North East Autism Society

Inverthorne

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

This inspection took place on 26 January 2016. The last inspection of this home was carried out on 3 October 2013. The service met the regulations we inspected against at that time.

Inverthorne provides care and support for four people who have autism spectrum condition. The care home is a semi-detached family house in a residential area near the city centre. The service is situated in between two similar small care homes and all three services are managed by the same 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.

Relatives and staff felt the service was safe for the people who lived there. A few months ago there had been a safeguarding incident in the home which allegedly involved some staff members. The provider had taken the appropriate action to deal with this and had strengthened the staff training and procedures in safeguarding people.

There were enough staff to assist people in the house or to go out to activities in the community. The recruitment of staff included the right checks and clearances so only suitable staff were employed. Potential risks to people's safety were assessed and managed. People's medicines were managed in a safe way, although it would be better if staff were consistent in recording whether 'when required' medicines had not been needed.

Relatives said the service provided specialist support for people with autism spectrum condition. Staff were well trained in autism to help them understand the individual challenges faced by the people who lived there. New staff received induction training when they started work. One staff commented, "We get loads of training – the company is spot-on with training."

Staff had training in the Mental Capacity Act 2005 for people who lacked capacity to make a decision and deprivation of liberty safeguards to make sure they were not restricted unnecessarily. People's lack of capacity to consent to care was clearly outlined in their care records.

People were supported to maintain a balanced and healthy diet. One staff member commented, "Most meals are home-made from scratch and we try to make sure people have a healthy diet." People health and well-being was kept under continuous review by the service with input from external healthcare professionals.

Staff engaged with each person in a way that met their communication needs. A relative said a support worker had "an excellent rapport" with their family member. A care professional also commented on the

"very good relationship" with relatives and some "very committed" staff.

All the staff members we spoke with talked about people in a caring manner. Staff comments included, "I'd do anything for them" and "all the staff I work with are caring and the people are lovely". We saw the interactions between staff and people were supportive and friendly.

People had been individually assessed and their care was planned to make sure they got the right support to meet their specific needs. A relative told us, "[My family member] has an individual care programme which is on-going as their needs change." People enjoyed a range of vocational and social activities outside of the home. Staff were knowledgeable about each person's individuality and relatives felt the service was tailored to meet their family member's needs.

Staff were familiar with how people might show if they were unhappy with a situation. Relatives had up to date information about how to make a complaint or comment. They said they would feel comfortable about telling the registered manager if they had any concerns. There had been no complaints about this service in the past year.

Relatives and staff felt the organisation was well run and the home was well managed. There was an open, approachable and positive culture within the home and in the organisation. Staff felt supported and were kept informed about any changes to the service. The provider had a quality assurance system to check the quality and safety of the service provided, and an action plan for continuous development and improvement.

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 usually safe. Staff knew how to report any concerns about the safety and welfare of people who lived there. There had been an incident where a concern had not been reported, but the provider acted on this appropriately.

There were enough staff to meet people's needs. The provider checked potential new staff to make sure they were suitable.

Risks to people were managed in a way that did not compromise their right to lead a fulfilled lifestyle. Medicines were managed in a safe way.

Is the service effective?

Good

The service was effective. People were supported by staff who were well trained and experienced in supporting people with their autism needs.

Staff had the necessary training in health and safety and in the Mental Capacity Act so they knew about making sure people were not restricted unnecessarily, unless it was in their best interests.

People enjoyed their meals at the home and were supported to be involved in shopping and preparing food where possible. Staff worked with health and social care professionals to make sure people's health was maintained.

Is the service caring?

Good

The service was caring. There was a good relationship between people and the staff. Relatives felt staff had a good rapport with people who lived there.

Staff talked about people in a caring, valuing way that respected their individuality.

Staff worked with people in a supportive way that promoted their independence and choices.

Is the service responsive?

Good

The service was responsive. Staff understood each person and supported them in a way that met their specific needs. Relatives felt fully involved in reviews about people's care.

People were offered daily activities, either individually or in small groups, to promote their independent living skills. People's choices about whether to engage in these activities were respected.

People had information about how to make a complaint in easy-read and picture format. Relatives had written information about how to make a complaint.

Is the service well-led?

Good

The service was well led. The home had a registered manager who had been in post for several years. Staff told us the registered manager and provider were approachable, open and supportive.

Suggestions from people, relatives and staff were used to improve the service.

The provider carried out assessments to check the safety and quality of the service for the people who lived there.

Inverthorne

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 26 January 2016. The provider was given 24 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 our inspection, we reviewed the information about any incidents we held about the home. We contacted commissioners of the local authority as well as social care professionals to gain their views of the service provided at this home. We contacted the local Healthwatch group to obtain their views. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The four people who lived at this home had complex needs that limited their communication. This meant they could not tell us about the service, so we asked their relatives for their views.

During the visit we spent time with some of the people who lived at the home and observed how staff supported them. We spoke with the registered manager, the assistant manager, operations manager and three support workers. We looked around the premises and viewed a range of records about people's care and how the home was managed. These included the care records of two people, the recruitment records of two staff, training records and quality monitoring records.

Good

Is the service safe?

Our findings

The people who lived at Inverthorne had complex needs associated with their autism spectrum condition. This affected their communication and comprehension of the world around them. Staff used short, precise phrases to guide and direct people. People were unable to give their opinions of the service they received but we spent time with people during the visit and later asked relatives and care professionals for their views about whether people were safe at this service.

Over the past year there had been an incident involving a member of staff who had allegedly 'goaded' a person who used the service which had led to the person becoming frustrated and displaying behaviours that challenged. This was a safeguarding concern. The incident had been witnessed by another member of staff who had not reported this until pressed to do so some time later. The provider made a safeguarding alert to the local authority and police, and also informed the relevant social care professional from the authority that funds the person's placement. The provider took appropriate disciplinary action in relation to these alleged concerns.

All members of staff had already been provided with training in safeguarding adults so were aware of their responsibility to report any concerns. Following the incident the provider made sure every member of staff had additional training from the local authority in safeguarding adults. Team meetings were being held to reinforce the provider's values and culture, and to remind staff of their accountability to protect the people who used the service. The organisation's safeguarding adults policy had been updated and each member of staff directed to read it. The policy was available to staff in the office and also on 'sharepoint' (the IT system used by the organisation). The staff we spoke with all said they knew how and when to report any concerns and would have no hesitation in doing so.

One relative told us, "Regarding safety, I am satisfied the vigilance of staff and other measures set in place now allows a safer home environment for all residents." A care professional told us, "There has been some deterioration in my client's behaviour which is what raised my concern although on the whole the vast majority of the staff appear to do a very good job."

Risks to people's safety and health were assessed, managed and reviewed. People's records included individual risk assessments which provided staff with information about identified risks and the action they needed to take, for example risk relating to sports activities or household tasks such as preparing meals. The risk management plans were detailed and clearly showed how each person should be supported in a safe way to minimise the risks.

The accommodation for people was warm, modern and well decorated. There were no premises risks seen during this inspection. The provider's health and safety team visited the home regularly to check that all required certificates for the premises were up to date, such as gas and fire safety and legionella testing. The home staff carried out monthly health and safety risk assessments.

Reports of any accidents and incidents were overseen by the registered manager and were sent to senior

managers each month. These reports were analysed for any trends. There had been only two minor accidents in the home over the past year. There was a clear 'business continuity plan' with arrangements in the event of any type of emergency, including evacuating people from the building and arranging alternative accommodation if necessary.

The staffing levels at this home were three or four support workers on duty when the four people were at home, that is between 4 to 10pm. Two people had one-to-one support at most times. Staff told us this was sufficient to support people with their individual needs and activities. For example, one staff member commented, "There's always enough staff to get people out and about."

On the day of this inspection the registered manager and four support workers were on duty. Through the night there were two staff members on sleep-in duty. This had increased from one sleep-in staff due to the needs of one person who required additional support at this time. This meant the provider made sure staffing was flexible to meet the changing needs of the people who lived there.

The home had contingency arrangements in case of staff emergencies or accidents and there were on-call management arrangements. Inverthorne was sited in between two neighbouring care homes that were also operated by the provider. Support staff from those two homes were familiar with people's needs and could provide suitable cover if necessary.

There had been two changes to staff in the past year and another new staff member was going to start work at Inverthorne in the near future. We viewed those staffs' records. Recruitment practices were thorough and included applications, interviews and references from previous employers. The provider also checked with the disclosure and barring service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people. This meant people were protected because the home had checks in place to make sure staff were suitable to work with vulnerable people.

Two people had medicines and these were managed by staff in a safe way and were securely stored in a locked medicine cabinet. The home received people's medicines in blister packs from a local pharmacy. The blister packs were colour-coded for the different times of day. This meant staff could see at a glance which medicines had to be given at each dosage time. All staff (except a new staff member) were trained in managing medicines and they understood what people's medicines were for and when they should be taken. Medicines were administered to people at the prescribed times and this was recorded on medicines administration records (MARs).

At the time of this visit there were no specific guidelines for one person who occasionally used a 'when required' painkiller, but was not able to verbally express pain. The information about how the person would exhibit pain was within in-depth care records in the person's file but this would not be readily available for staff who were administering medicines. The registered manager and assistant manager acknowledged this and separate guidelines were drawn up and placed in the medicines records during this inspection.

We also noted that some staff used a line strike through the MARs to denote when a 'when required' medicines was not given, whilst other staff left the MARs blank as no medicines had been administered. Although neither method was unsafe it showed there was inconsistent practice within a small staff team. The registered manager agreed that only one method should be used and was to discuss this with all staff members.

Good

Is the service effective?

Our findings

Relatives felt staff were trained in the specialist needs of people with autism spectrum conditions and were competent to carry out their roles. One relative told us, "I am confident that all staff directly involved with [my family member's] social, emotional and general well-being have undergone training and understand [their] condition."

Staff told us, and records confirmed, they received relevant training in autism and communication methods to meet the needs of the people who lived at the home. All staff also received training in health and safety, such as food hygiene, first aid and fire safety. All of the staff at this home had also received training in epilepsy to support the specific needs of some of the people who lived there. One staff member commented, "We get loads of training – the company is spot-on with training." Another staff member told us, "I had never worked in care before but they gave me all the health and safety training and now I'm doing a qualification in care which is really good."

The organisation had a training manager who arranged the induction training for new staff members and enrolled them on to the required care certificate training. All existing staff had, or were working towards, a national care qualification including NVQ or diploma in social care.

Staff confirmed they had regular one-to-one supervision sessions with a supervisor. We saw from staff records that these occurred about six times a year and provided an opportunity for individual staff members to have a two-way discussion with a manager about their role, expected practices and training needs. Each staff member also had an annual appraisal of their performance and development with the registered manager. Staff told us they felt supported by the manager and assistant manager and could speak with them at any time. This meant staff had the opportunity to discuss their role and responsibilities at dedicated intervals as well as the ability to raise concerns or issues they may have as and when they arose.

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). It was clearly outlined in people's care records that because of their autism spectrum disorder people were unable to comprehend the concept of consenting to their care. We found the provider had made applications to the relevant supervisory authorities about the people who lived at Inverthorne because they all needed supervision both inside and outside of the home. In this way the provider was complying with the requirements of the Mental Capacity Act.

The registered manager and assistant manager had attended a comprehensive two day course in MCA and

DoLS and were very aware of the principles of these safeguards for people. All members of staff also completed MCA and DoLS training.

Staff were trained in ways of helping people to manage behaviours when they became anxious or upset which might lead to them injuring themselves or others. Staff described the Positive Behaviour Support (PBS) training and techniques they used. There were detailed PBS plans for each person who had needed this support from time to time. The plans guided staff to support them in the most effective way to meet their individual needs. This was usually redirecting people to a quiet area for time and space away from the cause of their anxiety.

The care records about each person included nutritional information about their eating and drinking needs. None of the four people were at nutritional risk although some people had very specific dietary needs such as gluten-free foods. Staff described how the menus were prepared to make sure they met with people's individual requirements

One staff commented, "Most meals are home-made from scratch and we try to make sure people have a healthy diet." Healthy eating was promoted and the menus had been checked by a dietitian. Staff kept a monthly record each person's weight and their nutritional health was regularly checked. People enjoyed occasional takeaways and meals out. This meant people were supported to maintain a balanced and healthy diet.

The four young people who lived at this home were physically healthy. There were 'hospital passports' for each person that described how their autism affected them, their communication needs and their individual personal routines. This important information about each person could be shared with health care professionals if the person needed to go into hospital in an emergency. Each person also had a health action plan which set out any health needs, how these were being met and how they were reviewed. For example, each person had an annual review with their GP which included a review of their medicines.

It was clear from health care records that people were supported to access community health services whenever this was required. Each person had access to community health care services such as GPs, dentists and opticians. One person was supported to continue to attend their preferred GP, dentist and dietitian even though these services were sited in another geographical area. The staff also supported people with relevant specialist services such as psychology and an epilepsy nurse. The provider employed a range of health care professionals including occupational therapist, physiotherapist and speech and language therapist.

Good

Is the service caring?

Our findings

People were unable to express their views about the staff and how they were supported. We saw people chose to spend time with staff members and were comfortable in their presence. We saw staff were supportive and patient with people and made sure people had time to respond to any questions or choices.

A relative told us, "I have direct contact with [my family member's] care staff who informs me regarding their health, pursuits and so on. She has an excellent rapport with [my family member] who responds positively to her at all times in my presence."

A care professional told us, "My client's family have very good relationships with some staff who have been there for a number of years and are very committed workers. "

All the staff members we spoke with talked about people in a caring manner. Staff comments included, "I'd do anything for them" and "all the staff I work with are caring and the people are lovely". We saw the interactions between staff and people were supportive and friendly. Staff spent time with each person and engaged them in activities that they enjoyed. For example, one person was an accomplished artist and a staff member spent time with them drawing pictures of animals and talking with the person about how they were feeling.

Staff respected people's diversity of needs and preferences, and valued those differences. One staff member commented, "They are all very different because of their autism, so we adapt how we support each person as it's different for each of them. "

Each person had a large single bedroom that was decorated and furnished to their own individual tastes. People had their own interests and hobbies and this was reflected in bedrooms. For example one person had several musical instruments in their room and they spent time enjoying these when not engaged in other activities. The house was well decorated in a modern style that suited the people who lived there. Staff made sure the home was warm, clean and comfortable for people and included them in housework.

Staff described the aim of the service in supporting people towards increased independent living skills. In this way people were encouraged to take part in all household tasks such as cleaning, laundry, shopping, and preparing meals with supervision.

Staff understood the individual likes and dislikes of each person and offered people a small number of choices based on their known preferences. This was important because people with autism sometimes cannot cope with too many choices. Staff also described how they spoke with people in short, concise sentences to help their comprehension. One staff commented, "Sometimes it might sound like we're being a bit abrupt, but it's to help them understand what to do for themselves."

None of the people who lived at Inverthorne had input from an independent advocate as they all had

relatives who were involved in helping them to make decisions. (An advocate is someone who represents and acts on a person's behalf, and helps them make decisions.) The registered manager had the contact details of a local advocacy service if this was necessary in the future.

Good

Is the service responsive?

Our findings

The people who lived at Inverthorne were not involved in planning their care service because of their limited communication and the complexity of their needs, and this was outlined in each person's care records. Relatives said they felt involved in planning and reviewing their family member's care. Relatives were invited to annual reviews of their family member and also felt able to comment on the care service at any time. They felt the service was tailored to meet their family member's needs.

A relative told us, "[My family member] has an individual care programme which is on-going as their needs change. I am informed about their daily timetable throughout the year. I am satisfied that the team have [my family member's] care package well thought out and that the service they provide for [them] is realistic."

We looked at the care records for two people. Their care plans were very descriptive and showed how each person preferred to be supported. The care plans included guidance for staff on people's communication, understanding, decision-making skills and personal care. This meant all staff had access to information about each person's well-being and how to support them in the right way.

The care plans were written from the perspective of the person, and described people's abilities as well as their care needs. The care records included an 'All About Me' section that described each person's skills, 'how my autism affects me' and what their individual likes, dislikes and preferred daily routines were. Each person was working towards increased independent living skills and had individual goals (called SMART targets). For example, one person's goals were: 'I will cut my own nails; I will make my own packed lunch; and I will buy my own toiletries'. Their progress towards these goals was reviewed every month by staff and at annual reviews which were held with care professionals and relatives.

It was clear from discussions with staff they had a very good knowledge of people's specific needs. One staff member commented, "We support people differently because they are all very individual and have different needs." Another staff told us, "They are all different and we know exactly what they like and don't like."

During the week each person had an individual timetable of vocational activities. Three people attended sessions such as IT, farm work and gardening, at the provider's college and day centre. One person was becoming disengaged with college sessions as they had attended for several years and there were discussions with their social worker and relatives about an alternative vocational programme that would include more activities in the community. The fourth person attended art activities at a day centre operated by a different care provider. Staff felt this was a positive indicator of individualised support and felt the person benefitted from attending those sessions.

People had opportunities to go out each evening and at weekends to social or sports activities such as trampolining, rock climbing, cycling and swimming. People's choices about whether to engage in these activities were respected. Staff felt people had an active lifestyle. One staff member told us, "They are all very different and like different things. They all go out and do individually what they like to do. Tonight two people are going to a disco, one person is going to a pub and one person is going for a walk."

People had access to a complaints procedure that was in pictures; however this was a difficult concept for them to understand. In discussions, staff were clear about recognising people's demeanour or behaviour to show if they were dissatisfied or unhappy with a situation. There were 'indicators of well-being' records that showed how each person might present themselves if they were upset or unhappy.

Relatives had recently been sent an updated complaints procedure so were aware of how to make a formal complaint to the provider if necessary. Relatives told us they would feel comfortable about discussing any issues with staff. One relative told us, "I feel comfortable to approach staff regarding any questions or clarification of points concerning [my family member's] demeanour."

The registered manager kept a monthly log of complaints and there was a standard template to use to record the details, investigation and any actions taken following a complaint. There had been no complaints about the service over the past year.

Good

Is the service well-led?

Our findings

People were unable to comment on the way the service was managed but we saw they sought out the registered manager to spend time with him and seemed to enjoy his company. Relatives told us the home was well managed and the service was well led by senior managers. A relative commented, "I am confident the home is well run. I am kept informed if there is any change in [my family member's] condition on all levels."

People were assisted to hold monthly residents' meetings where they were encouraged to discuss their views about menus, activities and potential holiday destinations. It was also an opportunity to ask people if they enjoyed living at Inverthorne and whether they could suggest any improvements. The meeting minutes showed that any improvements suggested tended to be menu or activity ideas. Relatives had been sent annual satisfaction questionnaires to offer their views of the service but the last one we could see in Inverthorne was dated 2014. The registered manager stated there were plans to change the format of the questionnaire. In the meantime, there continued to be constant communication with relatives and annual reviews, where relatives could express any comments.

The registered manager had been in post for several years. He was also the registered manager of two similar neighbouring care homes that were operated by the North East Autism Society (NEAS). All the staff we spoke with told us the registered manager was open, approachable and supportive. One staff member told us, "I couldn't ask for a better boss. He's very caring and [the assistant manager] is also very approachable and caring." Other staff comments included, "He's really approachable but always makes sure of confidentiality", "he's a good manager and always tries to help if there's any issues" and "I feel appreciated by the manager".

Staff meetings were held monthly and included the staff across all three care homes that were managed by the registered manager. This meant all staff could be kept up to date about issues relating to each of the people who used those three services. This was helpful if staff were asked to cover absences in the other two homes. It was also an opportunity for staff to receive consistent information and direction, discuss expected practices and make suggestions. One staff member commented, "I don't have much contact with the organisation but at the staff meetings I feel I can put any comments forward."

The staff we spoke with told us they understood the values and aims of the organisation and felt included in future plans. Staff comments included, "People get a good service from NEAS" and "NEAS keeps us informed about anything that's happening".

The organisation had planned improvements for staff support and was working towards the Investors in People award. The provider had recently introduced 'star awards' where individual staff members could be nominated for especially good work. These included awards for innovative practices, going the 'extra mile' or being an exceptional team leader. There was to be a presentation for the winners at the Stadium of Light football stadium in the spring.

The registered manager and staff carried out a number of audits to ensure the welfare and safety of the service, such as monthly health and safety checks, including an infection control and medicines audit. Also, the registered manager sent a monthly management report to senior managers that included any incidents, accidents, behavioural interventions, personnel issues (for example, sickness), staff training percentages, maintenance issues and any other concerns. This meant the registered manager, senior managers and trustees could monitor the service for any trends.

The home was also subject to comprehensive quality audits carried out by the operations manager four times a year. These included a detailed check of care records, positive behaviour support records, people's personal finances, how people were involved in decision making, meals, complaints, staff supervision, premises, training, medicines and health and safety management. The last audit was carried out in November 2015 and included actions, required timescales and expected outcomes. The audit also included areas of good practice for example "clear care records of one person which allowed any new staff to understand a person's need prior to working with them".

The organisation also had a wider Quality Improvement Plan that included actions and expected outcomes across all its services. These included, for instance, achieving Investor In People award by March 2016, and sending out updated communication and complaints information to all relatives (which had been achieved).

The organisation was involved with the national Autism Alliance, which is the largest UK network of specialist autism charities. A senior manager described plans for the service to be assessed in line with European Framework Quality Management Systems. This would involve staff being asked to identify what works well in the organisation and what could be improved. In this way the provider aimed to continuously improve and develop the support for the people who used its services and the staff who worked there.