

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

## Whitstone House

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

Tel: 01362698762

Date of Inspection: 21 November 2012

Date of Publication:  
December 2012

We inspected the following standards to check that action had been taken to meet them. This is what we found:

**Consent to care and treatment**

✓ Met this standard

**Records**

✓ Met this standard

## Details about this location

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

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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We carried out this inspection to check whether Whitstone House had taken action to meet the following essential standards:

- Consent to care and treatment
- Records

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 21 November 2012 and talked with staff.

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### What people told us and what we found

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At our inspection on 26 July 2012 we found concerns in relation to the consent and recording processes in place at Whitstone House.

The purpose of this inspection, carried out on 21 November 2012, was to ensure that improvements had been made. We found that they had.

We found that the manager of the home had put in place processes which would ensure people were able to consent to their care and treatment and that should a person's mental capacity need to be assessed in relation to a specific decision, records were in place to show how specific decisions had been reached.

We also saw records which demonstrated significant improvements in the way in which safeguarding referrals are recorded and monitored by the service.

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

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### More information about the provider

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

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

## Our judgements for each standard inspected

### Consent to care and treatment

✓ Met this standard

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

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### Our judgement

The provider was meeting this standard.

People were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

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### Reasons for our judgement

At our inspection on 26 July 2012 we found concerns in relation to the consent processes in place at Whitstone House. In each care plan reviewed we found there was no documented information that confirmed consent had been obtained.

We could also not be provided with evidence that people's mental capacity had been considered as part of the on-going care planning process.

On 24 August 2012 we received an improvement plan from the manager of Whitstone House which addressed all of the concerns raised by us following our inspection in July 2012. This listed the actions to be taken by the service to ensure improvements were made.

The purpose of this inspection, carried out on 21 November 2012, was to ensure that the necessary improvements had been made. We found that they had.

The manager was able to demonstrate to us plans in place which would ensure that all people living at the home were happy and consented to the care and support being provided to them. We were told that this would be in the form of an individual meeting and the completion of a questionnaire tailored to each individual and their communication needs. Although at the time of our inspection these plans had not been implemented we were told that this was because planning was taking place to introduce this individual feedback system throughout the provider's other services.

We also saw that improvements had been made to ensure people's mental capacity was assessed where this was necessary. We saw that Whitstone House ensured it would be able to meet people's needs by considering if people had the capacity to make specific decisions about their care or support. We reviewed two care plans and saw that there was now a "MCA (Mental Capacity Act) Decisions" log so that should a person's capacity need to be assessed, the outcomes or decision making processes could be documented appropriately.

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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## **Our judgement**

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The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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## **Reasons for our judgement**

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At our inspection on 26 July 2012 we found concerns in relation to the recording processes in place at Whitstone House. When we asked to review records in place for six safeguarding referrals made we could not be provided with any details about which referrals had been made or their outcomes.

We were also only provided with three of the incident forms which related to the six 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.

On 24 August 2012 we received an improvement plan from the manager of Whitstone House which addressed all of the concerns raised by us following our inspection in July 2012. This listed the actions to be taken by the service to ensure improvements were made.

The purpose of this inspection, carried out on 21 November 2012, was to ensure that the necessary improvements had been made. We found that they had.

The manager provided us with a dedicated safeguarding folder and we were able to see that a log of all referrals made was in place. Details included who at the local safeguarding unit was dealing with the referrals and their contact details. An outcomes box was not present when we reviewed this log however; the manager rectified this on the day of our inspection. We saw that copies of the incident forms which prompted the safeguarding referrals were appropriately filed in this folder so that any information could be accessed promptly.

## About CQC inspections

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

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

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

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

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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

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

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

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

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

## How we define our judgements

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

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

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

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

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

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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

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

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

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

## Glossary of terms we use in this report

### Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

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

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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