

Autism East Midlands Whitegates

Inspection report

Sparken Hill
Worksop
Nottinghamshire
S801AP
01909488821

Date of inspection visit: 25 November 2015
Date of publication: 07/01/2016

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 

Overall summary

We carried out this unannounced inspection on 25 November 2015. Whitegates is run and managed by Autism East Midlands. The service provides care and support for up to 18 people with autism. On the day of our inspection 16 people were using the service. The service is provided across two sites. The larger site can accommodate 12 people and the smaller site can accommodate 5 people with a self-contained flat attached to the house accommodating one person.

The service had a registered manager in place at the time of our inspection. 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 and associated Regulations about how the service is run.

People who used the service were protected from the risk of abuse and staff had a good understanding of their roles and responsibilities if they suspected abuse was happening. The registered manager shared information with the local authority when needed. Action was taken

Summary of findings

following any incidents to try and reduce the risks of incidents happening again. People received their medicines as prescribed and the management of medicines was safe.

Staffing levels were sufficient to support people's needs and people received care and support when required. Staff who were provided with the knowledge and skills to care for people effectively and felt supported by the management team

People were encouraged to make independent decisions and staff were aware of legislation to protect people who lacked capacity when decisions were made in their best interests. Staff were aware of the principles within the Mental Capacity Act 2005 (MCA) and had not deprived people of their liberty without applying for the required authorisation.

People were protected from the risks of inadequate nutrition. Specialist diets were provided if needed. Referrals were made to health care professionals when needed. People who used the service, or their representatives, were encouraged to contribute to the planning of their care.

People were treated in a caring and respectful manner and staff delivered support in a relaxed and considerate manner. Positive caring relationships had developed between staff and the people who lived at the home and number of different communication techniques were used to assist people to make their needs known. People who used the service, or their representatives, were encouraged to be involved in decisions and systems were in place to monitor the quality of service provision. People also felt they could report any concerns to the management team and felt they would be taken seriously.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Good



People were safe as the provider had systems in place to recognise and respond to allegations of abuse.

People received their medicines as prescribed and medicines were managed safely.

There were enough staff to meet people's needs and to enable them to enable to respond to people's needs in a timely manner.

Is the service effective?

The service was effective.

Good



People were supported by staff who had received training and supervision to ensure that they could perform their roles and responsibilities effectively.

People were supported to make independent decisions and procedures were in place to protect people who lacked capacity to make decisions.

People were supported to maintain a nutritionally balanced dietary and fluid intake and their health was effectively monitored.

Is the service caring?

The service was caring.

Good



People's choices, likes and dislikes were respected and people were treated in a kind and caring manner.

People's privacy and dignity was supported and staff were aware of the importance of promoting people's independence.

Is the service responsive?

People were supported to make complaints and concerns to the management team.

Good



People residing at the home, or those acting on their behalf, were involved in the planning of their care when able and staff had the necessary information to promote people's well-being.

People were supported to pursue a varied range of social activities within the home and the broader community.

Is the service well-led?

The service was well led.

Good



Summary of findings

People felt the management team were approachable and their opinions were taken into consideration. Staff felt they received a good level of support and could contribute to the running of the service.

There were systems in place to monitor the quality of the service.

Whitegates

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 unannounced inspection took place on 25 November 2015. The inspection team consisted of two inspectors.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A

notification is information about important events and the provider is required to send us this by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the inspection we spoke with three people who lived at the home. As the verbal communication skills of the majority of people living at the home were limited we used observations of their behaviour to help us form our opinions of their wellbeing. We conducted four telephone interviews with relatives of the people who lived at the home. We spoke with five members of staff and the registered manager.

We looked at the care records of three people who used the service and two staff files, as well as a range of records relating to the running of the service, which included audits carried out by the registered manager.

Is the service safe?

Our findings

People who lived at the home were safe. One person told us, “I am as safe as houses.” They told us if they were concerned they would speak to their key worker. A relative we spoke with told us, “Oh yes, [name] is safe there.” We observed people interacted with staff confidently. We noted their body language when engaging with staff showed people felt secure and safe.

Staff we spoke with had a good understanding of the different types of abuse people could face and how to recognise and respond to any possible abuse. The staff we spoke with understood what their role was in ensuring the safety of the people who lived in the home. They told us they had received training on protecting people from the risk of abuse. One member of staff told us, “I am here to keep people safe and report any abuse to the correct authority.” They told us they would go to the registered manager and the safeguarding teams if they needed to. Some staff we spoke with told us they had not witnessed any incidents of abuse although one member of staff we spoke with told us they had in the past raised a concern to the registered manager. They told us the registered manager had dealt with their concerns appropriately, they had reported the issue to the safeguarding teams and us. The staff member told us correct procedures had been followed with a positive outcome for the people who lived at the home.

The registered manager was confident staff would protect people from possible abuse. They felt there had been a shift in staff attitude as a result of focused training on safeguarding and staff were encouraged to voice concerns. The registered manager discussed the safeguarding incidents they had dealt with during the last year. They demonstrated their understanding of their role in safeguarding the people in their care, their responsibility with regard to reporting incidents in the service to the local authority and following through actions to prevent further issues.

Risks to individuals were assessed when they were admitted to the home and reviewed regularly to ensure their safety. There were detailed risk assessments in people’s care plans. These showed what help individuals needed with aspects of their day to day activities such as, behaviour patterns, nutrition or managing their medicines. Where the risk assessments had identified triggers to

patterns of behaviour we saw detailed instructions of how to manage the triggers and deescalate potentially difficult situations. One staff member told us, “We get information about how to keep people safe from their files, but we also know people.”

Individual risk assessments showed when people needed one to one support as a number of people required one to one support at different times of the day dependant on what activities they were undertaking. The emphasis in these risk assessments was on supporting people but also ensuring they retained some independence in their daily life. For example some people enjoyed making their own drinks and staff supported them to be safe when dealing with electrical items and hot water whilst allowing them to do as much for themselves as they could safely do. The risk assessments detailed clearly which parts of particular activities people could safely undertake independently.

We saw there were sufficient staff on duty to meet people’s needs. The registered manager told us they were in the process of recruiting new members of staff because they did not have a sufficient number of staff to fulfil the assessed staffing compliment needed to meet people’s needs. The registered manager told us that although agency staff were used to cover shifts to keep the home safe they wanted a more consistent approach to staffing for the people who lived in the home. One member of staff told us, “We are always short of staff but we try to cover shifts with overtime and sometimes agency staff.”

During the inspection we saw the needs of people were met by the numbers of staff on duty. We saw that extra staff had been brought on duty to support a person who lived at the home to go to a hospital appointment and there were sufficient numbers of staff to escort people into the community for their daily activities.

People could be assured they were cared for by people who had undergone the necessary pre-employment checks. We examined two staff files and saw the provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

People had their medicines administered by staff who had been appropriately trained in the safe handling of

Is the service safe?

medicines. We observed a member of staff giving a person their medicine and saw the staff member followed both safe practices and the advice in the person's care plan on how best to support the person when giving them their medicines. We saw there were some medicines given to people on an as required basis. We saw records showing

this had been undertaken correctly. We saw medicines were stored correctly and records relating to administration and ordering were up to date. Senior care staff audited people's medicines records. The registered manager undertook regular medicines audits and we saw up to date records of these audits.

Is the service effective?

Our findings

We saw that people were cared for by staff who received regular training to support them in their work. One person told us, “They know what they are doing.” Relatives we spoke with felt staff were competent in their roles. One relative said, “Yes they know how to respond to all situations.”

Staff we spoke with told us they were given training relevant to their roles with a number of staff undertaking further qualifications. One member of staff we spoke with told us, “I have on-going training I did some a couple of months ago and I have some more coming up.” The training matrix showed staff had received some update training on moving and handling, health and safety and first aid.

Staff told us restraint methods were used in the home. They had undergone a nationally recognised training programme to assist them to use restraining methods safely. One staff member we spoke with told us, “We are taught how to hold people safely and how to talk to people to help calm them down.” Staff told us the emphasis in the home was on preventing incidences that required the use of restraint by using distraction techniques. One staff member told us “You get to know the individuals and what things calm them down.” During our inspection we saw one person who lived at the home becoming agitated and upset. Staff dealt with the potentially difficult situation in a calm and kind manner. They distracted the person and a member of staff stayed with them and other staff ensured other people who lived in the home were safe by leading them to other areas of the home.

Staff told us they were supported with regular supervision and appraisals, they told us these meetings were supportive, and useful. One member of staff told us, “You are able to talk about things and get things off your chest.” They went on to tell us that things they raised got sorted out.

Staff told us that on commencing employment they were required to undertake an induction process. Staff told us they felt the induction was sufficient to prepare them for working with people. They told us the induction process allowed them to familiarise themselves with the needs of people who used the service and also gave them the opportunity to read the organisation’s policies and

procedures. We also found the induction process included a period of ‘shadowing’ more experienced staff until the less experienced staff felt ready to work independently. A member of staff also told us they had been made to feel very welcome by their peers on commencing employment.

People could be assured they would be supported to make independent decisions about their care and support. We saw staff making efforts in different ways to communicate with people so they could make their own decisions. People were asked if they wanted to do things and staff waited for responses before the task.

We found staff were appreciative of people’s rights to spend their time as they pleased and respected people’s day to day decisions. One member of staff told us, “I always ask people what they want and get their answer before doing anything.” Throughout our inspection we observed that people who lived at the home often took a staff member’s hand and lead them to show them what they wanted and staff allowed people to take the lead so they made the decisions.

People could be assured that staff followed the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 (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. There were records of best interest meetings to help everyone understand what decisions individuals were capable of making. We saw there had been assessments carried out to assess people’s capacity to make specific decisions. Where it was determined people did not have the capacity to do so, the correct process was followed to make a decision in the person’s best interest.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied for a large number of these assessments, and was awaiting further correspondence from the local authority.

Is the service effective?

Staff we spoke with had an understanding of the MCA and DoLS. One member of staff told us they had received training on what the MCA meant to the people they cared for. They told us it was in place to protect people, they said “People are assessed to see if they can rationalise and retain information to be able to make a decision.” Staff told us that although many people using the service had some learning difficulties and lacked capacity to make major decisions about their care, they could make day to day decisions. One person said, “We need to make sure they are safe but we don’t take away their choices.”

The registered manager told us one person in the home was using the services of an independent mental capacity advocate (IMCA). An IMCA is a trained professional who supports, enables and empowers people to speak up. The registered manager told us that people in the home may not have an understanding of the role of an advocate or how to ask for this kind of help. So they had worked with social workers who support the people in the home to ensure when appropriate individuals had someone external looking at their best interests.

People’s individual nutritional needs were met and they were supported to eat and drink enough. One person told us the food at the home was good. We saw that although people were encouraged to eat regularly there was flexibility to allow people to eat in a number of areas in the home. There were two dining rooms and sitting rooms people could use or should they wish to they could eat in their own rooms. A staff member told us, “They eat when they want to eat.”

Some people needed support to eat and found meals and mealtimes a stressful situation. There was detailed information in people’s care plans on how they should be supported. The staff offered one to one support to

individuals where it was needed. For some people mealtimes were triggers that caused particular behaviour patterns and staff had developed strategies to pre-empt this by careful management of people’s routines and avoidance of particular situations so they would eat well and have the nutritional intake they needed.

We saw where a person had needed some support to encourage them to eat staff had referred them to a dietitian, the speech and language team and a behavioural psychologist. There were detailed plans in place that included how to manage the person’s mealtimes, what supplements they required, regular monitoring of their weight and what they ate. A member of staff told us that as a result of the measures put in place the person’s eating had improved. The positive impact of the measures in place could be seen in the person’s care plan as there were records of regular monitoring of their weight and what they ate.

People could be assured that their healthcare needs would be met and staff supported people to attend regular appointments with a variety of health professionals. Relatives told us the staff kept them informed of the outcome of consultations. A number of people had regular appointments at the local hospital, others met with a dietitian or needed regular monitoring investigations due to the medicines they were taking. On the day of our inspection we saw that one person had been supported to attend this type of appointment.

Staff told us people’s health needs were responded to in a timely way. One member of staff said, “Yes they would get a doctor straightaway if someone needed one.” The registered manager told us the home had a good relationship with their GP and staff were prompt in raising health issues for people who lived in the home.

Is the service caring?

Our findings

The people we spoke with felt happy living at the home and felt the staff were caring and compassionate. One person told us, “Yes they take good care of me.” People’s relatives we spoke with also felt satisfied with the quality of the service. One relative told us, “Yes definitely they couldn’t be better.” Another relative said, “Staff understand [name’s] needs completely; I’ve got every faith.” A member of staff we spoke with told us, “The staff team we have at the moment are very caring.” The staff member told us they enjoyed being part of the team.

Our observations supported what people had told us. We saw that staff interacted with people in a relaxed and caring manner. They responded to people’s requests for assistance in a timely way and were patient with people when they tried to communicate with them. For example we saw one person used sign language to try to communicate their needs to a member of staff. The staff member was patient and allowed the person to lead them to a particular area and together they worked out what the person wanted.

We found staff spoke to people in a kind tone of voice and used effective communication skills to give people who lived in the home choice and control. Staff established eye contact with people before speaking with them. They made good use of alternative methods of communication such as sign language, symbols and pictures, and technology such as smartphone applications. Speech and language therapists were regularly involved in multidisciplinary meetings to provide additional support and expertise in this area.

We saw staff were patient and understanding when supporting people. For example we saw a person exhibit inappropriate behaviour in a communal area. A member of staff addressed the issue in a calm manner. They used distraction techniques to good effect and other staff supported other people guiding them to other areas whilst the person was given time to calm themselves. A member of staff we spoke with told us, “Any challenging behaviour is just the person communicating. 99% of the time, there is a reason, it’s our job to find out what this is and sort it.”

People who lived in the home were supported to maintain their relationships with the people who were important to them. The deputy manager told us that one person was

able to use a video phone to talk to their family. Other staff told us of how they supported individuals to go to visit their families. Relatives told us they were welcomed when they visited their relations. One relative told us, “Yes staff are always welcoming and chatty.”

The registered manager told us that no one living at the home had any diverse cultural needs or wanted to attend any regular religious services. One person enjoyed playing the piano for a local church group and staff supported them to ensure they were able to do this.

People were encouraged to express their views and one person we spoke with told us staff listened to them. Throughout the inspection we saw people doing the things they wanted in the way they wanted. People were able to spend time in the communal areas and in their own rooms. They chose what and when to eat and what clothes they wanted to wear. One relative we spoke to told us their relation was very particular about their appearance and enjoyed choosing their clothes and that staff helped and encouraged them. The home’s quality manager told us that the service is about to launch a project called ‘service user voice.’ This is a method of assisting people to be able to share their views, concerns and opinions. Staff will be trained in this methodology.

Throughout our inspection we observed staff interacting with people. The interactions were positive and empowering, staff actively involved people in making decisions about what activities they would prefer to take part in, and where they preferred to sit. We also noted that staff respected people’s decisions if they did not wish to participate in the planned activities.

People who lived at the home could be assured staff would support them to make independent decisions. Where appropriate people had been supported to be independent enough to live in their own apartment. With support certain people were able to access the community independently.

We saw there were systems in place to involve people in the planning of their care. One person told us they had regular meetings and both they and their key worker updated their care plan together. A relative we spoke with told us they were encouraged to attend annual reviews of their relation’s care. They also told us they could speak to staff about their relation’s care whenever they wanted and felt their opinions would be listened to.

Is the service caring?

People could be assured that staff respected their privacy and dignity. One member of staff told us that one person who lived at the home preferred a particular gender of staff to help them with personal care and this was accommodated. During the inspection we saw people who had been assisted with personal care. We noted that doors were closed during these activities and that people were appropriately dressed in the communal areas. Staff told us

they always ensured people had privacy. One member of staff told us, "With personal care I always make sure the doors and curtains are closed. Some people like to have some time on their own when bathing and we make sure we do this." People had access to quiet areas both in the home and garden which was secure. We observed people going to and from their bedrooms and sitting in different areas throughout the home.

Is the service responsive?

Our findings

People who lived at the home received personalised care from staff who knew their needs. People who we spoke with felt their individual preferences were known by staff and felt they were encouraged to make independent decisions in relation to their daily routines. One person told us, “They [staff] know me well.” The person told us they were involved with planning their care they said, “Me and [staff member] update it together.” Relatives told us they had been listened to when their relative’s care plan was put in place. They told us they were encouraged to attend the yearly multi-disciplinary review meetings held to review their relative’s care.

Staff had excellent knowledge of the people they supported and they were able to discuss their needs and care plans with us. They were aware of what was needed to ensure the safety of people when they were in the home and in the community. They used the information in the plans to respond appropriately to any changes in behaviour of individuals.

Verbal communication for some people who lived in the home was difficult. A number of people understood what was said but could not verbally articulate answers. There were communication strategies in people’s care plans showing how individuals preferred to communicate. The care plans detailed how facial expressions and body language were used by individuals to communicate. Both staff and some people in the home used sign language to assist them communicate and staff were also aware of how to present choices to people to assist them to make their own decisions.

Care plans were detailed and individualised. We spoke with staff about individuals’ care and found them to be very knowledgeable about people’s individual needs. Staff were able to explain how they managed the different aspects of people’s behaviour to avoid negative behaviour patterns.

People’s individual preferences were known by staff. They were encouraged to make independent decisions in relation to their daily routines. People were encouraged to make their own choices about such things as the clothes they wore, when they went to bed and how they managed

their daily routines. People were encouraged to personalise their own rooms and keep them clean and tidy. One member of staff we spoke with told us, “Each person has their special likes and dislikes and we manage this.”

Social activities took place on a daily basis and were tailored to meet people’s individual needs and preferences. On the day of our inspection a number of people had gone out to a day centre, after which they were taken out for a walk. People’s care plans contained individual social plans showing what social activities they enjoyed. One person told us they enjoyed going to the pub with a member of staff to play snooker. The deputy manager told us they also took advantage of events in the community for people with learning difficulties such as organised trips to a leisure complex for different activities and special cinema trips. A number of people who lived in the home enjoyed walking, others enjoyed bowling and swimming. A member of staff we spoke with told us people had a choice with regard to what social activities they took part in. They said, “We don’t make people do things they don’t want.”

People could be assured that any complaints or concerns they raised would be responded to. One person we spoke to was able to point to a member of staff when asked who they would go to if they had any problems. Relatives we spoke with told us they knew who to go to if they had any concerns, but also told us they had no concerns. One relative told us “Staff are very receptive.”

The complaint’s procedure was not on display in the communal area and we discussed this with the deputy manager who told us there were a number of people who lived in the home who took notices down and hid them. They told us the complaints procedure was up in the office for staff to access for relatives should they need it. They also told us because they had needed to take the notice down they had sent out a copy of the complaint’s procedure to all relatives so they were aware of how to complain should they need to. Relatives we spoke to confirmed they had received a copy of the complaints procedure by post.

Staff we spoke with had a good knowledge of the complaints policy and the procedure they should follow should a complaint or concern be raised. One member of staff told us, “I would put them in touch with the manager, but if I could sort it I would and I would record it.”

Is the service responsive?

There was a complaints procedure for staff to follow. Staff felt confident that, should a concern be raised with them, they could discuss it with the management team. They also felt complaints would be responded to appropriately and taken seriously. One member of staff told us, “Yes they [management] listen to you.”

The registered manager told us they had tried to arrange regular meetings with relatives but as some people lived so far away they were not well attended. Instead the

registered manager arranged a barbeque for people who lived in the home and their families. They told us this had been successful a large number of relatives attended and was able to talk to staff. The manager also told us relatives were able to ring them to discuss any issues should they have concerns. We saw records that showed when complaints had been received they had been recorded in the complaints log and managed in accordance in a timely and appropriate manner.

Is the service well-led?

Our findings

On the day of our visit the registered manager was visible around the service and we observed them interacting with people on a regular basis and it was evident that they had a good rapport with people. People approached them confidently. One person told us they were able to talk to the registered manager or the deputy manager and felt they listened to them. Relatives we spoke with told us they felt able to approach the registered manager. They told us the management team would ring them if there were problems and they felt the registered manager and staff were open and honest with them.

Staff told us the registered manager was approachable and was a significant presence in the home. They said they felt comfortable making any suggestions to make improvements within the home and felt they were proactive in developing an open inclusive culture within the service. One member of staff told us, "Yes [name] is approachable, they listen to you."

There was a registered manager in post and they understood their role and responsibilities, records we looked at showed that we had received all the required notifications in a timely way. Staff we spoke with told us they felt supported by the registered manager and in turn were encouraged by them to support their colleagues. They told us they felt comfortable talking to the registered manager who was approachable and was open to suggestions and dealt with their concerns. Staff told us the registered manager led by example and there was a clear staff infrastructure in place. The registered manager had delegated areas of responsibility to different members of staff and was supportive of them in their roles.

The registered manager told us they operated an open door policy for staff. They told us they came in early and stayed late on occasions to speak to the regular night workers. They said, "I have worked through most of their jobs so have a good understanding to their roles." They went on to say, "I feel we provide a good standard of care here, we don't tolerate bad practice."

Staff told us they enjoyed working at the service and felt the registered manager was proactive in developing the

quality of the service. Throughout our inspection we observed staff working well together and they promoted an inclusive environment and supported each other. It was evident that an effective team spirit had been developed.

We found staff were aware of the organisation's whistleblowing and complaints procedures. They felt confident in initiating the procedures. We also found the management team were aware of their responsibility for reporting significant events to us. Our records showed we had been notified of safeguarding issues that had been managed effectively. We also contacted external agencies such as those that commission the care at the service and were informed they had not received any concerns about people residing at the service.

People benefited from interventions by staff who were effectively supported and supervised by the management team. Staff told us the meetings provided them with the opportunity to discuss their personal development needs, training opportunities and any issues which could affect the quality of service provision. The meeting also provided the opportunity for the management team to discuss the roles and responsibilities with staff so they were fully aware of what was expected of them.

The registered manager told us there were regular staff meetings so staff could keep up to date and discuss issues. One member of staff told us, "Suggestions made by staff are regularly tried we talk about things and try different options."

Relatives we spoke with told us they had been involved with completing the yearly survey the management team sent out, and they were aware of different ways they could provide feedback to the provider. One relative regularly emailed the registered manager. Other people told us they would ring them and would be able to talk to them.

The registered manager had systems in place to monitor the quality of the service provided, either he or the deputy manager carried out regular audits in areas such as medicines, care plans and the environment. We saw records with action plans showing how any issues had been addressed

Systems were in place to record and analyse adverse incidents, such as falls, with the aim of identifying

Is the service well-led?

strategies for minimising the risks. This showed that the provider was proactive in developing the quality of the service and recognising where improvements could be made.