

## North East Autism Society

# Ashdale - Sunderland

### Inspection report

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14 August 2017

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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 9 and 14 August 2017. The provider was given 24 hours' notice because the location is a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

Ashdale provides care and support for up to four people who have autism spectrum condition. The home is a large detached house in a residential area within walking distance of the City Centre.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At the last inspection, the home was rated Good. At this inspection we found the home remained Good.

The provider had systems in place to ensure people were protected from abuse and harm. Staff had completed safeguarding training and were confident in what action to take if they witnessed abuse. Risk assessments were specific to the person and identified the risk and the actions needed to be taken to keep the person safe. Medicines were managed safely. Sufficient staff were available to ensure people's needs were met.

The registered manager ensured experienced and appropriate skilled staff were deployed to support people. The home had a warm homely atmosphere and people's rooms were personalised. People were promoted to have a balanced diet. People were supported to maintain good health and had access to healthcare professionals. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People said they were cared for by kind and caring staff, who treated them with respect and dignity. Staff were knowledgeable about the people they supported. They were aware of their preferences, interests and family structure. People were involved in all aspects of decision making about their care and treatment. People's independence was encouraged and staff supported people to achieve their goals.

Care plans were comprehensive and included clear information for staff to make sure each person's specific needs were met. Staff were proud to work for the provider and told us they were fully supported by the registered manager. The provider had an effective quality assurance process to monitor the quality and safety of the service and to ensure that people received appropriate care and support.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Ashdale - Sunderland

## 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 9 and 14 August 2017 and was announced. 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. On 9 August 2017 we attended the home, the inspection team consisted of one adult social care inspector. On 14 August 2017 an adult social care inspector spoke with relatives of people who used the service.

We reviewed other information we held about the home, including any statutory notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. Before the inspection, we also contacted the local authority commissioners for the service and the local authority safeguarding team to gain their views of the service provided.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at care records for two people who used the service. We examined documents relating to recruitment, supervision and training records and various records about how the service was managed.

During the inspection we observed staff interacting with people and looked around the service. We spoke to three people who lived at Ashdale, two relatives, an external care professional, the registered manager, the assistant manager, the operations manager and two staff members. We examined documents relating to recruitment, supervision and training records and various records about how the service was managed.

# Is the service safe?

## Our findings

At our inspection in April 2015 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

People told us they were happy living at Ashdale. One person told us, "I feel safe." A relative told us, "I can't praise it highly enough, it's perfect. [Person] is safe there." Another relative commented, "Over the moon, no concerns at all. Knowing [Person] is there eases my mind."

The provider had systems in place to make sure people were protected from abuse and harm. Staff had completed safeguarding training and had a good understanding of what signs to watch out for and the appropriate action to take. The registered manager advised that no safeguarding matters/issues had been raised since our last inspection.

Risk assessments were completed individually for people based upon their needs. People had risk assessments for a range of identified person specific risks for example slips and trips and medication. Risk assessments contained risk indicators and methods/procedures listed to limit or reduce residual risk. We saw these were reviewed every six months.

Medicines were managed safely. We saw medicines were stored in a locked medicine cabinet attached to a wall in the main office. Medicines records were up to date and accurate. This included records for the receipt, return and administration of medicines. We reviewed medicines administration records (MAR). The MARs we viewed showed no gaps or discrepancies. Regular audit checks of MARs and checks of stock were carried out.

The provider continued to operate a safe and effective recruitment process. The provider conducted pre-employment checks including references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help to prevent unsuitable people from working with vulnerable adults.

People and relatives told us there were enough staff to meet people's needs. One relative said, "There are enough staff, there is a great mix of staff." Another told us, "There are always staff to ensure [Person] does all the activities they wish." One person told us, "Staff are there when you need them but they let me be independent." Records showed two staff members were on duty in the daytime with one staff member on sleep-in duty at night.

The premises were clean and well maintained. The provider ensured checks were in place to maintain the safety of the home. We found all records were completed and up to date, including regular assessments for fire alarms, fire equipment, electrical safety, water temperatures and gas safety.

The provider had a plan in place to ensure people would continue to receive care following an emergency. This outlined potential risks such as loss of electricity, gas or water and outlined actions to be taken. Each

person had a personal emergency evacuation plan which detailed the type of assistance required for a safe evacuation. We saw people also had an accident & emergency grab sheet which gave external healthcare professionals concise clear information about the person and how best to support them. This covered such areas as medical history, medication and method of communication.

The provider had systems in place to record all accidents and incidents. These were reviewed by the registered manager and collated to identify any trends or patterns for further investigation.

# Is the service effective?

## Our findings

At our inspection in April 2015 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

People and relatives told us staff were well trained and knowledgeable about how best to support people. One person said, "They are all well trained." A relative told us, "Staff know autism." Another relative told us, "[The registered manager] and all the staff are very knowledgeable and know a great deal about autism."

Training and development was up to date. The registered manager advised that the provider's computer system enabled them to monitor all staff training requirements. All staff had completed training in the following areas, safeguarding, first aid, fire safety, mental capacity act and food hygiene. One staff member told us, "I can't fault the training it's really good." Another staff member said, "I have learnt so much here, not just the training but working with the other staff."

Staff confirmed they regularly took part in supervisions and appraisals. We saw supervisions were conducted every 6-8 weeks and involved discussions regarding people living at the service, training and any other issues. One staff member said, "It gives us the chance to discuss things." Another staff member said, "We discuss training, the students and anything we need to bring up really."

People were involved in all areas of their nutritional needs from the planning of menus, shopping and preparing meals. Menu planning was an element of the homes' regular residents meetings. People told us that they were happy with the meals. One person told us it was their aim to cook more meals. We saw this was recorded as an objective in the person's care records and they were succeeding. We observed people preparing homemade vegetable soup for later that day, staff were present and offered help when required.

We observed a lunchtime, people and staff members joined together to enjoy their lunch. They chatted about the previous days outing to Whitby and there were smiles and laughter around the table.

Staff told us people had their main meal of the day sat at the table together, with breakfast and lunch as and when people preferred. Care records we viewed included information about people's dietary preferences and clearly described the support they needed at mealtimes.

People were supported to access healthcare professionals. Within people's care records we saw annual health checks were monitored and arranged. The registered manager told us, "We asked parents if they would like to attend and always advise them of the outcome."

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 so that they can 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.

Staff had a sound understanding of the main principles of the legislation. They understood the importance of gaining people's consent when providing support, ensuring people were encouraged to make decisions about their care when they could and providing the support necessary for people to make decisions. The registered manager had made appropriate applications for DoLS to the local authority and had a system in place to monitor the expiry dates.

We saw within people's positive and proactive support plans it stated, 'Consider an easy-read bespoke format for the individual which accommodates their language and communication skills.' It also outlined if people were not happy with the plan or did not wish to consent to a part of it staff will support people to talk to an advocate and use the accessible complaints procedure if needed.



# Is the service caring?

## Our findings

At our inspection in April 2015 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

People and relatives we spoke with told us staff were caring. One person said, "They are good." Another person told us, "Really good, it's really easy to talk to the [registered manager]. I get on with all the staff." Relatives commented, "It's a loving home, everyone gets on", "There is a happy atmosphere, it's great for [person]", "[Person] asked to live at Ashdale" and "Person has blossomed while being there." An external health care professional told us, "The service user I reviewed presented as happy and at ease within both their home environment and at their day placements."

During our inspection we observed good relationships between people and staff. Staff we spoke with had knowledge of people's personalities, likes and dislikes. People looked comfortable with staff, happy and smiling. One staff member told us, "It's like my extended family." Staff were readily available to support people if needed and were respectful if people wished to have time alone in their room.

Staff supported people to have positive caring relationships. Staff told us how they had supported one person to be part of a loving full relationship with their partner. People were encouraged to maintain family relationships. One relative told us, "[Person] comes home every weekend but we are always made welcome." Relatives told us they were kept up to date on all matters.

People were involved in decision making regarding the running of the home. We saw regular resident meetings were held, items discussed covered areas such as staffing, meal menus and use of the garden. This was displayed in an easy to read format.

Relatives we spoke with told us they were involved in discussions regarding the care and support their relative received. We saw documentation in people's care records confirming their involvement. One relative told us, "We are involved in all aspects of [Person]'s care but [person] makes all the decisions."

Staff constantly encouraged people to be as independent as possible. Where appropriate staff prompted people to undertake certain tasks rather than doing it for them. We observed staff encouraged people to carry out routine household tasks. One person told us, "I have become more independent, with the support of everyone." We saw within care records objectives were set and people worked towards achieving these. For example preparing more meals and ironing own clothes.

People and relatives told us staff treated them with dignity and respect. Staff were able to describe how they provided care in a respectful and dignified manner. One staff member said, "I always knock if the door is shut, I encourage people to do as much for themselves as possible, it's more prompts."

The registered manager advised that no one was currently using the service of an independent mental capacity advocate (IMCA).

## Is the service responsive?

### Our findings

At our inspection in April 2015 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

The home continued to provide comprehensive care records. Care records contained detailed information about people and how they wished to be cared for. All care records were thorough and well-written and included support plans for personal hygiene, communication, medication and eating and drinking. Support plans were written in a person centred way and outlined the support desired giving staff clear directions. For example, communication, 'Speak slowly and in a calm manner, talk at my eye level and ensure that any information is given to me when I am happy and settled.'

An external social care professional told us, "Support plans were very clear and person centred. Support Plans allow for development of the individual and appropriately challenge them to increase their skills." The registered manager told us, "Care plans are a working document and are updated constantly."

Each person had a 'My Health Action Plan' and a hospital passport. Hospital passports are created to support people with a learning disability and provide hospital staff with information they need to know about them and their health when they are admitted to hospital. 'My Health Action Plan' outlined how best to support a person. For example, "I can become nervous of needles so require support from staff."

The home ensured people had access to a range of individual and group activities. We saw in one person's care records that on a weekly basis they joined a group at the pub and accessed a community centre which holds a disco. One relative told us, "[Person] is fully occupied, living a fulfilled life, with employment and activities they enjoy."

A staff member showed us photographs taken on a group day trip to Whitby and people recalled the day. A relative we spoke to told us staff had sent the photographs of the day and said how much their relative had enjoyed the day with the biggest fish and chips. The assistant manager told us about the annual holiday and how staff and people using the service attended a farm which specialised in holidays for people with autism.

The registered manager told us people were supported to be as independent as possible, one person worked in a local museum, another person at the local football team shop and a third person attended college.

The provider had a complaints process in place. An easy read format was available for people which outlined the process. The registered manager advised that no complaints had been made since our last inspection. Relatives we spoke with said they had no complaints about the care their relative was receiving. We noted people were asked at residents meetings if they had any complaints.

## Is the service well-led?

### Our findings

At our inspection in April 2015 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

People using the service and relatives told us they felt the service was well led. One person told us, "Everything works well here." Relatives commented, "I like the way it's ran", "Wonderful staff who really work well together and [the registered manager] leads the way."

The provider had a clear mission statement, "We work in partnership to achieve outstanding personalised services for people with an autism spectrum condition." One relative told us, "Staff have extensive knowledge of autism and how to support people." Another relative said, "Staff are kind and compassionate and know the behaviours are not the person but autism."

People and relatives told us they were happy with the service they received. One person said, "I am happy here" Another person said, "This is the best place I have lived." A relative told us, "[Person]'s anxieties have reduced since living at Ashdale." Another relative said, "[Person] asked to come and live here."

Staff we spoke with were passionate about the support they gave people. One staff member said, "I have worked here a while it's so rewarding seeing students mature and develop." Another staff member said, "The training is current and up to date and equips you to do the day to day and support people to get the most out of life." The registered manager told us, "We are only a little staff team, we are like a family and that includes everyone."

A number of staff we spoke with told us they were proud to work for the provider. One staff member told us, "I'm proud of what we achieve here, we are all on the same page and work well together." The registered manager told us how they felt supported by their senior management and described how the Head of Service always puts people's needs first.

One staff member told us about how the registered manager had encouraged them to apply for a development opportunity within the service. They told us, "[The registered manager] had confidence in me when I didn't; they gave me strength to apply and supported me."

The provider had a process for monitoring and assessing the quality of the service. The operations manager told us, "We have an extensive system of monitoring and driving improvement and if needed an action plan is produced which details what is required, who is tasked to complete it and by when." The registered manager completed a monthly Performance Management Return which monitored a range of areas including human resources (HR), supervision, training and health and safety. They also attended monthly manager meetings where each area was discussed and best practice was shared throughout the provider's other services.

We saw records of responsible person visits, when the head of service attended the home to conduct a

review of the service delivered. We saw staffing, people using the service, premises and transport were discussed.

We saw people had the opportunity to talk about the home at monthly 1:1 meetings and resident meetings. These were regularly held and included subjects such as activities, menus, staff and living at the home.

The registered manager had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.