Autism Anglia

Whitstone House

Inspection report

Whitstone House
49 Norwich Road
Dereham
Norfolk
NR20 3AS

Tel: 01362698762
Website: www.autism-anglia.org.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an announced inspection that took place on 26 September 2016.

Whitstone House is registered to provide accommodation with personal care for adults with learning disabilities or autistic spectrum disorder. The home can accommodate up to ten people. The home has a communal lounge, conservatory and dining room. People each have their own bedroom and bathroom. At the time of our visit eight people were living at the home.

The provider has another home, Walnut House, which is also situated on the same site as Whitstone House and is managed by the same manager. The two homes have some staff who work across both homes and some of the provider's records also relate to both locations. The two homes share communal gardens, swimming pool and garden rooms.

The homes registered manager had recently left, and the newly appointed manager was in the process of registering to become the registered manager. 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.

Staff told us they worked as part of a team, and that the manager and deputy manager were supportive, encouraging and led by example. There was a strong caring culture in the care and support team.

Staff received the training they needed to deliver a high standard of care. Specialist professionals employed by the provider, such as a speech and language therapist, worked closely with and supported staff to deliver high quality care. People received individualised care in relation to their needs.

There were effective systems in place to manage risks, safeguarding and medicines, and this helped to keep people safe. Where people displayed behaviour that some people may view as challenging there was training and guidance given to staff. This helped them to manage situations in a consistent and positive way, and protected people's dignity and rights. The manager and staff ensured that people's consent was obtained where they had the capacity to do so before providing support. There was a process in place to ensure that where people did not have the capacity to make decisions themselves, then this was done in their best interests on their behalf. People were able to contribute to the planning of their care.

People received care and support that was responsive to their needs. Care plans provided detailed information about people so staff knew exactly how they wished to be supported. People were at the forefront of the service provision and encouraged to develop and maintain their independence. People participated in a wide and varied range of activities. Regular outings were organised and people were encouraged to pursue their interests and hobbies.

The staff recruited had the right values and skills to work with people who lived at the home. Staffing levels remained at the levels required to make sure every person's needs were met and helped to keep people safe. The manager planned staffing resources flexibly and responsively so that people were able to enjoy a varied but well-structured day.

Systems were in place which continuously assessed and monitored the quality of the service provided at the home, including obtaining feedback from people and their relatives. Systems for recording and managing complaints, safeguarding concerns, incidents and accidents were managed well. The management took steps to learn from such events and put measures in place. This meant that lessons were learnt and similar incidents were less likely to happen again.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from harm. Staff knew what action to take if they suspected abuse.

Risks to people had been identified and assessed and there was guidance for staff on how to keep people safe.

There were sufficient numbers of staff to meet people's needs safely. The home followed safe recruitment practices when employing new staff.

Is the service effective?

Good

The service was effective.

Consent to care and treatment was sought in line with the Mental Capacity Act 2005 legislation and staff understood the requirements of this.

Meals were designed to ensure people received nutritious food, which promoted good health and reflected their specific needs and preferences.

People were supported to have access to appropriate healthcare services, staff were creative in finding solutions to help people who found this to cause them anxiety.

Is the service caring?

Good

The service was caring.

Staff were respectful of people's privacy and dignity.

People were supported to express their views and were actively involved, as much as they were able, in making decisions about all aspects of their care.

Is the service responsive?

Good

The service was responsive.

Care plans provided detailed and comprehensive information to staff about people's care needs, their likes, dislikes and preferences.

There was a range of activities that people engaged in. People were encouraged to pursue their own hobbies and interests.

People's concerns and complaints were investigated and responded to promptly.

Is the service well-led?

Good

The service was well led.

People and their relatives were positive about the way the home was managed.

There was a range of robust audit systems in place to measure the quality and care delivered.

Whitstone House

Detailed findings

Background to this inspection

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

This inspection took place on 26 September 2016 and was announced. The provider was given 24 hours' notice before we visited the home. This was because we wanted to make sure that the people who lived there would be available to speak with us during the inspection. The inspection was carried out by one inspector.

Before the inspection, we reviewed the information we held about the home. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

On the day we visited the home, we spoke with two members of staff, the home's manager, deputy manager and the provider's speech and language therapist. We also spoke with relatives of three people living at the home as well as the local authority quality monitoring team. We looked at records relating to three peoples care, which included risk assessments, guidance from health professionals and capacity assessments. We also looked at quality assurance audits that were completed by the manager and the provider.

Good

Is the service safe?

Our findings

Relatives of people living at Whitstone house told us that they felt their relative was safe. One relative told us, "It's a good home, they are safe there." Another relative we spoke with told us, "My [relative] is very safe; we are delighted with the home." We saw in the homes compliments file a comment from relative that stated, "I have felt that I can relax and not have to worry about my [relative] as they are getting safe residential care."

Staff were able to tell us how they kept people protected from avoidable harm and abuse. They told us that they had received training on how to keep people safe and felt confident in recognising different types of abuse. The staff and manager were clear that if they had concerns about people's safety, then this would be reported in line with the home's own procedures. We saw that referrals to the local safeguarding team had been made when required.

We saw that risks associated with people's safety were managed well by the staff team. Care records included risk assessments and detailed risk management plans to keep people safe. We saw that these covered activities such as going to the local pub, swimming or visits to the hairdresser. Staff we spoke with were clear that the management of risks should include positive risk-taking so that people's independence would be encouraged. Staff were able to describe to us how their detailed knowledge of people helped them to keep them safe and reduce everyday risks. Potential risks to people identified by the home were shared with other providers of services that people used.

Some people at the home displayed behaviour that some people may find challenging. In these instances staff told us that they knew how to support people. People had support plans which identified risks as well as the support needed to manage these instances in fine detail. This meant staff were equipped with the information required to aid them when supporting people in the least restrictive way. We saw that for one person, their care had been planned so that important activities in their day were not interrupted. Fixed events in their day were highlighted so that staff knew when the person was happy to be approached and offered support. This reduced the risk that the person would become distressed.

Assessment and management of risks were regularly reviewed by the manager. Learning from any incidents was used to reduce further occurrences. We found that peoples risk's to themselves and others were managed effectively.

There were arrangements in place to deal with emergencies such as fire. People had detailed plans in place which identified the support they needed, if they were required to evacuate the building. Staff we spoke with knew what to do in the event of a fire.

There were systems in place to monitor the safety of the environment and equipment used within the home thereby minimising risks to people. We saw certified evidence that showed equipment was routinely serviced and maintenance checks were carried out. The premises were well maintained, and people were able to move around the home and gardens safely and independently.

There were safe staff recruitment practices in place and the manager explained the provider's recruitment process to us. Potential staff were subject to checks including a disclosure and barring service criminal records (DBS) check, and two verified references. This was to ensure that people were supported by staff that were deemed as being suitable by the provider for their role. Staff we spoke with confirmed that they had undertaken this process when they applied to work at the home.

We observed that the staffing levels were sufficient on the day of our inspection to assist people promptly when they needed support. We looked at rotas from the preceding month and found staffing levels to be consistent and safe. Staff we spoke to felt that there was enough staff to keep people safe. Levels of staffing varied throughout the day; however there was a core staff team available at all times to people should they need them. People also received periods of 1:1 support so that they could participate in individual activities, at home and in the community. The staff rota that we viewed confirmed this. The home did not use any agency staff to cover vacancies, and relied upon a bank of their own staff or managers to cover shifts if required.

We saw that medicines were managed, stored and administered safely. Medicines records we looked at showed that medicines had been given to people when they needed them and at the right time of day. All of the people living at the home had chosen to have their medicines managed on their behalf by staff. People had very clear protocols developed so that they could be supported to take their medicines safely, including preferences for how they taken. Protocols were in place for when people required PRN, (as and when) medicines.

Staff we spoke with told us that they undertook training in the safe administration of medicines, and regularly had their competency tested. The manager told us that they worked closely with the supplying pharmacist for advice, and that the pharmacist had undertaken regular audits. We saw positive feedback from the pharmacist in the most recent audit. Each person had a daily checklist and audit to ensure that medicines had been administered and their stock balance remained correct. The manager had also implemented a section in the daily staff handover to discuss any matters relating to medicines. This ensured that any changes to a person's medicines were communicated to staff at the earliest opportunity.

Good

Is the service effective?

Our findings

Relatives we spoke with told us that they felt staff were well trained and had the right skills to support people. One relative told us, "Staff are very good, they are well trained, I can't fault them."

Staff we spoke with told us they received an induction into the role before working with people. The manager told us about the induction process for staff. This included time spent learning about the needs of each person living in the home in detail. The manager emphasised how crucial it was that staff were competent and confident enough to support people's high support needs.

All of the staff we spoke with told us they felt they had received enough training to provide people with effective care. One staff member we spoke to told us, "I've had plenty of training, it's always on-going." Staff had completed training in a number of different subjects such as safeguarding adults, medicine management, nutrition and hydration and supporting people whose behaviour may challenge. Each member of staff had in place a learning and training agreement. This agreement outlined the training they could expect to receive, as well as the commitment expected from them. This meant that staff received enough training and knew what was expected of them, so that could support people effectively.

We observed the staff providing people with safe care and demonstrating good care practice throughout the inspection visit. Staff told us that their competency to do their role was regularly assessed and included feedback to enable them to improve their practice. The staff we spoke with talked to us about the support and supervision they received. Regular supervision is an important method of ensuring that staff are effective in their role. They said that they felt well supported working at the home, and that they could seek advice from the deputy manager and manager. One staff member told us, "The support from [manager and deputy manager] is great, I can come and speak to them whenever I need." We concluded that staff had received enough training and supervision to enable them to provide people with effective care.

The manager and staff demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the DoLS. We checked whether the provider was working within the principals of the MCA.

Throughout the inspection visit, we saw staff asking people for their consent before providing support to them. We saw in people's records that when it had been considered necessary mental capacity assessments had been completed and best interests decisions made. These had involved the appropriate individuals such as a person's relative or their GP. Records we looked at showed that where people had varying or fluctuating capacity, due to illness or part of their condition, then this was also identified. We saw that in

these circumstances, a person's capacity was regularly reviewed and the process restarted. Staff we spoke to had a good understanding of the MCA and how its principles should be applied.

We saw that, where people required the protection of a DoLS, an application had been made to the local authority. Records confirmed that these applications had been made on an individual basis depending on the person's needs.

We looked at how people were supported with eating and drinking, and how a balanced diet was maintained. People living at the home were supported and encouraged to be as independent as possible. The home employed a cook who prepared the majority of meals; however people were able to be involved in the process. People were encouraged to take responsibility for certain roles, such as clearing away dishes, or making cups of tea for themselves and other people living in the home. Relatives we spoke to told us that the food was of good quality, and that their relative always received enough to eat and drink. We saw that guidance and information was available for people to access on healthy lifestyles. Staff were able to tell us about peoples individual needs for eating and drinking, such as where people needed encouragement to eat. The evening meal we observed was a social occasion, with people choosing to sit and eat together along with staff. We were satisfied that people living at the home received enough to eat and drink and maintained a balanced diet.

People told us that they had access to healthcare professionals and were supported to maintain good health. Each person living in the home had an annual health check with their GP. The manager told us that they worked closely with people's hospital consultants who contributed to people's positive behaviour support plans. Regular multi-disciplinary meetings took place to review people's health, including their mental health.

We saw that for one person, the manager and staff had worked closely with the local hospitals learning disability nurse, to plan for and support somebody who needed a medical procedure. We saw that the plan identified that a step-by-step process using pictures should be put together for the person. The person felt that these pictures would support their confidence. The manager worked with the hospital so that staff could remain with the person during the procedure so that they would feel reassured. The manager told us that their belief was that, "Everyone has the right to the same treatment, and having an autistic spectrum disorder should not be a barrier to safe treatment."

The manager told us that they had recently supported a person living at the home who needed to have extensive dental treatment. Although the person had capacity, they did not want to consent to the treatment, as they could not fully understand what was going to take place. The manager purchased a 3D model of a set of teeth, which had individually removable teeth. This meant that they were able to spend time talking to the person, to explain what the dentist needed to do, and give the person an idea of what their teeth would look like after the treatment. Following this discussion and explanation, the person was able to visualise what was to take place, which was very important to them, and consented to the treatment taking place. This meant that they received the treatment they needed whilst reducing the anxieties that they had about it.

Good

Is the service caring?

Our findings

There was a stable core staff team, all of whom had worked at the home for a long time and knew the needs of people they supported particularly well. The continuity of staff had led to people developing good and meaningful relationships with staff. People were supported to maintain important relationships. They were supported to keep in touch with and spend time with their families. People's relatives all told us they had regular contact with their family member.

A relative we spoke to told us, "The staff are caring, very caring, we feel really fortunate that they care for [relative]. I think it's a fantastic place, real care and compassion, they are streets ahead, we rate them highly." We saw that staff knew people well, including their individual communication styles. For example, one relative told us, "Staff are extraordinarily sensitive to people's individual's needs, they are incredibly quick at spotting triggers and de-escalating any distress." Another relative told us, "Staff are really kind, and they are courteous to us and [relative]." We saw that care delivered was of a kind and sensitive nature.

We observed that staff were consistently reassuring and showed kindness towards people when providing support, and in day-to-day conversation. The interaction between staff and the people living in the home was relaxed. It was clear from how people approached the staff, that they were happy and confident in their company. A member of staff we spoke with told us that it was essential to follow peoples personal profiles in their care plans in order to build up a strong relationship. They explained to us that relationships needed to be built up over time and taken very slowly. They gave an example that it took three to four months to become accepted by one person living in the home. They told us that with the advice and support of their colleagues and manager, they were able to do this.

There were high levels of engagement with people throughout our visit. From conversations we heard it was clear staff understood each person's needs, knew how to approach each person and also recognised if they wanted to be on their own. Staff we spoke with described people's preferences in detail, and how they wished to be approached and supported. Staff interacted with people positively and used their preferred names. We concluded from this and observations that staff understood each person's needs and used this information to form meaningful relationships.

The manager told us that people had a key worker to ensure they were involved in decisions about their own care and support. A keyworker is a member of staff who takes a lead role in working with a person to understand their preferences, changes in health and in communicating with relatives and health professionals. We could see from records of these meetings that people were able to express views and make decisions about how their care and support was provided. They could also use this meeting to express any concerns that they had. Relatives told us that they felt they were fully involved in their family members care where appropriate. They told us that they felt consulted and able to contribute.

We found that people's independence was encouraged and promoted. People divided up roles amongst themselves in making a meal and tidying up afterwards. We saw that time was allocated in keyworker meetings to support people to plan a budget with their finances. This meant that people were able to take

more control of organising their own lives.

Staff that we spoke with emphasised how important it was to maintain privacy and dignity for people living at the home. They told us how this was important for people, and that respecting this helped to build a trusting relationship. We observed that staff treated people with dignity and respect.

The manager told us that it was important to help maintain people's dignity in difficult times, and ensure that they were treated with respect. For example, when a person living in the home had suffered bereavement. The manager and staff worked with the provider's speech and language therapist to support them through this time. The speech and language therapist spent time directly with the person, as a communication specialist. They were able to convey messages and stories from the person so that they could be used within the funeral. The speech and language therapist then worked with staff around specific communication techniques so that staff could have conversations with the person and support them throughout the grieving process.

Good

Is the service responsive?

Our findings

The relatives we spoke with told us the staff were very responsive to each person's needs. We saw that activities were designed for each person and that staff actively encouraged and supported them to be involved. People went out into the community on a regular basis. We saw that people had good levels of staff support in the community and there were staff available to facilitate their individual, chosen activities.

People's relatives were pleased with the level of engagement and activities people were provided with. They told us that hobbies and interest were supported. One relative told us, "[Relative] gets a huge amount of stimulation, they go to the pub, library, horse riding, we couldn't be happier." We viewed people's activity planners, which had pictures to assist the person to understand them and communicate their decisions. People were encouraged to be involved in housekeeping tasks to keep their house nice, as this helped to promote people's independence.

The manager told us that staffing numbers were configured to allow people to participate in activities in the community, and records confirmed this. We saw evidence that staff supported people to participate in activities of their choice, this included holidays and extended trips. The flexibility in staffing levels meant the activities could be individualised and meet each person's preferences. On the day of our inspection, we saw that one person was about to go on holiday, supported by staff. The person was visibly excited about this, telling staff that they were about to go on holiday. We saw that people often accessed community-based activities, such as a local nightclub, a karaoke night at the pub and watching the local football league team. We saw for one person they wanted to attend an international sporting event in London, and this was arranged and facilitated by the staff team.

The manager told us that they regularly reviewed peoples staffing needs and routines so that more personalised activities could take place. For example, it had been identified that one person preferred to partake in activities and was more alert during the evening and night-time, so staffing was amended to reflect this.

We saw that care plans were developed detailing the care, treatment and support needed to make sure personalised care was provided to people. The care plan format provided a framework for staff to develop care in a personalised way. They had been reviewed on a regular basis to make sure that they remained accurate and up to date. Where changes were identified, the information had been disseminated to staff, who responded quickly when the person's needs changed, which made sure their individual needs were met.

Each person had a helpful and informative communication profile in their care plan and there was a strong emphasis on supporting people to communicate and make choices. Various tools were used to help with this, including information boards. For example, there were photographs of the staff on a staff rota board to assist people to understand who was supporting them each day. We observed that one person was working with the provider's speech and language therapist, practicing the use of a communication system that was new to them. We spoke to the therapist, who explained that they worked closely with staff when introducing

new skills and techniques for people to work on, so that staff were also able to support at other times.

There was a comprehensive complaints policy available to everyone who received a service, relatives and visitors. The procedure was on display in the home where everyone was able to access it. The manager was able to explain the procedure to make sure any complaints or concerns raised would be acted on to make sure people were listened to. Staff told us they were aware of the complaints procedure and knew how to respond to complaints. The people who lived in the home told us they would tell staff members if they had any complaints or concerns. It was evident from the records we saw that people's relatives knew how to complain if they needed to, and the relatives we spoke with said any concerns they raised were always dealt with appropriately.

Good

Is the service well-led?

Our findings

Relatives we spoke to told us that they felt the manager was approachable. They found the manager willing to listen and felt any problems or concerns they had were addressed and remedied quickly. One relative told us, "They always keep in touch with us; we get an immediate response whenever we call or visit." Another relative told us, "The managers are open; they always get back to you. It's a good home; [relative] enjoys going back after a visit." We were also told by a relative, "We speak regularly with [manager], she is very approachable and makes a point of coming to see you when we visit."

Staff we spoke with told us that they felt well supported by the manager and deputy manager. One staff member told us, "Morale is really good here, there a really good bunch of staff. The culture is open and you feel comfortable talking to the managers with any concerns. I would definitely recommend a relative to live here."

The home had a whistle blowing policy; staff told us that they knew how to whistle blow and that they had received training in the importance of this. They also told us that they felt that if they did raise a concern, then the manager would take this seriously. This showed us that the manager promoted an open culture at the home and staff were confident to raise concerns.

We saw that the manager and staff of the home had close relationships with people living there. People were clearly pleased to see them when they arrived at the home, and wanted to spend time with them. We saw during our inspection visit that the manager and deputy manager were accessible at all times and that they displayed good leadership and direction to the staff. This meant that there was an open culture within the home, which was focussed on treating people as individuals.

The manager had systems in place to assess the quality and safety of the service provided in the home. We found that these were effective at improving the quality of care that people received. There was an established auditing programme to monitor service provision. Care plans and medication audits were completed regularly. We saw that incidents and accidents had been recorded and followed up with appropriate agencies or individuals and, if required, CQC had been notified. Maintenance checks were completed regularly by staff and records kept. There were cleaning schedules to help make sure the premises and equipment were clean and safe to use.

We found there was a clear management and organisational structure within the home. Staff we spoke with told us they felt the manager and deputy listened to them and that they had regular staff meetings to promote communication and discussion. Staff we spoke with told us that they enjoyed working at the home. We were told by staff that they had confidence in the manager to listen to them and take action if they had any concerns. All people we spoke with told us that they would recommend the home to a friend or relative.

The registered provider carried out their own annual internal quality audits including health and safety audits in line with their own policies and procedures. There were also regular visits from representatives for

the provider to undertake checks on different aspects of the home and monitor the standards. We were told that during the monitoring visits the operation's manager spoke with people in the home, staff on duty and any visitors. Staff told us that they were able to attend 'breakfast meetings' with the provider's directors so that they could engage and share views. This meant people and staff were regularly given the opportunity to raise any concerns to a senior person within the organisation.