North East Autism Society

Thorndale

Inspection report

8 Thornhill Park
Sunderland
SR2 7JZ
Tel: 0191 5642147
Website: www.ne-as.org.uk

Date of inspection visit: 24 September 2015
Date of publication: 03/12/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 24 September 2015. The last inspection of this home was carried out on 7 August 2013. The service met the regulations we inspected against at that time.

Thorndale provides care and support for up to six people who have autism spectrum conditions. At the time of this visit six people were using the service. The accommodation was over three floors and consisted of six bedrooms. People had access to a communal lounge, kitchen and dining room.

The home is a semi-detached house in a residential area. The service is situated next door to another small care home and they are both managed by the same registered manager, who was present on the day of our visit.

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.

Summary of findings

The people who lived at the home had complex needs which meant they were unable to express their views. Relatives made positive comments about the service. They described the service as safe. Relatives felt involved in decisions about their family members' care.

Staff had a good understanding of safeguarding and said they would speak up if they had any concerns. Any concerns had been investigated to make sure people were safe.

Staff understood the Mental Capacity Act 2005 for people who lacked capacity to make a decision and Deprivation of Liberty Safeguards to make sure any restrictions were in people's best interests. For example, all of the people who lived there need staff support and supervision when in the community because they had a limited understanding of road safety.

Medicines were managed in a safe way and records were up to date with no gaps or inaccuracies. A signature chart was in place so records could be audited.

There were enough staff to make sure people were supported. Staff training was up to date and staff received regular supervisions and appraisals.

People were supported to enjoy an active lifestyle and eat healthily. People were encouraged to be as independent as possible, and were supported to do household tasks and take part in activities they enjoyed.

Care plans reflected the interests of individuals, and were person-centred and well written.

Relatives felt fully involved in reviews about their family member's care. Relatives felt staff understood each person and supported them in a way that met their specific needs. People's choices were respected, and each person had a range of activities they could take part in.

Relatives knew how to make a complaint and felt that complaints would be taken seriously, although no complaints had been made in the past year.

We saw that systems were in place for recording and managing safeguarding concerns, complaints, and accidents and incidents. Detailed records were kept along with any immediate action taken which showed the service took steps to learn from such events, and put measures in place to reduce the risk of them happening again.

Relatives felt the home was well run. One relative told us, "Staff care about the residents and offer help and support to the parents and family members as well."

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Relatives told us people were safe at the home.

Medicines were managed safely and audited regularly.

Risks to people's safety and welfare were assessed regularly and managed safely. Risks to people were managed in a way that did not compromise their independence.

There were enough staff to meet people's needs.

Good

Is the service effective?
The service was effective.

People received care from appropriately trained staff who knew how to meet each person's individual needs.

People were supported to lead a healthy lifestyle.

Staff understood how to apply Deprivation of Liberty Safeguards (DoLS) to make sure people were not restricted unnecessarily.

The home assessed and monitored people's health care needs and liaised with other healthcare professionals to promote their health and well-being.

Good

Is the service caring?
The service was caring.

Relatives told us their family members were well cared for at the home.

There were good relationships and communication between relatives and staff.

Staff knew how to communicate with people in an accessible way, according to their individual needs, so they could understand their choices and decisions.

People's privacy and independence were promoted.

Good

Is the service responsive?
The service was responsive.

People received care and support to meet their needs. Staff were knowledgeable about people's needs, interests and preferences.

Relatives felt involved in reviews about people's care.

People had opportunities to access the local community and had activities and interests to occupy them when at home.

Relatives knew how to make a complaint and were confident complaints would be taken seriously.

Good

Summary of findings

Is the service well-led?

Good

The service was well-led.

Relatives felt the home was well managed.

Staff felt the registered manager was approachable and supportive.

The home had a registered manager who had been in post for several years.

The service had effective quality assurance and information gathering systems in place.

Thorndale

Detailed findings

Background to this inspection

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

The inspection took place on 24 September 2015 and was announced, which meant the provider and staff knew we were coming. The provider was given 48 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 checked the information we held about the service and the provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had happened at the service. A notification is information about an event which the service is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

We also contacted the local authority commissioners for the service, the local Healthwatch and the clinical commissioning group (CCG). We did not receive any information of concern from these organisations.

The six 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 observed care and support and looked around the premises. We spoke with the registered manager, the assistant manager, a senior support worker and a support worker. We talked to two relatives who were visiting the service. We 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 five staff, training records and quality monitoring records.

Good

Is the service safe?

Our findings

Staff told us and records confirmed that staff had completed up to date safeguarding training. Staff were able to name different types of abuse that might occur such as physical, sexual, financial and emotional. The home had a 'safeguarding champion' whose responsibility it was to carry out training for all staff.

Staff were able to recognise signs of potential abuse and knew what action to take if they suspected abuse was taking place. A member of staff told us, "I would go to the manager, the operations manager or the head of care straight away." Staff were aware of the need to maintain confidentiality so safeguarding concerns could be investigated effectively. Staff said they felt confident any concerns they raised would be listened to. One staff member told us, "People are safe here." A relative told us, "My [family member] is safe here."

A safeguarding file which contained a list of local authority contacts and an easy to follow step by step process if an issue arose, was easily accessible to staff in the office. A safeguarding log was kept which showed the registered manager had taken appropriate action.

Risks to people's health and safety were assessed, reviewed and audited by the registered manager regularly, so that risks were minimised and people were protected from harm. All required certificates for the premises such as gas and fire safety and legionella testing were up to date.

Each person had a personal emergency evacuation plan (PEEP) which was detailed and specific to the individual. This meant people could be supported, according to their individual needs, to be safely evacuated in the event of a fire.

We saw detailed risk assessments for all aspects of daily living had been carried out for each person who used the service. This meant that staff knew how to support each individual in a safe way, whilst allowing people to maintain a level of independence.

Some people who used the service had been assessed as having behaviours which might challenge themselves or others. Positive behaviour support (PBS) plans were in place which gave staff clear guidance about the triggers they should look out for. These plans also gave staff strategies to follow to reduce the risk of such behaviours occurring or escalating. Staff told us they understood how to follow this guidance and we observed it in practice. For example, a staff member re-directed someone to an activity when they became agitated, and this calmed the person and gave them an activity of interest to focus on instead.

Incident forms were completed following episodes of behaviour which might challenge people who use the service or others. These forms described the event and how staff dealt with the situation, which meant staff could learn from such incidents. On the day of our inspection an incident occurred when a person who used the service was in the community. A detailed report was written immediately afterwards and passed to the service before the person returned home. This meant that there was effective communication between staff to ensure the safety of the person who used the service.

Reports of any accidents and incidents were overseen by the registered manager and sent to senior managers each month. These reports were then analysed so any trends could be identified and action could be taken to reduce the likelihood of such events happening again. There was a 'business continuity plan' in place which contained contingency plans in case of accidents or emergencies.

The accommodation was clean and comfortable. One relative told us, "The building is good, the home is warm and welcoming."

Medicines were securely stored in a locked medicine cabinet in the main office. Staff administered medicines from daily blister packs. Each person who used the service had a medicine file which gave detailed instructions about what medicines people were taking and at what time, and noted any allergies. Staff understood what people's medicines were for and when they should be taken. We looked at all the medicine administration records (MAR) charts and saw that on the day of the inspection and the week before these had been completed accurately.

All staff had completed training in administering medicines and were observed every three months to ensure best practice. A medicines revision document was in use which was a good prompt for staff. There was a record of signatures for each member of staff trained to administer

Good

Is the service safe?

medicines which was used for audit purposes. The home had put in place a medicines check at the beginning and end of each shift which meant that a daily audit was carried out which reduced the risk of medicine errors.

Staff felt there were sufficient numbers of suitable staff to keep people safe and meet their needs. The registered manager told us three new members of staff were due to start shortly, and they were using overtime and bank staff in the meantime. Our observations were that when people were in the home there were five members of staff on duty until 9pm. This increased to six members of staff at the times one person who used the service received two-to-one support. This level of staffing was in addition to the registered manager and assistant manager. At night time there was one waking night staff and one sleeping member of staff. There were enough staff to support people in the home and for people to attend a local day service.

We looked at recruitment records for five staff members. We found that recruitment practices were thorough and included applications, interviews and references from previous employers. This meant the provider checked staff were suitable.

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. The DBS checks help employers make safer recruitment decisions by preventing unsuitable people from working with vulnerable people.

Good

Is the service effective?

Our findings

Relatives had confidence in the staff to support people who used the service in the right way. One relative told us, "The staff are well trained and do a very good job."

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. Examples of training topics included safeguarding adults, health and safety, moving and assisting, food safety and positive behaviour support. New staff received a comprehensive induction programme in these areas. This meant that staff received training which was relevant to the needs of people who used the service.

The organisation used a computer based training management system which identified when each member of staff was due any refresher training. The registered manager and assistant manager had access to this, so they could check with individual staff members at supervision sessions that they were up to date with their training. The training records showed that mandatory training was up to date and this was refreshed at regular intervals.

One member of staff we spoke with said, "I've had plenty of training to do my job but if I was unsure of anything I would always ask [the registered manager]."

Staff told us and records confirmed they had regular supervision sessions with senior staff and annual appraisals. We saw that a supervision contract was in place between each member of staff and their manager. Staff had individual supervision where they could discuss any issues relating to the care of people who lived there and their professional development. Staff told us this made them feel supported to carry out their roles.

Each staff member had a Continuous Professional Development file which contained a copy of the provider's values and principles.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The MCA is a law that protects and supports people who do not have the capacity to make their own decisions, and to ensure decisions are made in their 'best interests' by trained staff.

All of the staff had received training in MCA and DoLS. Staff understood that people should not be restricted unnecessarily unless it was in their best interests. The registered manager had made DoLS applications to the relevant local authorities that were involved in each person's placement. This was because people needed 24 hour supervision and support from staff to go out.

The DoLS applications were person-centred as they contained people's individual needs and circumstances. All of the applications had been authorised by the relevant local authorities. This meant that staff were working collaboratively with local authorities to ensure people's best interests were protected, so the provider was following the requirements of the MCA.

A DoLS file which was easily accessible to staff in the office contained the provider's practice guidelines, a DoLS decision pathway and guidance documents from the Office of the Public Guardian. This meant staff could stay up to date with DoLS best practice.

People were supported to maintain a varied and healthy diet. The provider operated a four week menu planner, but staff told us alternatives were available if people did not like what was being offered. One member of staff told us, "Some of the people here only eat certain foods but they can tell you what they want or don't want and staff respect this." We saw this in practice as menu choices were displayed in written and picture format so people could make decisions about what they wanted to eat and drink.

The main meal of the day was served in the evening on week days as most people who lived there were out during the day. The evening meal was cooked by support staff and people who lived there were supported to set the dining tables and with other household tasks. This meant that people were involved in the day to day running of the home and they were supported to improve their independent living skills. Training records showed that staff had received up to date training in food hygiene and nutrition.

It was clear from health care records that people were supported to access community health services when required. People were supported to attend regular check-ups with their GP, dentist and optician as appropriate. The home had an 'emergency pack' for each individual which contained details about people's medicines, preferred methods of communication, likes and

Good

Is the service effective?

dislikes, pain management and mood indicators. These documents were thorough and would provide important information about the person should they need to be admitted to hospital or in the event of an emergency.

Staff told us they had a positive working relationship with professionals at Monkwearmouth Hospital's Learning Disability Support team and with the local Speech and Language Team (SALT). This meant that best practice was shared for the benefit of those who lived at the home.

Good

Is the service caring?

Our findings

People had a good relationship with staff members and were comfortable in their presence. We observed staff being supportive and patient with people. We saw staff giving people choices in a way that was appropriate to their needs. People were included in meetings to review their care with support from key workers and a 'communications champion'.

A member of staff commented, "The people who live here are all different and they all have their own lives, so you can't treat them the same."

One member of staff told us, "We're a good team. When I transferred here I didn't know the people who use the service, but the staff team know a lot about them and helped me get to know the people here. The staff here know what makes people happy." Another member of staff told us, "We treat people here like family; it's a relaxed atmosphere and a nice place to work."

Relatives made positive comments about the caring attitude of staff. One relative told us, "The staff are very caring. My [family member] is well cared for here." A relative said, "Staff care about the residents and offer help and support to the parents and relatives as well. The manager knows my [family member] very well and how to deal with them. The staff are very supportive of families and it isn't easy. I appreciate it and value it highly. Their job extends beyond the people who live here; it's not just a job to them, it's a vocation."

One relative commented, "The staff make it feel like my [family member's] home, not a care home. What the staff do is amazing." Another relative told us, "The care given to my [family member] is very professional and extremely compassionate."

People were supported to be as independent as possible. For example, staff encouraged people to change their bedding, use the washing machine and put clothing away. Relatives appreciated staff encouraging and developing these daily living skills.

Relatives said they were kept informed about their family member's care and were included in care planning. One relative commented, "I speak to the staff on the phone regularly. They use handover books to keep me up to date." Staff supported people to maintain family relationships through visits and the use of technology. Another relative told us, "We are always welcomed warmly by the staff. Staff members go out of their way to support us."

Staff told us how important it was for them to uphold people's privacy and dignity. We saw how staff respected a person's choice to spend some time in the privacy of their own bedroom. People's bedrooms were decorated to a high standard and in a way which reflected their tastes and interests.

Good

Is the service responsive?

Our findings

Relatives felt staff understood every person in the home and that people were supported in a way which met their specific needs. Relatives said they felt involved in planning and reviewing their family member's care, as they felt able to comment on the service at any time and they were invited to annual reviews. A staff member commented, "Parents are always involved in care planning."

A relative told us, "The staff know how to handle my [family member] as they can't tell you when they are afraid or in pain. Staff are flexible in dealing with people who live here."

We looked at care records for two people. The care plans were descriptive and showed how each person preferred to be supported according to their needs as an individual. For example, the care plans included guidance for staff on people's personal care, their preferred method of communication, their likes and dislikes, and their ability to make decisions. The care plans were written from the person's perspective and contained goals or 'SMART' targets for daily living. This meant that staff could support each person as an individual.

Staff were able to describe the impact of person-centred care on each person who lived there. For example, staff told us that one person was not able to speak when they first came to the home, but now they are able to say a sentence and communicate by using key words. Staff said this was a significant achievement and took pleasure from this.

Staff knew how to recognise if people who used the service were in a good mood or were unhappy. A member of staff told us, "We spend time with people talking to them, so we can tell when someone is in a good mood or not instantly."

Another member of staff told us how staff noticed there was a pattern to a person's behaviour which may challenge themselves or others. Staff realised that the trigger could be a certain meal choice so they offered the person alternatives and the situation was resolved.

The registered manager told us that home visits caused anxiety for one person who used the service, so staff suggested they support the person to meet family members at a different location. The registered manager told us the visit had gone well and the family sent a thank you letter which said, 'We would like to thank you and the staff for arranging our [family member] visit. We are amazed at their progress and are thrilled.'

Staff also identified that going on holiday caused one person who used the service to become anxious. Staff suggested that the person go on holiday for a shorter period and this reduced their anxiety and meant they could still enjoy a holiday. This meant staff had a good understanding of people's needs and they were flexible when people's needs changed.

Each person had a timetable of daily activities that included sessions at a nearby day facility where they could take part in vocational or educational sessions. Various activities were available on evenings and weekends, some of which were planned such as trampolining, bowling, going to the golf driving range or the disco. Other activities were spontaneous depending on what people wanted to do such as shopping, going for a walk or going to the pub.

The registered manager told us staff had supported people to go on holiday in the past year. They told us when selecting staff to take people on holiday they tried to select staff that have a good relationship with people who use the service, are compatible with the needs of people, and share common interests. The registered manager told us they had a good relationship with the owner of the holiday property they use regularly, and they had installed a locked cabinet so medicines could be stored securely when they took people on holiday.

The provider had a complaints policy which was available to people, relatives and stakeholders. In a survey carried out by the provider earlier this year, 100% of relatives said they were aware of how to make a complaint, and 100% said they felt a complaint would be taken seriously. There had been no complaints about the service in the last year.

Good

Is the service well-led?

Our findings

Relatives told us the home was well managed. One relative told us, "The leadership of the place is important. The registered manager is an excellent person. Coming here is the best thing that has happened to my [family member]." Another relative commented, "The registered manager gives good support."

Relatives were invited to complete an annual satisfaction questionnaire. The responses of a recent survey, which had a 100% response rate, were positive. For example, one relative wrote, 'We are extremely happy with our [relative's] placement and the home in which they live. They live a very full and active life – "a life worth living".' Another relative wrote, 'There is nowhere more appropriate than Thorndale to meet my [family member's] needs and lifestyle. Staff go beyond the call of duty to ensure their lifestyle is as comfortable and happy as can be.'

The home had a registered manager who had been in place for several years. He was also the registered manager of a similar home run by the same provider next door. Staff told us the he was open and approachable. One member of staff told us, "I can go to him about anything at all. Staff get all the support they need."

The home had a whistleblowing policy and staff knew what to do if they had any concerns. One member of staff confirmed they had read the policy and guidelines on whistleblowing and said the registered manager would be the first person they spoke to or the area manager, if they had concerns.

Staff meetings were held regularly which gave staff the opportunity to discuss ways of supporting people in the home as a team. For example, at a recent meeting staff had been told about the outcomes of multi-disciplinary team discussions for people who use the service. This meant staff meetings were used as a way of passing on important information. Staff told us they felt included in discussions and felt able to make suggestions about how to improve the service.

The registered manager made sure systems were in place for recording and managing accidents, incidents, complaints and safeguarding concerns. We saw detailed records were kept which logged what immediate action had been taken, and what measures were being put in place to reduce the risk of them happening again.

The registered manager, assistant manager and senior support worker completed regular audits. The registered manager completed a monthly report for senior managers on issues such as behavioural interventions, accidents, incidents and staff training. We also saw the provider carried out assessments of how the service was performing against the Care Quality Commission's key standards. This meant the registered manager, senior managers and trustees could monitor the service for any trends and identify best practice.

The assistant manager attended a health forum meeting every three months with staff from other services run by the same provider. At a recent meeting, for example, epilepsy monitors were on the agenda. We saw epilepsy monitors were used in the home where appropriate, and staff checked these daily.

There were photos of staff on display in the entrance area which was good for people who lived there and visitors. There were also pictures of gestures for communicating basic words and needs which was a good prompt for staff.

Good leadership inspired staff to provide a quality service to people who lived there. Quality was integral to the service's approach and staff took pride in this.