North East Autism Society

Thornhill

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

Overall summary

This announced inspection took place on 13 and 19 November 2015.The last inspection of this home was carried out on 9 July 2013.The service met all the regulations we inspected against at that time.

Thornhill provides care and support for up to seven people who have learning disabilities or autistic spectrum disorders. At the time of the visit five people were using the service.

The home had a registered manager who had worked with the organisation for several years. 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 people who lived at the home had complex needs which meant they were unable to tell us in detail about the service. Relatives made positive comments about the service and said people enjoyed being at the home. They described the service as being safe for their family member. Relatives felt involved in decisions made about

Summary of findings

their family members care. One relative told us "[family member] is always happy to go back to Thornhill after their visit home. That makes us feel that they are being looked after".

People had individual apartment type accommodation which allowed privacy; these were comfortably furnished in accordance with people's choices and preferences.

Staff had a good understanding of safeguarding and whistleblowing. They were confident that any concerns would be listened to and investigated to make sure people were protected. A record was maintained of all safeguarding alerts which showed that appropriate action was taken.

Staff understood the Mental Capacity Act 2005 (MCA) regarding people who lacked capacity to make a decision. They also understood the Deprivation of Liberty Safeguards (DoLS) to make sure people are not restricted unnecessarily.

Medicines were managed in a safe way. Records were up to date with no gaps or inaccuracies found. A staff signing sheet was available so records could be audited.

There were enough staff employed to make sure people were supported. Relatives told us their family members had the correct levels of staff supporting them in the home and in the community. One relative told us, "[family member] has a team that all work together, they understand [family members] so and know exactly how to look after him, what he likes and what he doesn't like."

Recruitment practices at the service were thorough, appropriate and safe so only suitable people were employed. Staff training was up to date and staff received regular supervision and appraisals.

People's choices were acknowledged. Each person had a range of activities they could take part in. People were supported to be as involved as possible in choosing menus. People's dietary needs were respected and were used to develop a four weekly menu that met the preferences, choices and needs of each person.

Relatives felt involved in their family member's care and were kept fully informed of any changes. Relatives made many positive comments about the service. For example one relative commented that "They have given [family member] his life back." Another told us, "They are fantastic with [family member] very caring, any little thing they phone us to keep us informed."

People's care records and risk assessments showed us that people were encouraged to be as independent as possible, with life skills being promoted. People's healthcare needs were monitored and assessed, contact was made with other health care professionals when necessary.

Staff used alternative forms of communication such as pictures and gestures to communicate with people.

We saw that systems were in place for recording and managing safeguarding concerns, complaints, accidents and incidents. Relatives we spoke to knew how to make a complaint. Information was available in picture form on how to make a complaint. Records were kept along with any immediate actions taken which showed the service responded to behaviours and lessons were learnt from such events to reduce risk.

Relatives and staff told us the organisation was well run and the home was well managed. There were no concerns raised by other health and social care organisations. Staff told us they felt the service was open, approachable and had a positive culture. The service had an auditing system in place, these were carried out at regular intervals to check the performance of the service and to make continuous improvements.

Summary of findings

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. Relatives told us they felt people were safe at the home and with the staff who supported them. Staff knew how to report any concerns about the safety and welfare of people who lived at the home.

Risks to people were managed in a safe way so that people could lead as independent a lifestyle as possible.

There were enough staff to meet people's needs. The service made sure only suitable staff were recruited.

Processes were in place to ensure people's medicines were managed in the correct way.

Is the service effective?

Good

The service was effective. Relatives felt the service was effective in meeting the needs of people and that staff were skilled, competent and appropriately trained.

Staff understood how to apply the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS) to make sure people were not restricted unnecessarily.

People were supported to lead a healthy lifestyle and encouraged to choose and assist in preparation of meals.

The home assessed and monitored people's health care needs and worked closely with health and social care professionals to promote people's health and well-being.

Is the service caring?

Good

The service was caring. Relatives said staff were caring, and there was good relationships between staff and the people who lived there.

Staff assisted people in an encouraging, friendly and supportive way.

Staff knew how to communicate with people in an accessible way, according to their individual needs.

People's individuality, dignity, privacy and independence were promoted.

Is the service responsive?

Good

The service was responsive. Relatives felt involved in planning and reviewing the care for their family member.

People were offered activities to promote their leisure and independent living skills. People's choices about whether to engage in any activity was respected.

Relatives said they knew how to raise any concerns and were confident these would be dealt with.

Information about how to make a complaint was in easy read and picture format.

Staff were knowledgeable about people's needs, interests and preferences.

Summary of findings

Is the service well-led?

Good

The service was well-led.

The home had a registered manager. Relatives felt the home was well managed.

Relatives and staff said that management in the home was approachable, open and supportive.

The service had a quality assurance and information gathering system in place.

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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 13 and 19 November 2015 and was announced, which meant the provider knew we were coming. The provider was given 48 hours' notice because the location is a care home for young adults who are often out during the day, so 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 checked information we held about the service and the provider. This included previous inspection reports and statutory notifications sent to us about incidents and events that happened at the service. A notification is information about an event which the service is required to tell us about by law. We also contacted the local Healthwatch, the local authority commissioners for the service, 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. We used all this information to decide what areas to focus on during the inspection.

The five people who lived at this home had complex needs that limited their communication. This meant that they could not tell us in detail about living at the service. We asked relatives for their views on the service.

During the visit we observed staff interacting with people and looked round the premises. We spoke to the nominated individual, the operations manager, the assistant manager, and two support workers. We contacted four relatives who were happy to speak with us.

We viewed a range of records about people's care and how the home was managed. These included the care records of three people, the recruitment records of four staff, training records and quality monitoring records.

Good

Is the service safe?

Our findings

Relatives told us they felt the service was safe. One relative told us that "They couldn't ask for anything better for their family member." Another told us, "I trust the North East Autism Society and [family member] appears to be happy."

We saw the service had a range of policies and procedures in place to keep people safe. These included safeguarding policies and whistleblowing procedures (for staff to report any poor practices). Staff were aware of these policies, and told us how these would be used. Staff told us they would go straight to the registered manager or to the operations manager if they had any concerns. The service had a safeguarding file which set out the process the service followed with details of appropriate agencies and organisations to contact such as local safeguarding teams.

Staff told us and the records confirmed that all staff had completed up to date safeguarding training. Staff were able to recognise signs of potential abuse and knew what action to take. A member of staff told us, "I would go the manager and report it straight away." Staff said that they did feel they would be listened to and they were confident in the management of the service.

The service had a safeguarding champion who had regular meetings with the assistant managers in other units along with the operations manager and head of care to promote safeguarding within the organisation. The assistant manager told us that they attended these meetings.

Each person had a personal emergency evacuation plan (PEEP) in place, these were detailed and specific to the individual. People also had a grab sheet giving detailed information about the person in case of an emergency.

People's care records contained appropriate individualised risk management plans. These provided staff with information about identified risks and the action they needed to take. Plans were reviewed to ensure support was current. Risk management plans were very detailed and clearly showed how each person could be involved as much as possible to be independent with the right support to minimise the risk. For example, one person exhibited behaviours when accessing the community, plans set out in detail how to manage triggers effectively. One relative told us that their family member is "Out in the community safely, and is happy, stable and settled."

People who used the service had been assessed as having behaviours that challenge themselves and others. Positive behaviour support (PBS) plans were in place, these gave staff clear guidance about how to support the individual as well as identifying potential triggers. These plans set out strategies to follow to either mitigate or reduce the risk of behaviours escalating. Staff were able to explain how these are put into practice. For example, they showed us specific pieces of equipment that they could support people to use to regulate their behaviours.

Medicines were securely stored in a locked medicine cabinet within a locked room. Staff told us that medicines that needed cool storage would be kept in a medicines refrigerator and the temperatures would be checked and recorded daily. There were no medicines being stored in the refrigerator at the time of the inspection.

Each person who used the service had a medication file which gave detailed instruction about what medicines people were taking. Medicines were administered to people at the prescribed times and this was recorded on medicines administration records (MARs). We looked at the MARs and saw that these were completed correctly, with no inaccuracies. Two members of staff were present when medicines were given to people. These meant medicines were checked and witnessed by another staff member before they were handed to the individual.

One staff member we spoke with was able to describe the process from ordering to the returning of medication. Staff who administered medicines had been trained in the safe handling of medicines and had their competencies checked. Separate records were also maintained for individuals who were receiving non-prescribed medication such as cough linctus. People had medication files which gave details of prescribed medication, any side effects and how the person takes their medication.

Staff and relatives felt there were sufficient numbers of suitable staff to meet people's needs and to keep them safe. The service has recently recruited three new staff who were currently going through their induction period, with two others currently going through the recruitment process. Staffing levels took into account the two to one or three to one support people needed, during the night there were five staff members in the building. We observed people had the appropriate levels of staff members supporting them.

Good

Is the service safe?

Staffing levels and consistency of staff meant staff knew what people wanted to do on a day to day basis and what support people required. Each person had a weekly curriculum which set out their activities in line with their support plans. The operations manager told us that, “There is a steady staff team at Thornhill.”

We looked at records for four staff members. These showed that checks had been carried out with the disclosure and barring service, (DBS) before they were employed to confirm whether applicants had a criminal record and were barred from working with vulnerable people. References had been obtained and a completed application form detailed employment history, proof of identify was also on the file.

Certificates in relation to health and safety for the premises were in place and in date. For example, gas safety declaration, electrical installations check and fire service certificate. PAT records were available and checks on water temperatures were seen. The service also had a range of risk assessments in place, along with policies and procedures to ensure safe working practices.

The service had a Business Continuity Plan which had been tested. This meant that the service knew what to do in case of an emergency.

Good

Is the service effective?

Our findings

Staff we spoke to told us they felt confident and suitably trained to support people effectively. Records showed staff completed an induction when they started at the home and completed a range of training courses. This meant that staff had the skills and knowledge to support people effectively. The service had a computer based training management system to identify when training was in date, three months before it expired or had expired. This allowed the service to book training ahead of time to maintain staff members' knowledge. One relative told us, "The staff know [family member] very well, they have the right training and do a great job."

Records confirmed that staff received regular supervision sessions and annual appraisals. A supervision contract was in place signed by the staff member and their supervisor. Records were detailed and set out agreed actions in terms of development and training.

One member of staff told us, "The team is very close and are always ready to help each other". Another commented that they are given "down time" to reflect with managers on situations when behaviours have been challenging. This helped staff to feel valued and supported.

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).

The registered manager had made DoLS applications to the respective local authorities that were involved in people's placements. This was because people needed 24 hour supervision and also needed support from staff to go out. In this way the provider was complying with the requirements of the MCA and working collaboratively with local authorities to ensure people's best interests were protected.

Staff supported people with communication aids to help them make sense of information and to make their own informed choices and decisions. These included, for example, the use of a picture exchange system (PECS), gestures and simple pictures.

Records showed the service worked closely with other health care professionals to support people in accessing health care. People were supported to access their GP for regular check-ups with dental and optical care when required. The assistant manager told us that visiting professionals are given an insight into the person's behaviours before any treatment is undertaken.

The service used desensitisation programmes for people who experience anxiety or distress when attending the dentist. Records confirmed the service also received support from the positive behaviour support team in analysing people's behaviours.

Records confirmed that staff had received training in MCA and DoLS. Staff understood that people should not be restricted unnecessarily unless it is in their best interests. Staff had access to guidance documents and policies relating to MCA and DoLS.

People were supported to maintain a varied and healthy diet. We saw that the provider had a four weekly menu planner. There was also consideration taken of people's likes and dislikes. Staff told us there was always an alternative option for people. We saw handwritten entries on the planner as changes were made for people. As far as possible people were involved in the menu planning, staff told us they sat with people and showed pictures of food. As the people who lived in the home were out most weekdays the main meal was cooked on an evening. People were encouraged to be as independent as possible and could eat their meals either in their apartments or in the communal dining area. We saw records to confirm that people's weight was monitored regularly.

We saw evidence in care records of cooperation between care staff and healthcare professionals including social workers, dietetics, pharmacy, community psychiatric nurses, occupational therapists, physiotherapy, and GPs to ensure people received effective care.

Each person had a health action plan 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.

Good

Is the service effective?

People's individual needs where taken into account in their apartments, with rooms being furnished in such a way that did not restrict behaviours. An individualised sensory room was available for one person. Another had specific equipment for self-regulation. This meant that people were supported and given the opportunity to manage or de-escalate their behaviours.

Incident forms were completed following episodes of behaviour which might challenge people who used the service and others. Staff recorded when physical intervention was used, looking at triggers, behaviours and detail what strategy was followed. These were reviewed by management and reports were used to identify any trends that may contribute to an escalation of behaviours.

Good

Is the service caring?

Our findings

Relatives told us the service their family members received was very good. One relative told us, “Miracles can happen, they happened for [family member].”

Relatives we spoke with made several positive comments about the service. They spoke about the compassion, dignity and respect shown to their family member. For example, a relative told us, “We all work together as a team for [family member] the staff are so supportive, I would give them an A plus.”

We saw interaction between people and staff. This was friendly and relaxed, with positive body language. Staff were talking openly with people and were respectful and polite. People were given choices in a way that was appropriate to their needs, for example, staff used pictures of food when planning meals. One person told us, “I like it here.” They showed us with gestures about the activity they liked, this was seen on their individual activity plan.

The service had a communication champion who worked closely with the speech and language therapist to affect positive communication techniques. We saw an alternative method of communication that was used in the service, the picture exchange communication system, (PECS) is used to support people with their communication needs. One staff member told us, “I use PECS with [person] this method supports [person] to understand what they were going to be doing. For example, I use a picture of the bus to show it is time to leave for college.”

Relatives said they were kept up to date. They told us they felt included with their family member’s care and support needs and were involved in support planning. There was frequent contact between the home and relatives. One relative told us, “If I have anything to say I can always telephone or send an email, staff always respond quickly.” Staff supported people to maintain family relationships by facilitating visits and trips home.

In two people’s bedrooms there were tinted windows, which meant they could look out but no-one could see inside the room. This helped support their dignity as the individuals did not always want to use blinds or curtains. We saw that people’s apartments were individualised with personal items on display.

Staff supported people to be as independent as possible. For example, encouraging people to use the washing machine and to put clothes away. Staff felt it was important to encourage and maintain daily living skills. Staff supported people to attend college ensuring links with community, people also attended outside activities such as horse riding and water sports.

The service had information available regarding independent advocacy. Care plans provided staff with clear information about consent and advocacy. Staff had a clear understanding of advocacy and how this supports people in decision making.

People had access to a kitchen, communal lounge and dining area.

Good

Is the service responsive?

Our findings

We looked at care records for three people. The care plans were written in a positive way and focused on the individuality of people. Staff told us they speak with people about care plans as far as possible and people contribute by using facial expressions, or gestures. For example, thumbs up.

Care plans gave indicators of well-being. This provided detailed information for staff about whether behaviours were positive or negative. Care plans included guidance for staff on how to support people with personal care, their preferred method of communication, likes and dislikes and how they wished to spend leisure time.

Risk assessments were in place centred on the person's abilities. Staff work closely with colleagues in day services to support the person's inclusion into the community. One relative told us, "The staff have been really great and have gone over and above to find a specific outdoor activity for [family member] to do."

Relatives told us they felt staff knew their family member well and how to support them. One relative told us, "The goal for [family member] is to have a day without hurting himself or others, if that happens then that's great. Staff know exactly how to support [family member] and behaviours are being managed."

Staff were able to describe the process of person-centred care and how that looks for the people that lived in the home. They were clear about recognising people behaviours if they were unhappy with a situation or activity. Staff told us they were given time to read care plans when changes took place and were involved in developing plans. The service maintained a handover system so staff were always given up to date information. This meant that staff were always responding appropriately to need in a consistent and planned manner.

Each person had a 24 hour curriculum, setting out the activities for the day. Many of the people attended day services but returned to the home in the afternoon. Various activities were available for people to take part in. We saw photographic evidence of some of the activities. For example, outdoor activity centres which included water sports, walking and climbing. The service had a gym room which is available to people who use the service, and an enclosed garden area that people can access as part of their well-being.

Staff told us people go on holidays and were supported with the organisation of the trips. We saw correspondence from relatives regarding the planning of future trips.

Relatives and staff we spoke to said they knew how to make a complaint and felt confident about doing so. We looked at the provider's information about how to make a complaint, which was set out in a statement of purpose. Information on how to make a complaint was also in pictorial format. The registered manager had a file to record complaints, there had been no complaints made in the past year.

Relatives told us they had frequent contact with the home. They said they felt encouraged to raise any issues or concerns about their family members care. Relatives felt any comments or concerns were listened to and acted upon.

A relative told us, "We are able to look at care plans, these are made available to us. They go out of their way and go above and beyond to support [family member] to be able to take part in a specific activity. There is a lot of structure in the home which is really good." Relatives told us that they are invited to meetings and are encouraged to give opinions regarding the care and support their family member is receiving. All the people we spoke to put the home in a very positive light.

Good

Is the service well-led?

Our findings

At the time of the inspection visit, the home had a registered manager. A relative said they were happy with the registered manager, they told us "The manager is very approachable, I have no concerns. We are able to ring or email the home and are given information about our [family member] or vice versa."

The registered manager had Diploma's in the Management of Health and Social Care Services, Working with Adults with Autistic Spectrum Conditions and had 12 years managerial experience. The assistant manager was currently working towards Level 5 in Managing Health and Social Care. The organisation was currently working towards Investors in People. This meant that both members of the management team had the knowledge to be able to support people and staff in the service.

Most people were unable to comment on the way the service was managed, but we saw they were at ease with the care staff and the assistant manager. One person was very cheerful and told us, "They look after me, I like her [assistant manager]."

Staff told us they felt the service was well-run by the registered manager and provider. The support workers we spoke with described the management as "approachable" and "supportive". One staff member told us, "They are not just here because it's their job, they really care, and they listen."

Staff meetings were held, which gave staff the opportunity to discuss people's support as well as gaining important information about the service. Management team meetings were also held, to look at training, funding, SMART targets, staffing and general management issues.

The registered manager and assistant manager carried out regular audits and carried out a self-assessment exercise. The 2014 – 2015 self-assessment report showed that the registered provider was constantly trying to improve by setting actions. Further development of the home was planned with some internal structural changes to provide a larger apartment.

The registered manager completed a monthly report for senior managers on accidents, incidents, behavioural interventions and staff training. The operations manager told us that this looked at trends to enable the service to manage risk. The service used the Care Quality Commission's five domains as part of their quality process. This fed into a quality improvement plan, with examples of how the service could evidence the domains. There was good leadership in the home and staff were supported to provide safe, person centred care in a positive environment.