North East Autism Society

Dunelm

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 19 February 2018 and was announced. We gave the provider 48 hours' notice to ensure someone would be available to speak with us and show us records. We contacted family members by telephone on 23 February 2018.

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

Dunelm accommodates up to four people in one adapted building. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. On the day of our inspection there were three people using the service.

The service 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 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.

We last inspected the service in December 2015 and rated the service as 'Good.' At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against.

Accidents and incidents were appropriately recorded and risk assessments were in place. The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

Appropriate arrangements were in place for the safe administration and storage of medicines.

The home was clean, spacious and suitable for the people who used the service, and appropriate health and safety checks had been carried out.

The provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when they employed staff.

There were sufficient numbers of staff on duty to keep people safe and support them in the local community. Staff were suitably trained and received regular supervisions and appraisals.

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 protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of people being supported during visits to and from external health care specialists.

Family members were complimentary about the standard of care at Dunelm. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Care records showed that people's needs were assessed before they started using the service and support plans were written in a person-centred way. Person-centred means ensuring the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account.

People were set targets, which were goals for them to work towards in areas such as improving independence and their quality of life.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs.

The provider had a complaints procedure in place. There had not been any complaints made however people who used the service and family members were aware of how to make a complaint.

The provider had an effective quality assurance process in place. Staff said they felt supported by the registered manager. People who used the service, family members and staff were regularly consulted about the quality of the service via meetings and surveys.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service remained Good.	**Good**

Dunelm

Detailed findings

Background to this inspection

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

This inspection took place on 19 February 2018 and was announced. We gave the provider 48 hours' notice to ensure someone would be available to speak with us and show us records. We contacted family members by telephone on 23 February 2018. One adult social care inspector carried out the inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Some of the people who used the service had complex needs which limited their verbal communication. This meant they could not always tell us their views of the service so we spoke with two of their family members and a health care professional involved with the service. We also spoke with the registered manager, deputy manager and two members of staff.

We looked at the care records of three people who used the service. We also looked at the personnel files for four members of staff and records relating to the management of the service, such as quality audits, policies and procedures.

Good

Is the service safe?

Our findings

Family members told us their relatives were safe at Dunelm. One family member told us, "I can say goodbye to [name] and know he is safe." Another family member told us they had "no concerns" about safety at the home.

Staffing levels at the home varied depending on the needs of the people who used the service. We found there were sufficient numbers of staff to keep people safe and support them in the local community.

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults.

Accidents and incidents were appropriately recorded and analysed to identify any trends and whether any lessons could be learned. Risk assessments were in place for people who used the service and included exiting the building, accessing the community, activities, medication, and use of the kitchen. These described potential risks and the safeguards in place to reduce the risk. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

Where required, people had positive proactive support (PPS) plans in place that provided information on events and situations that may upset the person and proactive strategies to prevent incidents from occurring. For example, guidance was provided for staff when supporting a person in new environments. The guidance included, "Give time to understand and process his surroundings", "Allow [name] some time and space by observing from the next room or window" and "Ensure the environment around [name] is free from crowds and loud or unexpected noises". The service was working with the local NHS positive behaviour support team to get the best outcomes for people.

One person was at risk of epileptic seizures. The person had an epilepsy management plan in place and appropriate guidance was available for staff to help keep the person safe.

The home was clean and monthly infection control audits were carried out. These included hand hygiene, spillages, disposal of waste, personal protective equipment, storage and preparation of food, water supplies and laundry.

Electrical testing, gas servicing and portable appliance testing (PAT) records were all up to date. Hot water temperature checks were carried out and were within safe levels. Risks to people's safety in the event of a fire had been identified and managed. For example, fire alarm and fire equipment service checks were up to date, and fire drills took place regularly. People who used the service had Personal Emergency Evacuation

Plans (PEEPs), which meant appropriate information was available to staff or emergency personnel, should there be a need to evacuate people from the building in an emergency situation.

We found the registered manager and staff understood safeguarding procedures, and any incidents had been appropriately reported to the local authority. Staff had been trained in the protection of vulnerable adults and appropriate guidance was available to keep people safe.

We found appropriate arrangements were in place for the safe administration and storage of medicines. Medicines were stored in a locked cabinet in the staff office. Details of people's medicines were included in their health action plans and described the level of support required. For example, whether they required full support with their medicines, whether they understood the importance of taking their medicines and whether they would be able to self-administer.

Good

Is the service effective?

Our findings

People who used the service received effective care and support from well trained and well supported staff. A family member told us, "[Name]'s key worker is fantastic" and "He gets the support he needs". Another family member told us, "They have a very settled staff team." A health care professional told us, "General communication with the service is good and they do respond promptly to calls or meetings that are arranged."

Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Staff mandatory training was up to date. New staff completed an induction and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care.

People's needs were assessed before they started using the service and continually evaluated in order to develop support plans.

People were supported at mealtimes and with their dietary needs. Care records described what people could do for themselves and what they required staff support with. For example, one person did not prepare their meals but could independently take their meal from the dining room to the kitchen. The person required prompting from staff to eat their meal at an appropriate pace. They could choose what dessert they wanted and then helped to wash and dry the dishes, and put them away in the correct place. Another person enjoyed helping to prepare the meals. However, they had little understanding of health and safety so required supervision and support at all times. All of this was clearly documented in the records.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been appropriately submitted and notifications had been sent to CQC once they were authorised. People, where able, had provided consent for their care and for their care records to be viewed.

People who used the service had health action plans in place that were taken with the person if they required hospital treatment. This provided important information on the person such as communication, medicines, health, diet, routines and medical history. An accident and emergency grab sheet was also in place that was a more concise version of the health action plan. Care records contained evidence of visits to

and from external specialists including GPs, hospital, speech and language therapists and opticians.

The premises was appropriate for the people who lived there. Each person had their own bedroom and access to communal facilities such as the dining room, kitchen, living room and conservatory. The fourth bedroom in the home was being used as a leisure room and included a massage table and television. The conservatory contained an exercise bicycle that one of the people enjoyed using.

Good

Is the service caring?

Our findings

Family members were very positive about the caring nature of staff at the service. A family member told us, "They're just a family really" and "I couldn't really praise them enough". A health care professional told us, "The care staff show genuine care and concern for the people that they support." A family member told us the service had "gone above and beyond" in order to get a person to another family member's house in another part of the country so the whole family could celebrate the person's birthday. They told us it was, "Fantastic!"

We saw two of the people who used the service when they came home from day services. They looked comfortable in the presence of staff and we saw and heard how they had a good rapport with the staff.

Respect for people's privacy and dignity was embedded in the service. The provider's statement of purpose described how staff would treat people with respect, only enter bedrooms with consent and people could choose who was to provide their care and support. Care records described how staff were to promote dignity and respect people's privacy. For example, "Staff will knock on [name]'s door and then enter." A family member told us, "They treat [name] with respect and respect their dignity."

People were supported to be as independent as possible. Care records described what people could do for themselves and what they required staff support with. For example, "[Name] will choose his clothes and dress independently", "[Name] can independently vacuum all areas of his carpet to a good standard" and "[Name] can independently recognise and collect the correct cleaning products." This demonstrated that staff supported people to be independent and people were encouraged to care for themselves where possible.

People's preferences were clearly documented in their care records, such as their preferred name. One person's care records documented the input they had given into the decoration and design of their bedroom, which included a number of sentimental items on display.

Care records described people's individual communication needs so staff could support the person. These described how the person communicated and what they understood. For example, one person understood spoken language but preferred short sentences containing no more than two key words. Their support plan stated, "Please give me time to process the information." The support plan described what staff could do to help the person. For example, "Please use simple, straightforward language, breaking longer sentences into key words." Another person's support plan stated, "Requires support and encouragement to speak louder and more clearly" and "Never initiates conversation." We saw people had been referred to speech and language therapists and their guidance was included in the records.

One person's bedroom had been furnished and decorated to meet their religious needs, and they had specially adapted equipment in place. The registered manager told us the person's family member supported them to attend religious services and we saw their specific religious dietary needs were clearly recorded.

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information as it could only be viewed by those who were authorised to look at records.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. We discussed advocacy with the registered manager who told us one of the people using the service at the time of our inspection had an independent advocate.

Good

Is the service responsive?

Our findings

Care records we looked at were regularly reviewed and evaluated. People's care records were person centred, which means the person was at the centre of any care or support plans and their individual wishes, needs and choices were taken into account. We saw these had been written with the person and their involvement was clearly recorded. For example, each person had an 'All about me' document that provided information on what the person could do for themselves and what they required support with. These included communication, activities, routines, meal times, transportation, and activities of daily living such as cleaning and laundry.

People were set SMART (specific, measurable, achievable, realistic and timely) targets, which were goals for them to work towards in areas such as improving independence and their quality of life. Each target included an objective and a progress record. For example, one person had a target to independently make a purchase in a shop and make sure they received the correct change and a receipt. We saw one person had made progress by using 'Now' and 'Next' cards. These cards were used to show what the person was to do now and what they were to do next. For example, wash their hands then set the table. The progress record stated the person had understood the need to wash their hands before a meal and had gone upstairs to do it. When they came back down they replaced the washing hands card with the set the table card and began to set the table. The staff member had said well done and gave the person the thumbs up sign.

One person was being supported to use public transport. Their routine was clearly described in their care records. Guidance was provided for staff and the person was to be supported by staff who knew them well and could gauge their moods. The registered manager told us, "The staff know [name] inside out. It's great they can pick up on any issues before they start."

The people who used the service were young adults and did not have end of life support plans in place. We discussed this with the registered manager who told us this would be considered at the appropriate time.

People had specific individual routines in place. These included getting up in the morning, mealtimes, bath and bed, toileting, transport, shopping and activities. Routines were also in place for day services, which people attended during the week.

We found the provider protected people from social isolation. People had a timetable of activities in place and were able to choose what activities they wanted to take part in. One person enjoyed swimming, bike riding, golf, bowling, long walks, listening to music and going to the pub. Another person enjoyed walking, riding a go-cart and accessing a sensory room. One of the people had a season ticket for the local football team and was supported to attend games by their key worker. During our visit, people were at day services where they took part in various activities such as living skills, sports and outings.

The provider had a complaints policy and procedure in place. This described the procedure for making a complaint, what happens next and how long it would take for the complaint to be resolved. An easy read version of the policy was available for people in their care records. There had not been any complaints

recorded at the service. Family members we spoke with did not have any complaints about the service but knew what to do if they had a complaint. A family member told us, "We've got no complaints." Another family member told us, "I've got no worries about anything but if I did I know it would get sorted."

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. They had been registered since 2010. We spoke with the registered manager about what was good about their service and any improvements they intended to make in the next 12 months. They told us a member of staff had won the main award at the provider's awards event in 2017. They had been nominated by the parents of one of the people who used the service for going "above and beyond". The registered manager and deputy manager were also finalists in other award categories.

The registered manager told us they had a very good relationship with the day services that people attended. They were in contact with them on a daily basis and attended regular meetings. They also told us they had good links with the local community including a local pub and restaurant, shops, parks, day services and a local hairdressing salon.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.

The service had a positive culture that was person centred and inclusive. A family member told us, "We ring up as regular as we can" and "Communication is very good". Another family member told us, "I wouldn't want [name] to be anywhere else to be truthful", "I could turn up unannounced and it would be the same as if they knew I was coming", "They are always approachable" and "Everyone is welcome. They [staff] are fabulous".

Staff we spoke with felt supported by the management team. One staff member told us, "I love the job and the variety. I get good support from the company." Another staff member told us, "It's like home from home", "Everybody is really approachable" and "The management is really good. They've got your back".

Staff were regularly consulted and kept up to date with information about the home and the provider. Monthly staff meetings took place. These included discussions and updates on staffing, training, health appointments, PPS training, medicines and holidays.

We looked at what the provider did to check the quality of the service, and to seek people's views about it.

The provider carried out quarterly visits to the home. These included checks of staffing, records of people who used the service, learning and development and transport.

An 'assessment quality' report was carried out every six months. This was based on the five CQC key questions and included checks that people were being appropriately supported, the environment was safe, and documentation was accurate and up to date. For each area, there was an evaluation of performance, further actions required to improve performance, who the lead person was and what the timescales were.

A performance management report was completed monthly and reviewed by senior management. This included information on staffing and staff support, health and safety, maintenance, accidents and incidents, safeguarding related incidents, transport, and information about people who used the service.

Daily checklists were carried out by staff. These included morning medicines, refrigerator temperatures, seizure/bed alarms, updating the outings book, laundry, cleaning, bins, night medicines and packed lunches.

Monthly residents' meetings took place and these were supplemented by individual one to one meetings between the person and their key workers. Surveys were sent out to family members annually and included questions on health and wellbeing, social and events, staffing, safeguarding and overall satisfaction. Family members were also asked to provide additional comments. We saw these included, "All the staff do their utmost to support [name] in all aspects of his life" and "They always listen to my views and are easy to talk to."

This demonstrated that the provider gathered information about the quality of their service from a variety of sources and acted to address shortfalls where they were identified.