

Autism Plus Limited

Thorne House

Inspection report

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Thorne
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Tel: 01405818171

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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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Thorne House is a care home providing care and support for up to 18 people living with learning disabilities and autistic spectrum disorder.

The service is a large home, bigger than most domestic style properties. It is registered for the support of up to 18 people and 17 people were living there at the time of our inspection. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the service working hard to make sure outcomes for people reflected the principles and values of Registering the Right Support. There was a very strong focus on promoting people's choice and control, independence and inclusion. People's support very clearly focused on them having as many opportunities as possible for them to gain new skills and become more independent.

We found the outcomes for people using this service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used positive behaviour support principles to support people in the least restrictive way. The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

People's experience of using this service:

The service continued to be outstandingly responsive and to celebrate people's achievements in a way that helped people to grow in confidence, maturity and skills. Staff successfully promoted people's independence and as a result, some people had become much more independent and had much richer lives.

The provider had continued to ensure people received care and support that was exceptionally personalised, very well planned and particularly responsive to their needs. People's individual support plans were very person centred and well designed to meet people's communication needs. Staff sought opportunities for people to have different experiences and to do things in the community. People had their own interests and hobbies and took part in many activities. We saw instances where employment

opportunities had given people a sense of self-worth and confidence. People were supported to maintain their family relationships and friendships and make new friends.

People were safe, protected from avoidable harm and risks were well managed. There were enough staff on duty to ensure people's needs were met and they had been recruited in a way that helped to keep people safe. Staff had a clear understanding of safeguarding people and of the action they should take if they suspected any abuse. People's medicines were managed well,

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to maintain a balanced diet and received on going healthcare support. Staff received appropriate training, support and supervision. Although homely, in some places the environment needed attention and refurbishment. This was being actively addressed by the management team.

People were treated with understanding, dignity and respect and supported to make day to day choices and decisions. There was an effective system to manage complaints.

People's views were regularly sought about the quality of the service. There was a focus on treating people with equality and on involving and empowering those with communication difficulties, to ensure their voices were heard and valued. Staff and relatives we spoke with felt the service was well led and the registered manager was approachable and listened to them. There was an open and transparent management of the service, with very comprehensive checks and audits to maintain quality and safety.

Leadership was of good quality and people who used the service, their relatives and representatives were involved in how the service was run and operated. staff felt supported and spoke positively about the provider and the registered manager.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The service was rated good at the last inspection in February 2017 (published March 2017).

Why we inspected:

This was a planned inspection based on the rating awarded at the last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 remained safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service remained effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service remained caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service remained exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service remained well led.

Details are in our well led findings below.

Thorne House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by two adult social care inspectors.

Service and service type

Thorne House is a 'care home.' People in homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and care provided, and both were looked at during this inspection.

The service specialises in providing care and support to people with learning disabilities and other complex needs, such as autism. The accommodation is a very large family home set in its own grounds, which is , adapted and divided in to five apartments.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We visited the service on 15 October 2019. This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included reviewing any notifications of accidents and incidents from the provider and information we received from external agencies. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and one visiting relative about their experience of the care provided. We spoke with seven members of staff including the registered manager, senior care workers and care workers. We also spoke with senior managers who attended to support the inspection. This included the head of care services and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included two people's care records and several medication records. We looked at two staff files in relation to recruitment training and support. A variety of records relating to the management of the service, including quality audits, staff meetings and other records about the management of the service were reviewed. We spent time observing interactions between staff and people who used the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Effective systems were in place to safeguard people from abuse.
- People were seen to be comfortable in the presence of the staff and people told us they felt safe.
- Staff received safeguarding training and those we spoke with were clear about what may constitute abuse and their responsibility to report any concerns. They were aware of the guidance about whistleblowing. Whistleblowing is one way a worker can report concerns, by telling someone they trust.

Assessing risk, safety monitoring and management

- Risks to people's health, welfare and safety were well managed.
- The management of risk was practical and proportionate and did not unnecessarily impact on people's activities and freedom.
- Person centred risk assessments were in place ensuring risks to people's well-being were assessed. These were clearly documented and updated when people's needs changed.
- People were safely supported by equipment that was serviced and checked on a regular basis.

Staffing and recruitment

- The provider followed safe recruitment practices, which helped to make sure people were protected from the employment of unsuitable staff.
- People played a part in staff recruitment decisions. This meant they had some influence on who was employed to support them,
- There were enough staff to ensure people received prompt care, support and regular interaction.
- There were enough suitable, trained staff and the staff we observed were very attentive to people's needs.
- People told us there were always enough staff to help and support them, and to accompany them when they wished to go out.

Using medicines safely

- People were provided with safe and appropriate support with their medicines.
- Staff completed training and were assessed as competent before administering people's medicines.
- People's plans included information about the medicines they were prescribed and clear guidance about the support they required from staff.
- Medicines were stored safely and records were regularly checked by the management team to make sure people received their medicines as prescribed. .

Preventing and controlling infection

- Effective measures were in place to prevent and control the spread of infection.

- People told us they were happy with the way staff supported them to keep their home clean.
- Staff were trained in infection control.
- Gloves and aprons were readily available for staff, who used them when needed. This helped prevent the spread of infection.

Learning lessons when things go wrong

- The service learned from past incidents and accidents to enable them to support people better and regular staff meetings included discussion about any incidents, and lessons learned.
- The management team were keen to develop and learn from events and used this as an opportunity to improve the service for people and for staff.
- Accidents and incidents were recorded and reviewed at regular meetings for managers and the board of directors. This meant senior managers had a good overview of what was happening in the service.
- The management team were aware there was room to improve how incident analysis fed into people's behaviour reduction plans. They were looking at better ways to do this, to help reduce the need for the use of restraint and future risk.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, and care and support was delivered in line with people's choices and preferences.
- People and those important to them such as their close relatives, were involved in the assessment process.
- Everyone's feedback was very positive. One person told us, "[The staff are] good. They help me. They listen to me. This is my home."
- Care records and risk assessments showed people's support was provided in line with current good practice guidance.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to support them effectively.
- There was an effective, ongoing programme of training for staff. All staff members had completed nationally recognised vocational qualifications and attended regular training updates.
- Staff told us they received regular supervision and appraisal. This helped to monitor their performance and support them in their roles.

Supporting people to eat and drink enough to maintain a balanced diet

- People received a balanced diet, which took into consideration their preferences and dietary requirements.
- Staff knew people's likes and dislikes and people were offered a good choice of drinks and food and where people's culture included specific dietary needs, people's wishes were facilitated and respected.
- More than one person had a 'snack board' with different treats on printed cards, which included healthier options. The person chose which snack they would have each day and posted the picture in their post box. This helped them choose something different each time they wanted a snack, including the healthier options.
- Where people were at risk of not maintaining a balanced diet, advice was sought from healthcare professionals and their care plans clearly reflected how their needs should be addressed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked well with external professionals to ensure people were supported to access health services and had their health care needs met.
- People were happy with the way staff supported them to book and attend health care appointments. They told us if they felt unwell, staff were caring and helpful. One relative said, "[Staff] are fast at reporting

concerns to health professionals. Whether it's the GP , dentist, or nurse, [person] is well supported there. Its person focused.

- People's health needs were assessed and planned for, to make sure they received the care they needed. Care plans included information about people's health, so staff could provide appropriate support.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The service was working within the principles of the Mental Capacity Act 2005.
- Where people had been deprived of their liberty the home had requested DoLS authorisations from the local authority to ensure this to be lawful and people's rights were protected.
- People were supported by staff who were appropriately trained and knew the principles of the MCA.
- People's mental capacity to make decisions was assumed unless there was evidence to suggest otherwise and there was an emphasis on involving people and enabling them to make choices wherever possible.

Adapting service, design, decoration to meet people's needs

- Overall, Thorne House was homely in style and decorated to suit the needs and preferences of the people who used the service. However, there was a need for some refurbishment and redecoration. This had been identified and planned for by the management team, with some work being undertaken when we visited.
- People's bedrooms very much reflected their individual personalities, preferences and interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We saw very positive interactions between people and the staff supporting them. The staffs' approach was supportive, caring and inclusive.
- The people we spoke with said they were happy living at Thorne House. They said the staff treated them well. One person said, " [Staff] are nice."
- The person-centred culture promoted by the provider helped to ensure people's diversity and individuality were respected, and their rights were considered when their care was being planned.
- Staff received training in equality and diversity and spoke to people with warmth and respect. The staff we spoke with had a very good understanding of people's individual preferences, and their care and support needs,

Supporting people to express their views and be involved in making decisions about their care

- Relationships and the communication within the home were positive and enabling.
- People's individual plans were very personalised and included lots of information about their likes and dislikes and what mattered to them.
- People's feedback and care records showed people's views were central to how their care was planned and delivered and we saw staff consistently involving people, asking their opinions, and offering choices.
- People told us staff knew them well and they were encouraged to make choices in all areas of their lives. One person said, "[Staff] always ask me what I like and want."
- People and those who were important to them such as close relatives, and sometimes, independent advocates, were involved in planning their care. This meant people's care was planned as they preferred. An advocate is someone who can help people say what they want and make sure their rights are protected.

Respecting and promoting people's privacy, dignity and independence

- The registered manager was passionate about ensuring people's rights and choices were promoted and a positive approach to risk taking meant people could lead fulfilled lives and seek new opportunities. Our observation, discussion and records showed staff upheld people's dignity and privacy. We observed staff interacting with people. We saw they were aware of people's needs and of the best way to support them, whilst maintaining their independence.
- The General Data Protection Regulation (GDPR) sets out guidelines for protecting people's personal information. Overall, the service maintained their responsibilities in line with the GDPR. However, there was some information, such as people's dietary preferences, on display in their flats. We discussed this with the management team who ensured it was addressed immediately.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider continued to ensure people received care and support that was exceptionally personalised, very well planned and particularly responsive to their needs.
- The way people were supported really helped them to grow in confidence, maturity and skills. Staff very successfully promoted people's independence and as a result, some people had become much more independent and had much richer lives.
- Comments from relatives confirmed the service continued to be outstandingly responsive, providing exceptionally positive outcomes and a significantly improved quality of life for people.
- People's plans provided staff with important information about the person's needs and preferences and assisted staff to help reduce any periods of heightened anxiety people might experience, by understanding the way the person may express their feelings.
- The service worked very positively with people by celebrating their achievements, often by making attractive photographic records of them, with vibrant, large print accounts of their personal stories, which they could look at and talk about afterwards.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service continued to support people in a wide range of activities that suited each person's individual preferences and tailored around their needs and abilities.
- Some people took advantage of employment opportunities, while others attended college or day services. We saw instances where employment opportunities had given people an increased sense of self-worth and confidence.
- Staff were proactive in seeking opportunities for people to have different experiences and to do things in the community. They supported people to develop their own interests and hobbies and to take part in many activities, therapies and events of their choosing. One relative said, "[Person] absolutely gets to do all the things [Person] wants to do. Their choices are well respected. They are flexible and accommodate, there's never an issue."
- People were assisted in contributing to their home and helping them to participate in everyday tasks and activities. This helped people to become more independent.
- People were supported to maintain their family relationships and friendships. People's support plans included information about those who were important to them. People also had opportunities to form new friendships and relationships.
- People we spoke with felt supported to maintain and develop friendships. One person said, "I've made new

friends (here) and we sometimes go out together."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's individual support plans were very person centred and designed to meet people's communication needs. They included photographs and pictures to assist the person to understand their plan and meaningfully engage in the review process.
- We saw many examples of different types and methods of communication being used in the service to support people's understanding and engagement.
- Staff ensured that information was displayed in a way in which people understood.

End of life care and support

- People's care records included information from people and their families about their preferences for when people neared the end of their life.
- No one using the service was receiving end of life care at the time of the inspection.

Improving care quality in response to complaints or concerns

- People said they were happy with the care and support provided, but would not hesitate to tell staff, the registered manager and the company directors, if they had any concerns. One relative told us they had raised two concerns in five years and these had been dealt with immediately.
- Clear complaints records were in place detailing the actions taken following any complaints. There was evidence of an open culture and clear learning from complaints and adverse events.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The culture at Thorne House was open, welcoming and inclusive of people's unique needs and diversity. People and staff told us they were a good team that worked together well.
- People and staff spoke highly of the managers and the support they provided. They told us the managers were always approachable and helpful. One relative told us, "I have lots of confidence in [registered manager] as a manager. She just gets it. She's the glue that holds this building together. She is a manager who can guide support and give staff structure."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- All staff we spoke with were clear about their role and responsibilities and there was a focus on continuous improvement. They told us they felt well supported.
- We saw a range of audits were completed at regular intervals by the registered manager and staff. These were effective in identifying and addressing areas for improvement.
- Audits were also carried out regularly by the senior managers and the service commissioned regular independent quality checks to assess the overall quality of the service. This contributed to a culture of continuous improvement within the service.
- The registered manager understood the responsibilities of their registration. Notifications had been submitted to CQC about significant events in the service, as required by regulations and the rating of the last inspection was on display within the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider asked people and their relatives to complete surveys about the quality of the service on a regular basis. There was a focus on treating people with equality and on involving and empowering those with communication difficulties, to ensure their voices were heard and valued. One relative told us they were asked to give feedback about the service and regularly voiced their opinion. The feedback the service received from people and their relatives indicated the home was well run, people were happy, and their individual needs were met. Any areas identified for improvement were used for learning and making improvements.
- Staff meetings were held regularly and covered a range of topics. Staff we spoke with said information was

shared effectively and they were able to make meaningful contributions during the meetings.

Continuous learning and improving care

- The service had maintained the person centred care, activities and independence for people seen at the last inspection in 2017, demonstrating that good management and leadership had been sustained over this time.
- The registered manager and the staff we spoke with were clear in their wish to learn and continually improve the quality and safety of the service provided to people.
- The registered manager attended regular meetings with members of the senior management team, an element of which was to ensure learning and good practice were shared.

Working in partnership with others

- People experienced care which was person centred from a service that understood their needs.
- Discussion and records showed the provider, registered manager and staff team endeavoured to work in partnership with health care professionals, organisations and other community and social care providers. This included the learning disability community health team. They also sought information and support from the various societies and specialists to enable the service to meet the needs of some people using the service.
- The provider told us the service holds an annual garden party and invites the Lord Mayor and many other members of the local community including the fire service and police. The local democratic club provides the venue free, and the party generates much interest in the local community.