

# **Key inspection report**

**CARE HOME ADULTS 18-65**

**Whitstone House**

**49 Norwich Road  
Dereham  
Norfolk  
NR20 3AS**

*Lead Inspector*  
**Debby Allen**

*Key Unannounced Inspection*  
**19th August 2009 09:00**

This report is a review of the quality of outcomes that people experience in this care home. We believe high quality care should:

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care home adults 18-65 can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop).

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- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

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# SERVICE INFORMATION

<b>Name of service</b>	Whitstone House
<b>Address</b>	49 Norwich Road Dereham Norfolk NR20 3AS
<b>Telephone number</b>	01362 698762
<b>Fax number</b>	01362 699792
<b>Email address</b>	whitstone@nacha.org.uk
<b>Provider Web address</b>	www.autism-anglia.org.uk
<b>Name of registered provider(s)/company (if applicable)</b>	Autism Anglia
<b>Name of registered manager (if applicable)</b>	Mrs Marie Ann Large
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	11
<b>Category(ies) of registration, with number of places</b>	Learning disability (11)

# SERVICE INFORMATION

## Conditions of registration:

1. Up to eleven (11) adults, of either sex with Learning Disability, not falling within any other category, may be accommodated.

**Date of last inspection** 9th May 2007

## Brief Description of the Service:

Whitstone House provides a service for up to eleven people with learning disabilities and autistic spectrum disorders.

The Home was previously owned by the Norfolk Autistic Community Housing Association (NACHA) but was taken over in 2008 by Autism Anglia (previously known as the Essex Autistic Society).

Whitstone House is situated on one of the main roads into the market town of Dereham. The Home is a large, double fronted detached building in keeping with other buildings in the area. The service users have single bedrooms and share the communal areas.

There is parking to the front of the Home and the large garden at the rear of the Home is fenced to prevent access to the main road. Whitstone House also has an indoor swimming pool in the garden.

Within the garden area there is also a smaller house, which is separately registered as a Home for four adults with a learning disability and is managed by the same organisation.

The basic fees are in the region of £700 per week but vary in accordance with individual care and support requirements.

# SUMMARY

This is an overview of what the inspector found during the inspection.

The quality rating for this service is **2 stars**. This means the people who use this service experience **good** quality outcomes.

Care Services are judged against outcome groups, which assess how well a provider delivers outcomes for people using the service. The key inspection of this service has been carried out, by using information from previous inspections, information from the providers, the service users and their relatives, as well as others who work in or visit the home. This has included a recent unannounced visit to the home. This report gives a brief overview of the service and the current judgements for each outcome group.

The fieldwork of this inspection was carried out over a period of six and a half hours and included a tour of the premises, inspection of staff and service users' records and some of the home's records relating to health and safety.

Discussions also took place with the manager and deputy and a number of staff members and service users were observed and chatted with during the course of the inspection.

An Annual Quality Assurance Assessment (AQAA) was also completed and submitted to the Commission prior to this inspection.

Two requirements and one recommendation have been made as a result of this inspection.

## What the service does well:

Each person has their individual needs assessed before they move in to Whitstone House.

The people living at Whitstone House have their changing needs and personal goals reflected in an individual plan of care, they are supported to make decisions about their lives and take risks as part of an independent lifestyle.

People have opportunities for personal development, are part of the local community, engage in appropriate leisure activities and are supported to have appropriate personal relationships.

Service users are offered a healthy diet and enjoy their meals and mealtimes. Individual needs and choices are also available and catered for.

Service users receive personal support in the way they prefer and their physical and emotional healthcare needs are met.

Service users feel their views are listened to and acted on and they are protected from abuse, neglect and self harm.

Whitstone House provides a homely, comfortable and safe environment, which is clean and hygienic.

Whitstone House has robust recruitment policies and procedures, staff are competent, appropriately qualified and receive regular support and supervision.

Whitstone House is a well run home, the views of service users are an important part of the Quality Assurance process and the health, safety and welfare of the people living at the Home is promoted and protected.

## **What has improved since the last inspection?**

Medication Administration Records were seen to be fully completed, with no gaps, errors or omissions noted at this inspection.

## **What they could do better:**

However, it was noted that there is potential for mistakes to be made due to the fact that there are no photographs identifying individual's to their names, the MAR sheets are not clearly divided between one resident and another and any medication missing from the Monitored Dosage Systems (MDS) is not clearly recorded or auditable.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website [www.cqc.org.uk](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line – 0870 240 7535.

# **DETAILS OF INSPECTOR FINDINGS**

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

## Choice of Home

### **The intended outcomes for Standards 1 – 5 are:**

- 1.** Prospective service users have the information they need to make an informed choice about where to live.
- 2.** Prospective users' individual aspirations and needs are assessed.
- 3.** Prospective service users know that the home that they will choose will meet their needs and aspirations.
- 4.** Prospective service users have an opportunity to visit and to "test drive" the home.
- 5.** Each service user has an individual written contract or statement of terms and conditions with the home.

### **The Commission consider Standard 2 the key standard to be inspected.**

This is what people staying in this care home experience:

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

Standards 1 & 2. People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Each person has their individual needs assessed before they move in to Whitstone House.

### **EVIDENCE:**

There have been no new admissions since the last inspection but appropriate information continues to be available, to enable people to make informed choices and the manager confirmed that in-depth assessment procedures also continue to be in place.

## **Individual Needs and Choices**

### **The intended outcomes for Standards 6 – 10 are:**

- 6.** Service users know their assessed and changing needs and personal goals are reflected in their individual Plan.
- 7.** Service users make decisions about their lives with assistance as needed.
- 8.** Service users are consulted on, and participate in, all aspects of life in the home.
- 9.** Service users are supported to take risks as part of an independent lifestyle.
- 10.** Service users know that information about them is handled appropriately, and that their confidences are kept.

### **The Commission considers Standards 6, 7 and 9 the key standards to be inspected.**

This is what people staying in this care home experience:

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

Standards 6, 7, 9 & 10. People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The people living at Whitstone House have their changing needs and personal goals reflected in an individual plan of care, they are supported to make decisions about their lives and take risks as part of an independent lifestyle.

### **EVIDENCE:**

Three people's care plans were looked at in detail as part of this inspection and each of these was found to contain very clear and detailed information relating to how each person needs and wants to be supported. Regular reviews were seen to have taken place, ensuring changing needs continue to be met.

As noted at the previous key inspection, although the general format of the care plans is the same, the specific information contained in each one was very different and reflected people's individuality.

The Care Plans were seen to be put together in a generally well organised manner, which helps to make it easy for staff and service users to access relevant information and review and/or update it and help to ensure consistency of care.

The information in the care plans was seen to be recorded as follows:

- (1) Introduction (including Service User Contract and Statement of Purpose)
- (2) Personal Information (including family and advocacy details)
- (3) Service User Profile and Personal Information
- (4) Professional Involvement
- (5) Health and Medical Information (including medication, general information, vaccinations, weight, GP consultations, dentist, optician, chiropodist, dietician and emergency details)
- (6) Independence Skills (including personal hygiene, mobility, continence, feeding, racial and cultural customs)
- (7) Triad of Impairment (including social communications, interaction, imagination and additional comments)
- (8) Behavioural Disorders (including incident reports, monitoring charts and additional comments)
- (9) Life Skills (including recreational, educational activities and timetables)
- (10) Additional Sheets (including risk assessments, restriction of liberty, progress reports and support plans)

The above information seen in all three people's care plans was noted to have been regularly reviewed and updated as necessary, particularly in respect of any changes to people's individual needs or wishes.

It was also noted and observed that a lot of time and effort has been taken to record each person's individual communication and comprehension abilities in detail and various information, such as activities, what staff are on duty and how to complain was seen to be available or provided in various formats, such as pictorial, that supported people to make informed choices.

Some evidence of 'decision making' was seen by observations during the visit and records seen in the care plans such as; one person stating that he would like to go to a football match and staff being heard to make the necessary arrangements, preferences being stated between bathing or showering and choices being made in respect of food and drinks.

Numerous risk assessments were seen and most of these were seen to be very person specific and individually compiled covering areas such as: resistance to change, night time habits, being outside in unforeseen circumstances, individual activities such as swimming or using the trampoline, bathing, making drinks, using kitchen utensils and administering own medication.

In addition to the above risk assessments, separate assessments were seen to have been completed to cover areas where 'Restriction of Liberty' or 'Infringement of Rights' was a potential issue. Some of these included not leaving the premises at will, having a restricted diet, drinking alcohol, holding a room key, self-administration of medication and prevention of eating inappropriate items.

All the assessments seen gave clear guidelines and protocols for staff to follow and, in many of the cases seen, there was evidence of support, input and guidance from external professionals such as doctor, psychiatrist, social worker and dietician.

Meanwhile, All the service users' records and personal information was seen to be stored securely, thereby ensuring confidentiality is maintained.

# Lifestyle

## The intended outcomes for Standards 11 - 17 are:

11. Service users have opportunities for personal development.
12. Service users are able to take part in age, peer and culturally appropriate activities.
13. Service users are part of the local community.
14. Service users engage in appropriate leisure activities.
15. Service users have appropriate personal, family and sexual relationships.
16. Service users' rights are respected and responsibilities recognised in their daily lives.
17. Service users are offered a healthy diet and enjoy their meals and mealtimes.

## The Commission considers Standards 12, 13, 15, 16 and 17 the key standards to be inspected.

### JUDGEMENT – we looked at outcomes for the following standard(s):

This is what people staying in this care home experience:

Standards 11, 12, 13, 14, 15, 16 & 17. People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Service users have opportunities for personal development, are part of the local community, engage in appropriate leisure activities and are supported to have appropriate personal relationships. Service users are also offered a healthy diet and enjoy their meals and mealtimes.

### EVIDENCE:

It was evident that the people living at Whitstone House are supported to lead very individual lifestyles and their daily routines and activities were seen to be quite varied. From the information noted and observations on the day of inspection, it was apparent that people's individual wants, needs and choices are genuinely considered.

Entries in the 'daily diaries' were seen to be appropriate, detailed and clear. They were also in line with people's individual support/care plans.

Some of the timetables seen included activities during the week such as attending training/day centre, college, cleaning mini bus, going for a drive out, woodland walk, boat trip, sensory room, music lesson, hand-writing skills, horse riding, group shopping, ten pin bowling, aerobics, sports, art, library, cooking and kitchen skills.

Some of the leisure activities and hobbies that were seen to be recorded in people's personal records included pub visits, meals out, trips to the coast, listening to music, watching DVDs or soaps, reading magazines, cycling, playing football and going to football matches.

Evidence and records seen in the care plans supported the fact that the people living at Whitstone House are able to maintain relationships with their friends and family on a regular basis and there were records of visits to and from family, together with notes of telephone calls made or received.

Menus are generally planned in advance but it was clearly stated that anyone not wanting/liking the hot 'dish of the day' or dessert could have alternative choices and individual meal plans were seen for people with specific requirements such as diabetes or over/under weight issues.

Some examples from the menus included:

Meat Cobbler, Potatoes and vegetables	-	Fruit or Yoghurt
Chicken (Curry or Sauce), Rice or Vegetables	-	Lemon Meringue
Sausages, Potatoes and Vegetables	-	Choice of Hot Pudding
Pork Casserole, Potatoes and Vegetables	-	Fruit or Yoghurt
Lasagne, Garlic Bread and Side Salad	-	Fruit Salad
Roast Beef, Potatoes and Vegetables	-	Fruit Pie or Gateaux
Personal Choice of Sausage, Bacon, Eggs, Fish Pizza, Chips and Jacket Potato		

Care plans contained detailed information of people's likes and dislikes with regard to food and drink, including specific mealtime habits such as: "*For breakfast, [name] has two slices of toast with marmite plus a black coffee. The coffee must have the spoon left in the mug and cooled and the bread is squared by [name].*" Information and guidelines such as these were seen to be followed by staff and help to ensure people enjoy their meals and mealtimes.

## Personal and Healthcare Support

### The intended outcomes for Standards 18 - 21 are:

18. Service users receive personal support in the way they prefer and require.
19. Service users' physical and emotional health needs are met.
20. Service users retain, administer and control their own medication where appropriate, and are protected by the home's policies and procedures for dealing with medicines.
21. The ageing, illness and death of a service user are handled with respect and as the individual would wish.

### The Commission considers Standards 18, 19, and 20 the key standards to be inspected.

This is what people staying in this care home experience:

### JUDGEMENT – we looked at outcomes for the following standard(s):

Standards 18, 19 & 20. People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Service users receive personal support in the way they prefer, their physical and emotional healthcare needs are met and they are mostly protected by the home's policies and procedures for dealing with medication, although some areas need safer practices.

### EVIDENCE:

The physical, emotional and health needs of the people living at Whitstone House are quite varied and, again, it was evident that a great deal of time and effort has been taken by the staff team and external professionals to ensure that individual needs are met.

Each of the care plans included very detailed information with regard to how each person likes and needs to be supported, in virtually every aspect of their daily life.

Examples of some of the 'Support Guidance' and charts that were seen include:

<b>Task</b>	<b>Level of Skill</b>	<b>Present Support Worker Input</b>	<b>Comments</b>
Getting up in the morning	Low	Verbal, physical and gestural prompts are required but will refuse at times.	Constant supervision and prompts are needed to encourage [name] to complete their self care.
Going to the toilet	High	No prompts needed.	n/a

### **Support Guidelines:**

Morning: [name] usually chooses to have breakfast before their morning bath, although if they choose otherwise it is [name]'s choice.

When dressing, staff need to help make sure [name]'s clothes are the right way round.

[name] needs prompting with 'hand-over-hand' help.

Evening: Sometimes when [name] is tired they may want to go to bed before supper. It is [name]'s choice and ok to do so.

Other areas of 'personal choice' being respected were noted in areas such as:

[name] is fully continent and likes to take their time.

[name] doesn't like water on their face.

[name] prefers to have a bath rather than a shower.

[name] dislikes wearing socks.

[name] currently chooses not to wear make-up but staff will support to do so if this changes.

[name] uses a fork or a spoon and doesn't like any vegetables. [name] also likes their food to be separated.

It was noted that a 'set' routine is especially important for many of the people living at Whitstone House and personal 'routine requirements' were also seen to be respected, with guidance seen such as: 'Whoever supports [name] with self care must also support them to bed at night.'

Individual communication methods and understanding was also seen to be given serious consideration, in order to help people genuinely make choices and be understood. One person was seen to have a 'Communication Passport' which stated: *"to help you to know things about me and help you to get to*

*know me.*” This included an excellent ‘pen picture’ and included pictures with photographs of real/recognisable people, places and actions.

Information for another person described gestures and body language, what they usually meant, the likely reasons for them and how staff should respond.

Further guidance in respect of communication was seen to state: [name] has enough English language to meet their needs but will also repeat phrases from television or videos. [name] doesn’t use sign language but it can sometimes help their understanding if it is used when talking to them and [name] is aware of facial expressions – i.e. happy, sad or angry.

Meanwhile, there was ample evidence seen to confirm involvement with and access to external healthcare professionals such as Doctors, Psychiatrists, Physiotherapists, Dieticians, Speech & Language Therapists, Nurses, Chiropodists, Dentists and Opticians.

The home’s policies and procedures with regard to handling and administering medication were seen to be appropriate and observations showed that Medication Administration Records (MAR) had been completed with no errors or omissions noted. Medicines looked at were stored appropriately and those checked were all accounted for.

However, it was noted that there is potential for mistakes to be made due to the fact that there are no photographs identifying individual’s to their names, the MAR sheets are not clearly divided between one resident and another and any medication missing from the Monitored Dosage Systems (MDS) is not clearly recorded and auditable. Two requirements and one recommendation have been made in this respect.

## Concerns, Complaints and Protection

**The intended outcomes for Standards 22 – 23 are:**

- 22.** Service users feel their views are listened to and acted on.
- 23.** Service users are protected from abuse, neglect and self-harm.

**The Commission considers Standards 22, and 23 the key standards to be inspected.**

This is what people staying in this care home experience:

**JUDGEMENT – we looked at outcomes for the following standard(s):**

Standards 22 & 23. People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Service users feel their views are listened to and acted on and they are protected from abuse, neglect and self harm.

### **EVIDENCE:**

As described in an earlier section, information contained in the care plans described various communication methods and examples were seen of how different people express their feelings and how they are supported, listened to and understood if they are unhappy. Information about how to complain was also seen to be available and provided in various formats, such as pictorial.

Also, as described previously, separate assessments were seen to have been completed to cover areas where 'Restriction of Liberty' or 'Infringement of Rights' was a potential issue. All the assessments seen gave clear guidelines and protocols for staff to follow and, in many of the cases seen, there was evidence of support, input and guidance from external professionals such as doctor, psychiatrist, social worker and dietician.

The staff and management team at Whitstone House have kept the Commission notified appropriately, since the last inspection, of any adverse events, concerns or allegations and the records and information seen during

the inspection confirmed that appropriate investigations, actions and referrals have been taken as necessary.

A number of instances were noted where staff have been suspended and full investigations carried out, following allegations by service users and some instances were recorded where staff members have spoken out on behalf of service users and reported their colleagues.

It was evident from the records maintained that, regardless of potential 'inconvenience' to the staff and management team, any issues or allegations are treated seriously and full and appropriate procedures followed, which have included the involvement of external professionals such as the Adult Protection Team and Social Services, when necessary. All events, investigations, referrals and outcomes were seen to be very well documented.

It was also noted that, in some instances, new risk assessments and procedures have been implemented to help safeguard staff from possible repeated or unfounded allegations – i.e. male staff not to work alone with certain female service users.

Meanwhile, it was confirmed through the records seen and discussions held that staff are well trained in areas such as safeguarding vulnerable adults, intensive interaction, restrictions of liberty and whistle blowing.

Whitstone House (Autism Anglia) was seen to have a clear complaints policy and, again, it was evident through the records seen that service users are genuinely supported to make their concerns or complaints known and have them dealt with accordingly.

## Environment

### The intended outcomes for Standards 24 – 30 are:

24. Service users live in a homely, comfortable and safe environment.
25. Service users' bedrooms suit their needs and lifestyles.
26. Service users' bedrooms promote their independence.
27. Service users' toilets and bathrooms provide sufficient privacy and meet their individual needs.
28. Shared spaces complement and supplement service users' individual rooms.
29. Service users have the specialist equipment they require to maximise their independence.
30. The home is clean and hygienic.

### The Commission considers Standards 24, and 30 the key standards to be inspected.

This is what people staying in this care home experience:

### JUDGEMENT – we looked at outcomes for the following standard(s):

Standards 24 & 30. People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Whitstone House provides a homely, comfortable and safe environment, which is clean and hygienic.

### EVIDENCE:

A partial tour of the premises was carried out during this inspection and all areas seen were found to be clean and hygienic with no unwanted odours.

People have the choice of different communal areas to go to if they want, such as lounge, conservatory or dining room and each of these rooms was in good order, comfortable and had a very homely feel.

No obvious safety hazards were noted during the inspection.

## Staffing

### **The intended outcomes for Standards 31 – 36 are:**

- 31.** Service users benefit from clarity of staff roles and responsibilities.
- 32.** Service users are supported by competent and qualified staff.
- 33.** Service users are supported by an effective staff team.
- 34.** Service users are supported and protected by the home's recruitment policy and practices.
- 35.** Service users' individual and joint needs are met by appropriately trained staff.
- 36.** Service users benefit from well supported and supervised staff.

### **The Commission considers Standards 32, 34 and 35 the key standards to be inspected.**

This is what people staying in this care home experience:

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

Standards 31, 32, 33, 34, 35 & 36. People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Whitstone House has robust recruitment policies and procedures, staff are competent, appropriately qualified and receive regular support and supervision.

### **EVIDENCE:**

Discussions and observations during the inspection, together with information seen in the staff files, helped to confirm that staff are very clear about their roles and responsibilities within the home and they appear to have a good mix of skills and experience between them.

For example, in one care plan it was clearly stated that: 'Whoever supports [name] with self care must also support them to bed at night.' The rotas were seen for the four weeks prior to this inspection and these showed appropriate numbers and mixes of male and female staff.

Full personnel files and records are maintained at Autism Anglia's head office until after a new employee's six month probation period has been completed and a permanent contract given. However, each new employee has their own induction folder, which includes essential information and certain policies such as abuse awareness, whistle blowing, use of mobile phones and not having personal visitors on the premises without prior permission from a senior or manager.

The contents of established staff files were seen to include the following:

- (1) Application Form and Interview Grids
- (2) References
- (3) POVA 1<sup>st</sup> and CRB, Proof of Identification and Health Questionnaire
- (4) Offer Letter, Job Description, Terms and Conditions, Disciplinary and Grievances
- (5) Payroll Information
- (6) Relevant Qualifications Obtained – i.e. NVQ, Nursing etc.
- (7) Appraisals and Supervision
- (8) General Correspondence

The staff files that were looked at for established members of staff were found to contain appropriate references, disclosures from the Criminal Records Bureau (CRB) and copies of contracts/job descriptions.

Training records were looked at and confirmed that staff are provided with good and regular training and updates including first aid, moving & handling, health & safety, medication administration, fire safety, intensive interaction, managing challenging behaviour and adult protection. Further information and reading material was also seen to be available regarding autism, such as Speech and Language Therapy for Adult Services in Autism Anglia.

Records were also seen in the staff files, which confirmed that staff receive regular one-to-one support and supervision from their line managers.

# Conduct and Management of the Home

**The intended outcomes for Standards 37 – 43 are:**

- 37.** Service users benefit from a well run home.
- 38.** Service users benefit from the ethos, leadership and management approach of the home.
- 39.** Service users are confident their views underpin all self-monitoring, review and development by the home.
- 40.** Service users' rights and best interests are safeguarded by the home's policies and procedures.
- 41.** Service users' rights and best interests are safeguarded by the home's record keeping policies and procedures.
- 42.** The health, safety and welfare of service users are promoted and protected.
- 43.** Service users benefit from competent and accountable management of the service.

**The Commission considers Standards 37, 39, and 42 the key standards to be inspected.**

This is what people staying in this care home experience:

**JUDGEMENT – we looked at outcomes for the following standard(s):**

Standards 37, 39 & 42. People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Whitstone House is a well run home, the views of service users are an important part of the Quality Assurance process and the health, safety and welfare of the people living at the Home is promoted and protected.

## **EVIDENCE:**

The manager has worked at Whitstone House for a number of years and has recently completed her NVQ level 4 in Health and Social Care.

Despite the recent organisational changes, a good management & senior support structure appears to have remained within the home and a good number of staff are NVQ trained.

The formal 'in-house' quality assurance process has continued since the last inspection, to ensure the service continues to meet the needs of the service users and that their views are taken into consideration.

The policies and procedures that were looked at were found to be up to date and in good order. They are also regularly reviewed and updated to ensure the service users' best interests continue to be assured.

Health and safety is promoted within the home and records looked at confirmed that fire alarm and safety tests are carried out on a regular basis. Cleaning materials/hazardous chemicals were seen to be stored appropriately in a locked cupboard.

Meanwhile, a full fire evacuation was carried out during the inspection and this procedure was seen to run very smoothly, with reassurance provided to those service users who appeared unsettled or anxious. Picture/photo boards were seen to show the staff and service users that were on the premises and everyone was safely accounted for.

# SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Adults 18-65 have been met and uses the following scale. The scale ranges from:

**4** Standard Exceeded (Commendable)      **3** Standard Met (No Shortfalls)  
**2** Standard Almost Met (Minor Shortfalls)      **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

<b>CHOICE OF HOME</b>	
<b>Standard No</b>	<b>Score</b>
<b>1</b>	3
<b>2</b>	3
<b>3</b>	X
<b>4</b>	X
<b>5</b>	X

<b>INDIVIDUAL NEEDS AND CHOICES</b>	
<b>Standard No</b>	<b>Score</b>
<b>6</b>	3
<b>7</b>	3
<b>8</b>	X
<b>9</b>	3
<b>10</b>	3

<b>LIFESTYLES</b>	
<b>Standard No</b>	<b>Score</b>
<b>11</b>	3
<b>12</b>	3
<b>13</b>	3
<b>14</b>	3
<b>15</b>	3
<b>16</b>	4
<b>17</b>	3

<b>PERSONAL AND HEALTHCARE SUPPORT</b>	
<b>Standard No</b>	<b>Score</b>
<b>18</b>	4
<b>19</b>	3
<b>20</b>	2
<b>21</b>	X

<b>CONCERNS AND COMPLAINTS</b>	
<b>Standard No</b>	<b>Score</b>
<b>22</b>	3
<b>23</b>	3

<b>ENVIRONMENT</b>	
<b>Standard No</b>	<b>Score</b>
<b>24</b>	3
<b>25</b>	X
<b>26</b>	X
<b>27</b>	X
<b>28</b>	X
<b>29</b>	X
<b>30</b>	3

<b>STAFFING</b>	
<b>Standard No</b>	<b>Score</b>
<b>31</b>	3
<b>32</b>	3
<b>33</b>	3
<b>34</b>	3
<b>35</b>	3
<b>36</b>	3

<b>CONDUCT AND MANAGEMENT OF THE HOME</b>	
<b>Standard No</b>	<b>Score</b>
<b>37</b>	3
<b>38</b>	X
<b>39</b>	3
<b>40</b>	X
<b>41</b>	X
<b>42</b>	3
<b>43</b>	X

Are there any outstanding requirements from the last inspection? No

### STATUTORY REQUIREMENTS

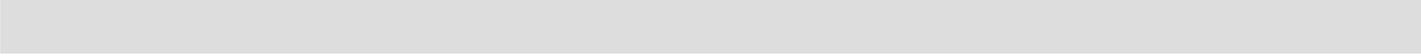
This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1.	YA20	13	A photograph identifying individual's to their names, must be placed with the relevant MAR sheets in the medication folder.	30/11/09
2.	YA20	13	Any medication missing from the Monitored Dosage Systems (MDS) must be clearly recorded and auditable.	30/11/09

### RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	YA20	The MAR sheets in the medication folder should be clearly divided between one resident and another.



## **Care Quality Commission**

Care Quality Commission

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