

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Whitstone House

Whitstone House, 49 Norwich Road, Dereham,
NR20 3AS

Tel: 01362698762

Date of Inspection: 12 August 2014

Date of Publication:
September 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Staffing	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Autism Anglia
Registered Manager	Mrs Tracey Bayley
Overview of the service	Whitstone House is a residential service providing care and support for up to 11 people who live with a learning disability and have a primary diagnosis of autism.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 12 August 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

One adult social care inspector inspected Whitstone House. At the time of the inspection there were 10 people using the service.

We spoke with three people who used the service, one person's relative, the assistant manager and three support workers. The registered manager was not available to speak with us. We reviewed the care records for three people. We also reviewed a selection of other records. These included staffing rotas, minutes from meetings and audit results.

We used the evidence we collected during our inspection to answer five questions.

Is the service safe?

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA), 2005, and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The MCA provides a framework to empower and protect people who may make key decisions about their care and support. The DoLS are used if extra restrictions or restraints are needed which may deprive a person of their liberty.

At the time of our inspection no person was subject to a DoLS authorisation. The assistant manager told us that they and the registered manager were currently applying for DoLS authorisations for all of the people who used the service. This was in relation to preventing people from leaving the service unaccompanied. The assistant manager told us that they had assessed people as lacking mental capacity and that the safeguard would help to protect people's safety and welfare.

We saw evidence that there were enough suitably skilled, qualified and experienced staff on duty at all times. This included staff to provide one to one and two to one care for people.

There was a safeguarding policy and procedure in place and this was in date. All of the

staff, including the bank and agency staff used, had received training in relation to safeguarding vulnerable adults. The provider undertook the necessary checks to ensure that employees were of good character before employing them.

We saw evidence that the provider's audit schedule was effective. This included regular auditing of the quality of the service, as well as accidents and incidents and environmental risks.

Is the service effective?

The care and support that people received met their needs. All of the staff demonstrated a good understanding of the needs of people living with autism. We saw evidence that staff had received specialist training in relation to their roles and responsibilities.

Plans of care and risk assessments were regularly updated in order to reflect any changes in people's needs. We saw evidence that staff helped people to achieve their goals and aspirations. Effective communication techniques were used and all information was presented in an easy read format to help people understand what had been written.

The provider had effective working arrangements with other health and social care professionals. This included psychologists and speech and language therapists. This helped to ensure that people's care needs were being met.

Is the service caring?

All of the people told us that they were happy with the care and support that they received. One person said, "I am happy. I have been playing table tennis and the staff are nice." Another person said, "I have been to the day centre and enjoyed myself. My key worker is good."

We spoke with a relative of one person and they said, "The staff are very good with my (relative). They look after their priorities and needs. I cannot think of a better place for my (relative) to be in. They are so happy here. The service is wonderful and all of my (relative's) needs are met."

People received person-centred care. This meant that their care was individualised to their specific needs. It was evident that staff thoroughly understood the needs of the people that they were caring for, and treated people with compassion and respect. We observed staff interacting with people in a positive way. Different communication techniques were used to help ensure that the person understood what the staff member was saying. At all times, staff were courteous and caring towards the people they supported.

Is the service responsive?

The environment at Whitstone House was arranged to help meet the needs of the people who used the service. This included different areas where people could choose to spend their time. We noted that there were secure gardens, a swimming pool and numerous communal areas. One of the communal areas had been adapted for a person who wished to spend time alone.

It was evident that the care and support people received met their individual needs. People's care plans included all aspects of the person's daily living and there were support plans in place for staff to follow to help ensure that they responded to people's needs in an

effective way. People's likes, dislikes and preferences were taken into consideration on all accounts. We noted that the activities people undertook reflected their hobbies and interests.

Each person who used the service had stated what their goals were. We found that their care and support was structured in a way that facilitated people to achieve their goals. The staff promoted people's independence whilst ensuring that their safety and welfare was maintained.

The provider had a complaints policy and procedure and we saw evidence that they took account of complaints and comments to improve the service.

Is the service well-led?

All of the staff we spoke with spoke positively about the management team at Whitstone House. Staff told us that they felt well supported and were able to access specialist training. Each person told us that they were encouraged to raise any concerns or comments that they had. They told us that the management team always listened to what they had to say and responded to their comments appropriately.

Staff told us that the staff meetings held by the manager were meaningful and productive. All of the staff we spoke with felt valued and part of the team.

We noted that there was a positive culture within the service. The staff told us that the management team regularly worked alongside them while they carried out their duties in order to support them.

The service had effective quality assurance systems in place to assess and monitor the quality of the service that people received. This included monthly audits of all aspects of the service as well as regular meetings with the people who used the service. Included in these were appropriate action plans to address any shortfalls in the quality of the service provision.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We reviewed three people's care plans and noted that people had been asked for their consent in relation to the care and support that they received. This included people's consent to the sharing of their information with other health and social care professionals. If people were not able to sign to agree to what was recorded in their care plan, there was documentation made by their key worker as to the reasons why.

We found that each person's mental capacity had been assessed in relation to people making decisions for themselves. The assessments were in accordance with the Mental Capacity Act (MCA), 2005. The deputy manager told us that the management team were currently reviewing people's deprivation of liberties in relation to people leaving the premises unescorted. They told us that they were about to apply for a Deprivation of Liberty Safeguard (DoLS) in relation to this, because they felt that people would not be safe if they chose to leave the premises without a support worker with them. We found that the management team understood their obligations with the law in relation to the MCA and DoLS, and were taking appropriate actions to safeguard the people who used the service.

We spoke with three support workers and all of them displayed a good understanding about mental capacity and consent. They told us about the different communication techniques they used for each person that helped to ensure people understood what was being said to them.

The care plans we reviewed clearly documented people's communication needs and reflected what staff had told us about individual people. Examples of this included key phrases that people used, the use of pictures and signs and the meanings behind people's responses. We noted that the information contained within people's care plans was also presented in an easy read format. This meant that it included pictures and short phrases to

help people understand what had been written. During our inspection we observed one person reading their care plan and they told us that they understood what was documented in it by the use of the easy read format.

During our inspection, we spent time sitting in the lounge area with the people who used the service and the support workers. We saw evidence that the support workers used effective communication techniques that helped to ensure people understood what was being proposed before delivering any care or support.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We spoke with three people who used the service. Each person told us that they were happy with the care and support that they received. One person said, "I am happy. I have been playing table tennis and the staff are nice." Another person said, "I have been to the day centre and enjoyed myself. My key worker is good."

We spoke with a relative of one person. They said, "The staff are very good with my (relative). They look after their priorities and needs. I cannot think of a better place for my (relative) to be in. They are so happy here. The service is wonderful and all of my (relative's) needs are met."

We looked at the care plans of three people who used the service and then checked that the care planned was being delivered in practice. We call this pathway tracking. This meant that we looked at the records that the provider kept about people which included their care and support plans. We saw evidence that people's needs were assessed and that their care and support was planned and delivered in line with their individual care plan. People's health and medication needs were clearly documented and we noted that each person had a health action plan. This included information about people's medical and mental health conditions, their communication needs and their needs in relation to their activities of daily living.

The care plans that we reviewed demonstrated how people's independence skills had been assessed. These included skills in relation to domestic tasks, shopping, personal hygiene and safety in the environment. We noted that detailed risk assessments were completed in relation to people achieving their independence skills. This meant that there were plans in place to reduce any risks associated with people's activities of daily living and their independence.

People had detailed assessments in regard to their 'triad of impairment' and their behaviour. The triad of impairment included people's social communications, their interaction with others and their imagination. We saw that there was documentation that related to people's communication needs. This included how people wished to be communicated with, as well as information that explained what was meant by their

behaviours and communications. During our inspection we saw evidence that the support workers understood the communication needs of the people who they supported extremely well. We found that the care being planned for people was being delivered by staff who worked at the service.

People's care records were person-centred. We noted that people's community involvement was promoted by the support workers. This was demonstrated by the activities that people were involved with. We saw documentation in people's care plans that asked whether people wished to vote in elections.

We noted that each person had a weekly schedule of activities. 'TEACCH' (Treatment and Education of Autistic and related Communication –Handicapped People) boards were used in each person's room. These showed the person the activities and tasks that they would undertake during the week. We noted that two to three key words were used as well as pictures to help people understand what was being shown. We saw evidence that the activities people undertook reflected their likes and preferences. Activities included horse riding, swimming, horticulture, bicycle rides and visiting places of interest. We noted that one person liked animals and that the provider had responded to this by purchasing two guinea pigs. We saw evidence that the person cared for the pets with help from their support worker and enjoyed spending time with the animals on a daily basis.

During our inspection we saw evidence that people's care plans and risk assessments were updated on a regular basis and audited by the management team. We reviewed people's 'daily diaries' and noted that the support staff had documented detailed information about how the person had spent their day and what their mood had been. The information reflected how people's needs had been met in accordance with their care plans and risk assessments.

Throughout our inspection we observed staff to be caring and attentive to the people that they supported at all times. People were encouraged, at all times, to maintain and improve their level of independence as documented in their care plans. We noted that some people assisted in the kitchen, under supervision, and helped to make the meals for people to eat. Other people assisted with domestic chores and the laundry as appropriate. All of the activities that people undertook were documented in their care plans as 'their goals' to achieving their desired level of independence.

During our inspection we toured the premises of Whitstone House and saw evidence that the environment met the needs of the people who used the service. People's individual rooms were decorated and furnished according to their individual choice. There were adequate communal areas and people were seen to be enjoying the time they spent in these areas. The deputy manager told us that one person preferred to spend time on their own and we noted that one of the communal areas had been designed to meet this person's needs. There were extensive, secure gardens and we noted that people could use the outdoor trampoline as well as play table tennis. There was an indoor heated swimming pool and we noted from people's care records that they enjoyed the use of this.

We saw that there were arrangements in place to deal with foreseeable emergencies. These included fire and evacuation plans. The provider had a mutual aid agreement with their adjacent service for people to be evacuated there if required. Other emergency plans included plans in relation to the loss of utilities and the shortage of staff.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The deputy manager showed us the provider's policy for safeguarding vulnerable adults. We noted that this was in date and made reference to the local authority's safeguarding procedures. Included in the policy was a protocol for staff to follow if they suspected or witnessed actual or potential abuse. All of the staff we spoke told us that they had completed their safeguarding training and could tell us about the different types of abuse that could affect people. The staff told us what procedures they would follow in relation to a safeguarding incident and we noted that this adhered to the provider's safeguarding policy.

We noted that the provider's 'whistle-blowing' policy was currently being updated. This related to what staff should do if they witnessed or suspected poor practice being delivered by other staff members.

During our inspection the deputy manager told us about a recent safeguarding incident. We saw evidence that the provider had followed the correct procedures in relation to this. This meant that the provider responded appropriately to any allegation of abuse.

The deputy manager told us that no person who used the service had a key to lock their individual rooms. We saw evidence that there were appropriate risk assessments in place in relation to this, and that people's safety and welfare had been maintained.

We asked the staff we spoke with whether they needed to restrain people at times due to their behaviour. The staff told us that they did, but that this was a rare occurrence. They told us that they usually managed to alleviate people's agitation and anxiety through the use of low arousal and effective communication techniques. The staff told us that if these techniques were not successful and there was a risk of the person injuring themselves or others, then appropriate safe restraint methods would be used. We noted that this reflected the training they had received in relation to safe control and restraint. We saw evidence that incidents forms were completed whenever restraint had to be used as well as a de-brief for the staff involved. This meant that people who used the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs

Reasons for our judgement

The deputy manager showed us the staffing rotas for four weeks. We noted that the staffing arrangements met the provider's required number of support staff for each day. This included the staffing required for people who received one to one care in Whitstone House and two to one care in the community. We noted that there was always a senior member of staff on-call during the out of hour's period. This meant that staff could contact a senior person if they had any concerns or problems.

All of the staff we spoke with told us that they felt there were enough staff on duty, at all times, to meet the needs of the people who used the service. We noted that any shortfalls in the number of staff on duty were effectively managed. This was through the use of the service's permanent staff working additional hours, the provider's own bank staff and agency staff. The deputy manager told us that they used the same agency staff to cover shifts. They said that this provided continuity of care and familiarisation of staff for the people who used the service.

We asked the deputy manager to show us evidence that the staff were appropriately qualified, skilled and experienced to meet people's needs. We saw evidence that staff had undertaken an induction programme that consisted of mandatory training as well as training specific to the service and the needs of the people who used it. We noted that people's mandatory training was up to date and that people had accessed specialist training.

There was a swimming pool within the premises of Whitstone House. The deputy manager told us that there was always a member of staff with lifeguard training specific to people with learning disability needs when the swimming pool was being used.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

During our inspection we looked at how the provider assessed and monitored the quality of the service people received. The deputy manager told us that there were regular meetings for the people who used the service. We reviewed the minutes from previous meetings and noted that people had been asked for their comments and views about their care and support. These included what activities they wished to participate in and if they wanted different choices for meal times. The minutes were presented in an easy read format. We noted that the provider had acted on people's requests.

We reviewed the responses from people's parents in relation to the satisfaction questionnaires that were sent to them. The questionnaires included their satisfaction in relation to the level of support their family member received and the activities offered within the service. The comments received were all positive.

The staff that we spoke with told us that there were regular staff meetings and that they found these meaningful. They told us that they were encouraged to suggest new ways of working to improve the quality of the service and that the management team took on board what they suggested. We reviewed the minutes from the previous staff meeting. We noted that all areas of the service had been discussed. There was evidence that the management team supported a learning culture and valued their staff. People's suggestions, where appropriate, were implemented and tested to see if they were effective. Staff were also given the option to speak with a senior member of staff individually if they did not feel confident to raise an issue in front of the staff group.

The deputy manager showed us the complaints procedure. We noted that complaints were minimal, but that any received complaints were logged and investigated appropriately. The manager responded to complainants in a timely manner and took account of complaints and comments to improve the service.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. Accident and incidents were appropriately documented and investigated. This included a 'debrief' for the staff members that had been involved in the incident. We saw evidence that patterns and trends were identified and that the provider liaised with people's psychologists and speech and language therapists as required. We noted that actions were implemented to help reduce the risk of any repeat occurrences.

The deputy manager showed us the monthly monitoring audit for the service. This included the service's maintenance schedule, policies and procedures and people's care plans. The audit was undertaken by the regional service manager. We noted that there were action plans to address any areas where improvement was required. Each action plan had a review date to help ensure that the required improvements had been made.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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