community and managing behaviours that may challenge. We found people had care plans which were personal to them, that included information on maintaining people's health, likes, dislikes and their daily routines. The plans set out what people's needs were and how they should be met. The care plans were written in a positive way and focused on the individuality of people.

Care plans gave indicators of well-being. This provided detailed information for staff about whether behaviours were positive or negative. For example, positive indicators included "[person] will smile, will have relaxed body posture, and will run across room jumping." Indicators of negative well-being included descriptions of the person, for example, grinding their teeth and stamping their feet.

We found people had a document in their care records called, "All about me." These gave a very detailed insight into the person's support needs and what staff could do to help. For example, for one person routine was very important so it was recorded that they must have structure in their day to day activities. We also found people had positive behaviours plans. The plans detailed risks what triggers to look for what, the consequences of behaviours and the specific control measures which staff needed to follow to reinforce a positive approach to behaviour.

Staff told us they were given time to read care plans when changes took place and that they were involved in developing plans. Daily records were held in each person's apartment which staff completed on a daily basis. We found records showed what the person had done during the day, any work towards meeting outcomes and any appointments they had attended.

People living at Thornhill had an active and varied social life. Each person had a 24 hour curriculum, setting out their educational and chosen activities for the day and evening. Most of the people attended day services but returned to the home in the late afternoon. On the day of the inspection one person had been out to a local attraction, unfortunately the attraction was closed. Staff had suggested an alternative meaning the person could still enjoy a day out. People went on holiday with staff support. Where possible visits to family were planned and supported by staff. One person enjoyed regular trips home with overnight stays.

The provider had a complaints policy which outlined how people could make a complaint. This was in easy-read format so people had information about what to do if they were unhappy with the service. The service

had not received any formal complaints. We found where a concern had been raised this had been addressed by the registered manager.

No one at the service required end of life care. Any such plans would be discussed with family, health and social care professionals, staff and wherever possible the person to ensure their wishes were captured and planned for in the event of their declining health.

Good

Is the service well-led?

Our findings

Relatives gave positive views about how the service was managed. Comments included, "[Registered manager] is effective and strong, you can see that because of the standard and quality of care", "They keep on top of the staff training", "I am confident and if I needed to discuss anything I feel I can" and "[Registered manager] attends the reviews at [name of hospital], they have good relationships with staff."

We found quality audits were completed on a regular basis and used to develop the service. The operations manager carried out compliance visits to the home and provided the registered manager with a report with any necessary actions. Incidents and accidents were analysed to monitor for patterns or trends, any lessons learnt from incidents were communicated to staff through team meetings or supervisions.

The assistant manager told us of the improvement they were making in terms of medicine management. Currently the home has two rooms where medicines were stored. Plans were in place to have a new medicine room to keep people's medicines in one place. We also found plans were in place for one person to have a new bathroom fitted in the very near future. During the inspection we saw work was underway with additional hot water boilers being fitted.

We found the service was following the principles of the Accessible Information Standard (AIS). We saw information for people was in pictorial format. We found the provider used the 'Extra support when you need to go to hospital document' in easy read format. Information from the health facilitation nurse was also in pictorial format. This gave people information in a format they can understand to cover how to get screening appointments, what the nurse can do for them such as health checks and blood tests. The AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.

Most people were unable to tell us how they felt the service was managed, but we saw they were at ease with the staff and management. We observed one person with the registered manager. It was clear they had a positive relationship with the person making jokes and laughing with the registered manager.

Staff felt the registered manager was open and approachable with an open door policy. This meant people who used the service, their relatives and other visitors were able to speak with the management at any time. During the inspection we found both the registered manager and assistant manager were visible in the home with staff popping in the office to speak with them.

Staff we spoke with were clear about their roles and responsibilities. They felt supported in their role and told us they were able to approach the registered manager or assistant manager to report concerns. One staff member told us, "I like [registered manager], they are always fair."

We found regular meetings took place with people who used the service. Minutes demonstrated staff encouraged people's involvement in the service, including the planning of activities, menus or what to do over Christmas.

Staff meetings were held on a regular basis. We reviewed the minutes and found staff members made full use of this, records indicated what action the manager had agreed to take forward.

The registered manager also attended meetings with registered managers from the provider's other locations. These gave the opportunity to share best practice.

We found the provider worked in partnership with other agencies, such as the local authority, local clinical commissioning group and charities. Links with the local community were in place with people attending local attractions, nearby shops and visiting the local pub.

The provider had a comprehensive set of policies and procedures which were easily accessible for staff if they wished to refer to them.