North East Autism Society

Dunelm

Inspection report

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Date of inspection visit:
21 December 2015
04 January 2016

Date of publication:
18 February 2016

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

The inspection was carried out on 21 December 2015 and 4 January 2016 and was unannounced. We last inspected the service on 26 November 2013. The registered provider met the regulations we inspected against at that time.

Dunelm provides care for up to four people with a learning disability or autism spectrum disorder. At the time of our inspection three people were living at the home.

The home 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.

Family members told us they were happy with their relative's care. One family member said, "Excellent care. They are amazing." Another family member commented, "Okay really, they care. They take care of [my relative] well." Kind and considerate staff treated people with dignity and respect. One family member commented, "[My relative] has his dignity." Staff supported people to develop daily living skills and promote their independence as much as possible.

Family members felt their relatives were safe living at Dunelm. One family member said, "[My relative] is very safe where he is. I would be the first to shout. I wouldn't wish [my relative] to be anywhere else."

Staff had a good understanding of safeguarding and whistleblowing, including how to report concerns. All staff had completed safeguarding adults training. One staff member said, "We are here to look after the service users. If I didn't raise concerns I wouldn't be doing my job." Staff told us concerns would be taken seriously and investigated.

People received their medicines safely and on time from trained and competent staff. Medicines administration records (MARs) were accurate and regular checks were carried out to help ensure medicines were managed appropriately.

Potential risks had been identified and assessments were in place to guide staff about how to keep the person safe. For example, when people accessed the local community.

There were enough appropriately recruited staff to meet people's needs and keep them safe. Staff told us staffing levels were under review due to a change in people's needs within the service. One staff member said, "[Staffing levels were] fine as far as I am concerned. We have enough staff." There were on-call arrangements in place should staff require assistance overnight.

A range of health and safety checks were carried out, such as checks of fire safety, firefighting equipment

and emergency lighting. People had up to date personal emergency evacuation plans (PEEPs) to guide staff on how to keep people safe in an emergency. The registered provider had a business continuity plan to deal with emergency situations. Incidents were logged and a record of action taken to prevent the situation from happening again.

People were cared for by a skilled and well-supported staff team. One staff member told us, "I always feel I can go and talk to someone." One staff member said, "All my training is up to date." Records confirmed all training was up to date at the time of our inspection. Staff members told us they were able to discuss anything they wanted with their line manager.

The registered provider followed the requirements of the Mental Capacity Act 2005 (MCA). Deprivation of Liberty Safeguards (DoLS) had been authorised for all three people using the service following a MCA assessment and best interest decision.

Staff had a good understanding of people's communication needs. They described how they supported people with making day to day decisions about their care. Staff adapted their communication style to meet the needs of individual people.

Staff had the skills to support people when they displayed behaviours that challenged. Staff used diversion, distraction and one to one counselling to support people at these times. Physical restraint was very rarely used within the service. One staff member said, "I have never used physical restraint."

People had access to the healthcare they needed. One family member said, "They are good at watching [my relative's] weight and exercise. They are very health conscious with [my relative]."

Staff had access to detailed information about each person's needs, including a life history. People had their needs assessed when they accessed the service. Detailed and personalised support plans had been developed for each person. Family members said they were involved in this process. One family member said, "We are very much involved in what is happening."

People were involved in a range of activities to keep them occupied and engaged. One family member said, "As far as I am concerned they give [my relative] a life." Another family member said, "They take [my relative] out." Activities included attending local football matches, bowling, going to the pub, walking and completing puzzles.

People were provided with information about how to complain in a format appropriate to their needs. One family member said, "I am not scared to say if I don't like things." They went on to say, "I have no complaints. I couldn't fault them in any respect."

Family members were consulted about their relative's care and support. Feedback from recent consultation had been positive.

Family members and staff told us the registered manager and other staff were approachable. One family member told us staff at the service "are accessible." One staff member commented, "Very approachable. If they are not on shift I can contact by email." Staff told us the home had a positive atmosphere. One staff member said, "It is a really good house, we all get on well."

There were opportunities for staff to give their views about people's care, through regular team meetings. Meetings were used as a way of raising staff awareness of important information, such as changes to

procedures.

The registered provider carried out regular quality assurance to check people received good quality care. Quality audits had been successful in identifying areas for improvement and ensuring the required changes had been made. Family members had given positive feedback about their relative's care and support.

The registered provider aimed to continually look for ways to improve and develop its services. Annual self-assessments were carried out to help the registered provider continually improve its services. The registered provider had future development plans with timescales for completion identified.

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. Family members told us relatives were safe. Staff had a good understanding of safeguarding and whistleblowing, including how to report concerns.

People received their medicines safely and on time from trained and competent staff.

Potential risks had been identified and assessments were in place to guide staff about how to keep the person safe.

There were enough appropriately recruited staff to meet people's needs and keep them safe.

A range of health and safety checks were carried out to help keep the building safe for people to live in. The registered provider had plans to deal with emergency situations. Incidents were logged and action taken to prevent the situation from happening again.

Is the service effective?

Good

The service was effective. People were cared for by a skilled and well-supported staff team. Records confirmed all training was up to date at the time of our inspection.

The registered provider followed the requirements of the Mental Capacity Act 2005 (MCA), including the Deprivation of Liberty Safeguards (DoLS).

Staff had a good understanding of people's communication needs which helped them support people with making day to day decisions about their care.

Staff had the skills to support people pro-actively when they displayed behaviours that challenged. Physical restraint was very rarely required within the service.

People had access to the healthcare they needed.

Is the service caring?

Good

The service was caring. Family members told us they were happy

with their relative's care.

Staff were kind and considerate towards people. People were treated with dignity and respect.

People were supported to develop daily living skills in order to promote their independence as much as possible.

Is the service responsive?

Good

The service was responsive. People had their needs assessed when they accessed the service. Detailed and personalised support plans had been developed for each person with input from family members.

People were involved in a range of activities to keep them occupied and engaged, such as attending local football matches, bowling, going to the pub, walking and completing puzzles.

People were provided with information about how to complain in a format appropriate to their needs. Family members said they did not have any complaints.

Family members were consulted about their relative's care and support.

Is the service well-led?

Good

The service was well led. The home had a registered manager. Family members and staff told us the registered manager and other staff were approachable.

There were opportunities for family members and staff to give their views about people's care, through regular team meetings and consultation. Family members had given positive feedback about their relative's care and support.

Regular quality assurance checks were carried out. These were successful in identifying areas for improvement.

The registered provider aimed to continually improve and develop its services. Plans were in place to further develop the service.

Dunelm

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 21 December 2015 and 4 January 2016 and was unannounced.

The inspection was carried out by one inspector.

We reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted the local authority commissioners for the service and the clinical commission group (CCG).

We spoke with two family members, the registered manager, the deputy manager, one senior care staff member and two care staff. We looked at the care records for all three people who used the service, medicines records for three people and recruitment records for five staff.

Good

Is the service safe?

Our findings

Family members told us their relatives were safe living at Dunelm. One family member said, "[My relative] is very safe where he is. I would be the first to shout. I wouldn't wish [my relative] to be anywhere else." Staff also told us they felt people were safe. One staff member said people were living in a "safe environment." Another staff member said, "I think people are safe."

Staff had a good understanding of safeguarding and knew how to report concerns. They were able to tell us about various types of abuse, including potential warning signs to look out for. For example, staff said a person "looking down or sad" and unexplained marks. Staff said if they had concerns about a person they would report them to their manager or more senior manager within the organisation if needed. All staff had completed safeguarding adults training. Information and guidance about safeguarding was readily available for staff to refer to. There had been no safeguarding alerts made during 2015.

Keeping people safe was central to the care delivered at the service. Staff told us about the registered provider's whistle blowing procedure and how they were confident to use it. All of the staff we spoke with confirmed they had never needed to use the procedure. One staff member said, "No, never thought about using it." Another staff member said, "We are here to look after the service users. If I didn't raise concerns I wouldn't be doing my job." Staff went on to tell us they were sure concerns would be taken seriously and investigated. One staff member said, "There would definitely be an investigation without a doubt." Another staff member said, "I have every faith in my managers. I have no qualms to go and see my manager and know that something would get done about it."

People received their medicines safely and on time. Only trained and competent staff administered medicines to people. Training records confirmed staff training was up to date. Medicines administration records (MARs) confirmed people had been given their prescribed medicines when they were due. A weekly check of MARs was carried out to check they were accurate. A regular stock check was also carried out for each medicine kept in the home. During our inspection we observed staff administering medicines. This was carried out by two staff members. We saw staff checking the medicines in stock against the records to ensure they were accurate. An external pharmacy inspection had been carried out in November 2015. There had had been no significant concerns identified. The pharmacist recommended adding a grid to the back of people's MARs to record non-administration of medicines. We observed this had been done and was being completed when needed.

The registered provider sensitively and positively managed risk within the service. Where a potential risk had been identified, a specific risk assessment was in place to guide staff about how to keep the person safe. Risk assessments were detailed and included information about the measures in place to help keep the person safe. For example, people were at risk when accessing the local community due to a lack of road safety skills. The measures in place to keep people safe included support from staff when in the community, using marked road crossings and wearing appropriate footwear when out and about.

Staff told us there were enough staff to meet people's needs. One staff member said an additional staff

member would be helpful due to one person's changing needs. The registered provider was carrying out a review of staffing levels. This had not been concluded at the time of our inspection. The home had close links with another of the registered provider's homes. The same registered manager managed both locations. One staff member said, "[Staffing levels were] fine as far as I am concerned. We have enough staff." Another staff member said, "If we ever need extra staff [registered location name] can send somebody down if need be." The registered provider had on-call arrangements in place should staff require assistance overnight. One staff member said, "We very rarely need assistance."

Recruitment checks were carried out before new staff started working at the home. These included requesting and receiving references and a disclosure and barring service (DBS) check. DBS checks are carried out to check prospective staff do not have a criminal record which may prevent them from working with vulnerable people. The registered provider had an electronic system to monitor recruitment checks including notifying managers when DBS checks were due to be renewed.

A range of health and safety checks were carried out to help keep the building safe for people to live in. These included checks of fire safety, firefighting equipment and emergency lighting. A fire risk assessment had been carried out in 2015 and the fire service had also inspected the home. No additional actions had been required following this inspection. Other checks of water, gas and electrical safety were up to date. Regular fire drills were carried out to test the registered provider's evacuation procedures. People had up to date personal emergency evacuation plans (PEEPs) to guide staff on how to keep people safe in an emergency.

The registered provider had a business continuity plan to ensure people continued to be cared for in emergency situations. For example, a loss of people's accommodation and a loss of utilities, such as the gas supply, drinking water, electricity and heating systems. The plan clearly described the nature of the emergency and the action to take to respond to each situation. For instance, identifying temporary accommodation should Dunelm become unusable.

Incidents were logged and a record of action taken to prevent the situation from happening again. For example, action taken in response to incidents included one to one counselling and people having quiet time in their room.

Good

Is the service effective?

Our findings

People were cared for by a well-supported staff team. One staff member told us, "I always feel I can go and talk to someone." Another staff member said, "Brilliant, any issues I can go to [senior staff member]. Everyone is willing to help each other. Everyone I work with is spot-on." A third staff member said, "Our manager is really good and any issues you have are dealt with." We viewed examples of records from supervision and performance reviews. These were used as an opportunity to review individual staff member's training and development needs. Staff members told us they were able to discuss anything they wanted with their line manager.

Staff were supported to complete the training they needed to care for people using the service. The registered provider had an electronic training matrix. This showed at a glance the completion status for all of the training the registered provider had deemed essential. This also included identifying training which had expired or was due to expire within three months or less. The matrix confirmed all training was up to date at the time of our inspection. Essential training included health and safety, fire safety, food hygiene and moving and handling. All staff had also completed specific autism awareness training to help them provide effective care and support for the people using the service. One staff member confirmed, "All my training is up to date."

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. 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. DoLS authorisations were in place for all three people who used the service. Care records showed DoLS applications had been submitted following MCA assessments and best interest decisions having been made to help keep people safe.

Staff had completed training on the MCA. They had a good understanding of people's communication needs, including the support people needed with making day to day decisions about their care. Although people using the service had limited communication skills, staff told us people understood what staff were saying. One staff member said one person would use gestures to indicate they had understood, such as tapping on their chest to indicate a positive response. Staff explained how they had adapted their communication style when supporting one person to make choices. This was to check whether the person had made the choice they actually wanted.

Staff were knowledgeable and skilled to support people when they displayed behaviours that challenged.

People had specific positive behaviour plans which detailed the most effective strategies for supporting each person when they were agitated or anxious. These included pro-active interventions, such as sensory toys and giving personal space and physical interventions. Positive behaviour plans stated all techniques used within the service had been verified as safe by a chartered physiotherapist. Staff described how they used diversion, distraction and one to one counselling to support people with behaviours that challenged. Physical restraint was very rarely required. One staff member said, "I have never used physical restraint."

People had access to the healthcare they needed. One family member said, "They are good at watching [my relative's] weight and exercise. They are very health conscious with [my relative]." Each person had a health action plan which described the support they needed to remain healthy. This included the support they needed with oral health, keeping fit and active and their eyesight. The plan was bespoke to each person and described what would be a good and bad appointment. For example, a good appointment with the dentist would be to not have any treatment. A 'health grab sheet' had been written for each person to share important information about them with other professionals should they need to access other services, such as hospital. The grab sheet included information about likes, dislikes, preferred communication style and the best method and time to give information to the person.

Good

Is the service caring?

Our findings

Family members told us they were happy with their relative's care. One family member said, "Excellent care. They are amazing." Another family member commented, "Okay really, they care. They take care of [my relative] well."

People were supported by staff who knew their needs well. Each person had a key worker, some of whom had been supporting the same person for a long time. Key workers took a lead on maintaining relationships with family members, checking support plans were up to date and ensuring people's health needs were met. Staff were very knowledgeable about each person they cared for and told us about their individual preferences. For example, some people liked spending time in their rooms watching TV and listening to music, whilst other people liked looking at books and magazines.

We observed throughout our visit to Dunelm staff were kind and considerate towards people. Staff spoke to people in a warm yet professional way. We heard staff offering lots of prompts and encouragement to remind people of things they needed to do to which people responded positively. We also observed during the breakfast routine that staff followed people's care plans fully. This enabled people to have a quiet and relaxing breakfast, which people managed with minimal input from staff members.

People were supported to develop skills to promote their independence and developing daily living skills. For example, one person was encouraged and prompted to ask for things they wanted, with support from staff, when out in the local community. People's care was outcome focused with clear goals identified for people to work towards. One staff member said, "Key workers will come up with an idea and this is discussed between staff members. Most people had three targets, such as cleaning their bedrooms, helping with meals and encouraging communication. Progress against the targets was assessed each month and an update recorded as to whether targets had been achieved. We saw some targets had been achieved and new targets set to promote on-going personal development. Each goal had a documented plan which identified the steps required to complete the plan and the specific tools or resources needed.

People were treated with dignity and respect. One family member commented, "[My relative] has his dignity." Staff adapted their care practice to ensure people were treated with dignity and respect. For example, one staff member told us they would wait outside when a person was using the bathroom. Another staff member said they prompted themselves as much as possible. The registered provider aimed to meet people's preferences and choices. We saw a number of adaptations had been made to the environment and care delivery to meet the wishes and priorities of people and family members. For example, a shower had been installed in one person's en-suite and a special diet provided to enable them to meet their cultural and religious beliefs.

Information was made available to people in a format appropriate to their needs. The service user guide was written in an easy read format. It contained photos of people using the service and the building to help make the document relevant to people. The guide included contact details for local advocacy services should people require independent advice and assistance. All people using the service had regular input

from an advocate. Other important documents such as support plans incorporated pictures and photos to help make information as accessible as possible.

Good

Is the service responsive?

Our findings

Family members described how staff responded to their relatives' needs. One family member told us how staff helped their relative through a very difficult period. They commented, "We all worked together."

Staff had access to detailed information about each person to help them better understand people's needs. One family member said, "Staff know [my relative] pretty well. There is always somebody around who knows [my relative]." Each person had a document called 'all about me.' This provided staff with background information, such as what the person understood, how staff could help and their preferred methods of communication. Staff also gathered information about people's likes, dislikes and personal interests. For instance, people enjoyed watching TV, going for walks, watching DVDs, colouring in and other creative activities.

People's needs had been assessed to identify the support they needed. People had been assessed so staff fully understood how each person could be involved in planning their care. This involved a consideration of how people communicated and processed information. For example, for some people information was shared verbally whilst for other people pictures and symbols were recommended. Family members said they were made to feel part of their relative's care. One family member said, "We are very much involved in what is happening."

Care plans were detailed, personalised and relevant to people's current needs. Plans clearly recorded people's agreed daily routines, such as the morning routine, meal times and bathing. These were detailed and broken down into the individual steps required to promote consistent care and support. For instance, 'staff knock on the door and greet the person with good morning.' Care plans identified what the people could do for themselves and what they needed support with. For example, when going swimming one person was able to pack their own swimming bag but needed help to access the cupboard where their toiletries were kept.

People were involved in a range of activities to keep them occupied and engaged. One family member said, "As far as I am concerned they give [my relative] a life." Another family member said, "They take [my relative] out." Activities people were involved in included attending local football matches, bowling, going to the pub, walking and completing puzzles. One staff member said, "There is always something for people to do." People had a personalised weekly timetable which identified their planned activities for the week.

People were provided with information about how to complain in a format appropriate to their needs. Family members we spoke with said they did not have any complaints about the care provided at Dunelm. One family member said, "I am not scared to say if I don't like things." They went on to say, "I have no complaints. I couldn't fault them in any respect." There had been no complaints made about the service or people's care.

Family members were consulted about their relative's care and support so that improvements could be made to people's experiences. Family members were asked for feedback about a range of areas including

safety, quality of care, activities, choices and preferences. We viewed the most recent feedback and saw only positive feedback had been given. For all questions asked family members had responded either 'always' or 'most times.'

Good

Is the service well-led?

Our findings

The service had a registered manager. Statutory notifications had been submitted to the Care Quality Commission as required. One family member told us staff at the service "are accessible." Staff also told us the registered manager was approachable. One staff member commented, "Very approachable. If they are not on shift I can contact by email."

There were opportunities for staff to give their views about people's care. For example, through regular team meetings. We viewed the minutes from a recent team meeting. We saw an agenda was prepared in advance so that staff knew which topics were to be discussed. Topics discussed during the meeting included familiarising staff with the registered provider's new mission statement, staffing and the findings from a recent medicines audit, including changes to the medicines procedure.

Staff told us the home had a positive atmosphere. One staff member said, "It is a really good house, we all get on well." Another staff member commented, "There is a very happy atmosphere." A third staff member described the atmosphere as, "Relaxed, a really nice house to work in. There is a nice atmosphere, the lads all get along well, they are a well suited bunch."

The registered provider had an effective approach to quality assurance, to check people received good quality care. The registered manager carried our regular quality audits. We viewed the findings from the most recent audit completed in November 2015. The audit included safeguarding, a check on the quality of care records, health and safety and the environment. The audit also specifically looked at individual people's care, particularly their participation in activities, decision making and any input from health professionals. The audit clearly identified areas where improvement or changes had been made or were required, such as changes to the registered provider's statement of purpose and ensuring key documents were signed by family members or advocates.

The registered provider aimed to continually look for ways to improve and develop its services. Annual self-assessments were carried out of all of the registered provider's residential services. We viewed the most recent report available which covered the period 2014 – 2015. The assessment was focussed around the five key questions asked under the Care Quality Commissions inspection methodology (is the service safe, effective, caring, responsive and well-led). The assessment made a judgement about the registered provider's current position and incorporated an action plan to improve further. Improvements identified in the self-assessment report included making information more accessible to people using the service, and reviewing policies and procedures, such as medicines management and the induction process.

The registered provider had documented plans for its future development. These were included in the 'Quality Improvement Plan.' The plan identified areas for improvement with timescales for completion.