Review of compliance

Autism Anglia Whitstone House	
Region:	East
Location address:	Whitstone House 49 Norwich Road Dereham Norfolk NR20 3AS
Type of service:	Care home service without nursing
Date of Publication:	August 2012
Overview of the service:	Whitstone House is a residential home providing care and support for up to 11 people who live with a learning disability. Whitstone House is registered to provide 'Accommodation for people who require nursing or personal care'. It is not permitted to provide direct nursing care to people, due to its structure and staffing arrangements.

Summary of our findings
for the essential standards of quality and safety

Our current overall judgement

Whitstone House was not meeting one or more essential standards. Action is needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review because concerns were identified in relation to:

Outcome 02 - Consent to care and treatment
Outcome 04 - Care and welfare of people who use services
Outcome 07 - Safeguarding people who use services from abuse
Outcome 12 - Requirements relating to workers
Outcome 17 - Complaints

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 26 July 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

We spent some time observing the care and support provided to the people living at Whitstone House. We observed that staff were kind, friendly and respectful.

We saw that people were enabled to do what they liked and staff supported them with this. For example, some people wished to go for a walk during the afternoon and staff accompanied them to do this. We also saw that people who wished to go outside in the garden were supported to do so.

Staff spoke with people in a respectful manner. They encouraged people to sit down where they kept wandering and involved them in conversation that was taking place in the home.

What we found about the standards we reviewed and how well Whitstone House was meeting them

Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

The provider was not meeting this standard. We judged that this had a minor impact on the people who used the service. People were not asked to consent to the care or support provided to them.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider was meeting this standard. People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

The provider was meeting this standard. People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Outcome 17: People should have their complaints listened to and acted on properly

The provider was meeting this standard. There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

The provider was not meeting this standard. We judged this had a moderate impact on people who used the service. Accurate records were not in place to ensure people were protected from the risks of unsafe or inappropriate care.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take. We will check to make sure that this action has been taken.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

What we found for each essential standard of quality and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 02:
Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:
* Where they are able, give valid consent to the examination, care, treatment and support they receive.
* Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
* Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

The provider is non-compliant with Outcome 02: Consent to care and treatment. We have judged that this has a minor impact on people who use the service.

Our findings

What people who use the service experienced and told us
Although we gathered evidence of people's experience, we did not, on this occasion, speak with people about this standard.

Other evidence
We reviewed the care plans for three people living at Whitstone House to check that they had been given an opportunity to consent to their care.

In each plan reviewed we found there was no documented information that confirmed this had taken place. We spoke with the registered manager about this and they agreed that no process was in place for ensuring peoples consent was obtained and recorded.

We could also not be provided with evidence that people's mental capacity had been considered as part of the care planning process. It is important that a process is in place for this to be considered so that staff are aware of people's individual needs when consent or other decisions are being sought and, that where a person is found to lack capacity, decisions are made in the persons best interests. We were told by a member of staff that there were only a few people living at the home who had the capacity to consent to a specific request. However, when we queried this with the registered manager, we were told that this information was not accurate and all people living at the home were assumed to have capacity. When we reviewed training records, we found

that only a small number of staff had undertaken training on the Mental Capacity Act. We are therefore not confident that people are always enabled to make their own decisions or that where they may lack the capacity this has been assessed and acted on accordingly.

We did however note that people's care plans were person centred and that people and/or their families had been involved in developing them. We saw that they were signed and incorporated people's choices.

Our judgement
The provider was not meeting this standard. We judged that this had a minor impact on the people who used the service. People were not asked to consent to the care or support provided to them.

Outcome 04:
Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
We spent some time observing the care and support provided to the people living at Whitstone House. We observed that staff were kind, friendly and respectful.

We saw that people were enabled to do what they liked and staff supported them with this. For example some people wished to go for a walk during the afternoon and staff accompanied them to do this. We also saw that people who wished to go outside in the garden were supported to do so.

Staff spoke with people in a respectful manner. They encouraged people to sit down where they kept wandering and involved them in conversation that was taking place in the home.

Other evidence
People's needs were assessed and care was planned and delivered in line with their individual care plan. Care files reviewed showed that there was information about people's current and past medical history. We found that individual assessments had been carried out and these were then used to develop people's individual care plans. We asked staff how they kept up to date with people's changing needs and were told that they regularly reviewed care plans, that senior staff members would communicate changes and a handover meeting took place daily. This demonstrated that care and support was assessed, planned and carried out in accordance with people's individual needs.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. We noted from our review of care plans that individual risk assessments were in place. These assessments took into account risks relating to people's needs such as using the bath, accessing the community and specific medical conditions. We saw that where a person had a particular medical need, there was clear targeted information available to staff. This included details about signs and symptoms and the actions to take should these symptoms present in the person using the service. These assessments and information ensured that staff were aware of how to minimise risks for the people living at Whitstone House

Our judgement
The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

Outcome 07:
Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:
* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
Although we gathered evidence of people's experience, we did not, on this occasion, speak with people about this standard.

Other evidence
We reviewed this standard because, prior to our visit, we had concerns that the provider was not complying with it. However, following our inspection our concerns were not substantiated.

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse from happening. We reviewed staff training records and found that staff received regular training on the protection of vulnerable adults. We also saw that the manager of the home displayed information about reporting and escalation procedures.

The provider responded appropriately to any allegations of abuse. Prior to our inspection, we had been notified by the manager of Whitstone House that on six occasions from March 2012 an incident of abuse had taken place.

During our inspection, we found each incident of abuse had been reported to the local safeguarding team or the police where necessary. We spoke to both the local safeguarding team and the safeguarding police who told us that they had been informed of the incidents. It is the responsibility of the local safeguarding team to lead investigations relating to alleged abuse and put protection plans in place where this is

appropriate.

We found that steps to monitor the behaviour of a person involved in the incidents had been put in place by the provider. This included reviewing the level of staffing that supported this person. This resulted in an increased allocation. We also saw that incidents relating to this persons behaviour were reported and, together with the clinical psychology team, these were regularly analysed and action take where necessary. At the time of our inspection, we found that suitable alternative accommodation was being sought for this person.

Our judgement
The provider was meeting this standard. People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening.

Outcome 12:
Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us
Although we gathered evidence of people's experience, we did not, on this occasion, speak with people about this standard.

Other evidence
Appropriate checks were undertaken before staff began work to ensure that only the right people were employed to work with vulnerable adults. We reviewed six staff files and saw that all staff had identity checks, right to work visas, Criminal Records Bureau (CRB) checks, Protection of Vulnerable Adults (POVA) checks and medical checks in place.

There were effective recruitment and selection process in place. During our review of staff files we saw that an application form was completed by prospective employees followed by a face to face interview prior to their selection for employment. We also found that references were sought from previous employers and prospective staff members were asked to provide details of their relevant qualifications, skills and experience.

Our judgement
The provider was meeting this standard. People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Outcome 17:
Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:
* Are sure that their comments and complaints are listened to and acted on effectively.
* Know that they will not be discriminated against for making a complaint.

What we found

Our judgement

The provider is compliant with Outcome 17: Complaints

Our findings

What people who use the service experienced and told us
Although we gathered evidence of people's experience, we did not, on this occasion, speak with people about this standard.

Other evidence
We asked for and received details of complaints people had made and the provider's response. We reviewed complaint records for the past year and found that complaints had been documented appropriately. We found that responses and actions taken in relation to peoples complaint's had been recorded in the majority of cases. However, the provider may find it useful to note that on one occasion, we saw that the outcomes of a complaint had not been recorded.

People were made aware of the complaints system. We were told that the people living at Whitstone House had been informed about the process to be followed should they wish to make a complaint. The provider may find it useful to note that we could not find evidence that families or other relevant people had been informed of this process. When we queried this with the manager, we were told that this had not taken place but that this would be addressed immediately.

Our judgement
The provider was meeting this standard. There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Outcome 21:
Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:
* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is non-compliant with Outcome 21: Records. We have judged that this has a moderate impact on people who use the service.

Our findings

What people who use the service experienced and told us
Although we gathered evidence of people's experience, we did not, on this occasion, speak with people about this standard.

Other evidence
During our review of care plans we found that a person had not had their plan of care updated following their local authority review. The local authority review had taken place in March 2012 and the care plans in their file were dated February 2012. Without up to date records in place, staff may not have been able to provide the appropriate care or support this person needed.

We asked to review records in place for six safeguarding referrals made. The manager could not provide us with any details about who they spoke with when they made the referrals. There was also no documented information about the outcomes of the referrals.

At the time of our inspection we could only be provided with three of the incident forms which related to the safeguarding referrals made. Following our inspection it took a week for two of the outstanding forms to be forwarded to us and one could not be located at all. We also found that the date on one of the incident forms was incorrect. The incident had been dated as occurring in April 2012 but the manager told us that the incident had in fact occurred in May 2012.

Our judgement
The provider was not meeting this standard. We judged this had a moderate impact on people who used the service. Accurate records were not in place to ensure people were protected from the risks of unsafe or inappropriate care.

Action
we have asked the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 02: Consent to care and treatment
	How the regulation is not being met: People were not asked to consent to the care or support provided to them.	
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	How the regulation is not being met: Accurate records were not in place to ensure people were protected from the risks of unsafe or inappropriate care.	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
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