

***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

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Date of Inspection: 03 July 2013

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Meeting nutritional needs</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

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

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## Summary of this inspection

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### Why we carried out this inspection

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

This was an unannounced inspection.

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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 3 July 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

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### What people told us and what we found

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People spoken with told us that they were happy in the service and that they were involved in their care. For example one person told us, "The staff always have time for me." This and the other evidence seen showed us that this service respected people's privacy, dignity and independence.

The individual care records reviewed demonstrated that people's care and therapeutic needs were recorded in detail and that they were being met in line with their assessed need. This meant that people experienced care, treatment and support that met their needs and protected their rights.

We saw that people were enjoying their lunch and could choose what they would like to eat and drink. This and the other evidence assessed demonstrated to us that people were protected from the risks of inadequate nutrition and dehydration.

Staff reported that they felt well supported by senior managers and by the provider and that there were good opportunities for training and career development. This showed us that people were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

The service was being audited monthly by the regional service manager with the assistance of the registered manager. We noted that any actions arising had been addressed. This demonstrated to us that the provider had an effective system to regularly assess and monitor the quality of service that people receive.

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

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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People spoken with told us that they were happy in the service and that they were involved in their care. For example one person told us, "I like the staff and they help me a lot." Someone else said, "The staff always have time for me."

We saw that staff respected and involved people who were receiving care and accommodation in this service. For example by addressing people by their preferred name and supporting people to be as independent as possible. Each room visited showed signs of individual choice and personal touches such as photos, prized possessions and personal furniture.

Staff were seen to be respecting the privacy and dignity of the people who were using this service. For example by knocking on bedroom doors before entering and allowing people time to respond to any verbal or non-verbal cues.

We saw that people felt comfortable when approaching staff for re-assurance and support. We examined the care records of three people receiving support and care in this service, these showed us that where possible people and their families were supported to be involved in the care that they received. We saw that care plans had been signed by the person wherever possible. Evidence was seen of discussions with people regarding their likes and dislikes.

We saw records of meetings with people and these were held every three months and the items discussed included menus, service developments and activity provision. The records seen showed us that these were well attended and that people were encouraged to participate as far as possible. Records were seen that showed us that families were encouraged to be involved in the care being provided to their relative.

Notice boards for people and their visitors were seen around the service. These included useful information for people and also acted as a reminder for people regarding their planned activities and therapeutic tasks.

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

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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We spoke with three people who were living in this service. They told us that they were satisfied with the care and attention shown by staff and confirmed that if they needed anything, staff would respond promptly. People told us that they kept themselves busy and were supported by staff to participate in a variety of activities. For example one person told us that, "I am going to the seaside this afternoon, and tomorrow I am going into town to do some shopping."

We reviewed three care records in detail and noted that each person had an individual care record including assessments of individual need and clear guidelines for staff to follow, in order to ensure that people's health and personal care needs were met. These included a life history and a record of each individual's needs and preferences. This showed us that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

The provider may find it useful to note that we identified some gaps in the care records of one individual. This had also been identified by an internal care plan audit and was being addressed by senior staff.

We saw that assessments were in place with regard to individuals' needs, such as risks associated with behaviours that could challenge, therapeutic activities, communication needs and promoting independence. Records were seen that confirmed that people were fully assessed prior to admission to the service.

The individual care records reviewed demonstrated that people's care and therapeutic needs were recorded in detail and that they were being met in line with their assessed need. We noted that these provided guidance for staff about how to communicate with the individual and how to meet their specific needs. Risk assessments and care plans were reviewed by each person's key worker and care given to people was evaluated daily and more frequently if necessary by staff. We saw that people met with their key worker for formal reviews.

There were plans in place to deal with foreseeable emergencies. During our review of care

plans we also saw that each person had in place a 'hospital passport' document. This document contained details about each person, including their medical needs and their preferences. This meant that should a hospital admission be required the relevant information was readily available.

Each person was noted to have an individual activity and therapeutic programme. Examples of activities undertaken included attendance at local day centres, shopping trips and accompanied outings. We saw that people were actively engaged with a range of different activities during our inspection. The service had a multi passenger vehicle to facilitate this.

The gardens were well kept and secure and people also had access to a separate allotment in Dereham. The service had a communal in-door swimming pool and staff confirmed that swimming sessions were supported by a trained life guard. One person also had an enclosed hot tub and we were told that they were happy for other people to use this as well.

Individual care records made reference to the activities involvement of each person. We observed staff supporting people in a positive way. Examples of this included staff interacting with people in a consistent and therapeutic manner. For example, evidence was seen of some people using the TEACCH communication system (a picture based communication aid for people living with autism) and other people used non-verbal cues to make their needs known to staff.

Staff provided care in a safe way. For example, staff assisted people to prepare their lunch and to participate in individual activities. Some people showed us their bedrooms and these were noted to be individualised and included personal touches such as photographs and posters.

Staff were noted to be consistent and calm in their interactions and this helped to reassure the people using this service. Staff explained how they monitored people's care needs and described the steps they would take if they were concerned about someone's physical or mental health. We noted that each person accessed community services such as their general practitioner, optician and dental services as required. Staff were noted to assist people at these appointments as needed.

Additional support was provided by the provider's specialised psychology department and a speech and language therapist. These specialists worked closely with the service and ensured that individual care needs were being met. We saw that people had access to independent advocacy services and that close links were maintained where possible with people's families and friends.

**Food and drink should meet people's individual dietary needs**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

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**Reasons for our judgement**

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Staff told us that the people using this service were involved in a kitchen rota. This ensured that each person had a specific and varied role associated with formal meal times. This included the preparation of meals with the support and encouragement of staff. There was a formal menu system in place and this had been drawn up with the people using the service. We were told that there was also flexibility built in so that people could have alternative choices should they wish. Those care records seen listed individual nutritional likes and dislikes.

We saw that people were enjoying their lunch and could choose what they would like to eat and drink. This showed us that people were supported to be able to eat and drink sufficient amounts to meet their needs. Packed lunches were prepared for those people who were out all day. Staff told us that everyone enjoyed an occasional communal barbecue.

We saw that some people had food diaries where their dietary intake was being recorded. Staff confirmed that they encouraged healthy eating as far as possible and this was supported by those records seen. We also saw evidence that where necessary individuals were weighed and that steps were taken to address any identified concerns. We noted that people were able to access the kitchen at all times during the day and were assisted by staff to do so if required.

The records seen showed us that there were systems and processes in place to manage the risks associated with food preparation. We saw that the kitchen had been awarded a five star 'excellent' food rating by Breckland District Council following an inspection visit by an Environmental Health Officer (EHO) in January 2013.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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We noted that there was a stable staff group at this service. This helped in the development of a consistent and therapeutic approach with individuals using this service. A key and co-worker system was in place and this assisted in developing positive relationships with each person receiving care and support in this service.

We saw that every new member of staff had undergone a programme of induction. We looked at the training records kept by the service and these showed that staff had received their core induction and additional specialist autism awareness training. We saw examples of the recent training undertaken by staff, which included health and safety, medication administration update and autism awareness.

An example was seen of a completed induction programme for a recently recruited staff member. This had been completed appropriately and signed off by the new inductee and their mentor.

Supervision and appraisal systems were in place. Supervision took place every six to eight weeks and included an action plan where relevant. We saw evidence of annual appraisals having been carried out. Staff reported that they felt well supported by senior managers and by the provider. Staff told us that there were good opportunities for training and career development. This showed us that staff received appropriate professional development.

Staff detailed the actions they would take in an emergency and told us how they would contact the on duty manager should further support be needed. They were also able to outline examples of the care and support that they provided for the people who were using this service.

## Assessing and monitoring the quality of service provision

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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Records were seen that demonstrated to us that on-going monitoring and assessment of the quality of the services being provided took place. For example the service was audited monthly by the regional service manager with the assistance of the registered manager. We noted that any actions arising had been addressed.

We saw that a recent care plan audit had taken place and that medication stocks were audited monthly. Environmental risk assessments had taken place and these had been linked to the assessed needs of the people using this service.

The care plans seen showed us that these were regularly monitored and reviewed by staff. We saw evidence of satisfaction questionnaires for service users, and family questionnaires had been used by head office to assess the quality of service provided. We saw that actions had been taken to address any identified concerns.

Staff told us how they supported the people living in this service and how they monitored the care being given. Those care records seen included daily evaluations of the care and support provided and identified the actions taken when concerns were identified by staff.

## About CQC inspections

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

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

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

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

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

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

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

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

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

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

## How we define our judgements

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

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

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

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

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

## How we define our judgements (continued)

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

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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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