

# National Autistic Society (The)

# Stonepit Close

## Inspection report

42-44 Stonepit Close  
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Date of inspection visit:  
14 January 2021

Date of publication:  
18 February 2021

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Stonepit Close provides personal care for up to 10 adults. At the time of the inspection, there were 10 people receiving a service. The service is spread across two houses, Holly House and Jan Norton House. The houses have separate entrances and facilities but are connected by a large communal area containing an office. No person who used the service had contracted COVID-19. The service had a robust testing regime, which included people and staff doing two lateral flow tests per week, as well as a weekly PCR test in line with government guidance.

### People's experience of using this service and what we found

Family members told us their relative was safe. Staff understood their roles in safeguarding people from harm. Risks to people were assessed and identified. There was guidance for staff on how to manage these risks safely. There was a process to identify learning from accidents, incidents and safeguarding concerns. There were enough staff to meet people's needs and safe recruitment practices were in place. Medicines were safely managed.

Staff had the skills and knowledge to meet people's needs and preferences. They had received specialised training, regular supervision and attended team meetings to ensure they were confident in their roles. People's nutritional and hydrational needs continued to be met and they were supported by health and social care professionals as required.

Family members and staff told us the registered manager promoted an open culture of communication and staff confirmed they felt well supported. The provider used effective systems of quality assurance and governance which improved people's experience of care. The building was checked through regular audits as well as regular health and safety checks by staff and external professionals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's views were continually sought, and they were encouraged to be as independent as possible and to be involved in decisions about their care.

Quality assurance processes were robust to give oversight of the service. The registered manager and team leader had ideas of how to continuously improve people's lives and valued working in partnership with others to achieve this.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

#### Right support:

- Stonepit Close offers accommodation to 10 people with learning disabilities and autism. This is larger than current best practice guidance. However, the home is spread between two separate side by side houses, which are similar to other privately owned homes in the area and there were no identifying signs to indicate it was a care home. The care home is located within walking distance of local shops and amenities. Staff were observed to enable people to make day to day choices, including around food and activities and to access the community. The provider engaged with local commissioning partnerships in order to strive for continuous improvement.

#### Right care:

- Staff understood people's specific care needs and preferences and supported people in a person centred way. We saw that people's dignity was respected and any personal care required was done so discretely and the person's dignity was not compromised. Staff enabled people to make choices about how they wished to be supported in any given activity. People had been supported to personalise their own rooms and communal areas.

#### Right culture:

- The leadership team and staff showed commitment to those whom they supported. They spoke with passion and knowledge about their role, central to which was to empower those whom they supported to live their best life possible. Staff told us they viewed themselves as visitors to the home and as such, the needs and views of those whom they supported were paramount and must be respected at all times. We observed that people moved around their home with confidence and placed trust in the staff team to support them safely and in the least restrictive way.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 27 August 2019) and there were two breaches of regulation. We served requirement notices for Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 27 August 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions of Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this

occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Stonepit Close on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

This service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

This service was effective.

Details are in our effective findings below.

### Is the service well-led?

Good ●

The service was well led.

Details are in our well-led findings below.

# Stonepit Close

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Stonepit Close is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with three people who used the service and seven members of staff including the registered manager, deputy manager, area manager, senior care workers and care workers.

We reviewed a range of records. This included five people's care records and five medication records. We looked at three staff records in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with four relatives about their experience of the care provided.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Preventing and controlling infection

At our last inspection, we recommended the provider improved their infection control processes. The provider had made improvements.

- The registered manager maintained a robust audit of good housekeeping checks, which we saw was completed in accordance with the schedule.
- There were systems to help prevent the spread of infection and staff had received training in this area. All areas of the home were visibly clean and free from odours. All waste bins were foot pedal operated.
- There was an enhanced cleaning programme in place, across all areas of the house.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and unsafe care. One person commented, "I feel I am protected from abuse" and, "I feel comfortable and safe when speaking to staff about anything." A family



member said, "My relative is very safe and I know what a bad service looks like. They tell me about the staff and the things that they do. For the first time in their life they have friends. It is in a lovely area for them." Another family member said, "Absolutely; we have no doubt that [relative] is kept very safe."

- Some people were not able to verbally express their views. We observed their interactions with staff were relaxed and demonstrated trust and confidence in the members of staff.
- Records confirmed that staff had regular training in safeguarding. There were established policies and procedures in relation to safeguarding, including information in an easy read format, available to people living in the home.
- Management and staff understood safeguarding and protection matters and were clear about when to report incidents and safeguarding concerns to other agencies. One member of staff said, "There is a very good system of reporting evidence to seniors and above if necessary." Another told us, "I would go to my manager or senior. If a person hit another, I would do an incident form and report it."

#### Assessing risk, safety monitoring and management

- Risks to people's health and well-being were identified, and care plans had been put into place to help reduce or eliminate the identified risks. People had individual risk assessments which reflected their current needs including choking, dietary and financial abuse. Measures to mitigate risks were detailed in the risk assessment; which also considered any safeguarding risks or risk of self-harm.
- The registered manager understood how to operate the service in a COVID-19 safe way. Staff did not work between services and all were committed to engaging with the provider's robust testing regime. There were risk assessments in place for people, especially those whose health care needs increased their risk of serious illness should they contract COVID-19.
- Staff demonstrated an understanding of people's individual risks. One told us, "The risk assessment helps me formulate how best relate to the service user. It makes me anticipate their needs at any given time; what language to use, what body language to employ."
- Risks associated with the safety of the environment and equipment were identified and managed. There was an audit of mandatory health and safety checks, which we saw was maintained in accordance with the varied required checks, including fire, electrical and water safety. Fire drills were carried out regularly, with evacuation times noted, as well as any additional comments on performance.
- The registered manager told us maintenance jobs were the responsibility of the landlord which were not always quickly addressed. For example, on the day of inspection, one person's bedroom door was not shutting properly, which was reported to the landlord some weeks ago. The registered manager told us at the end of inspection day that the landlord agreed to repair it the following week.

#### Staffing and recruitment

- There were sufficient staff deployed to keep people safe and meet their needs. We saw that staff rotas were regularly reviewed by the registered manager. Any vacancies due to annual leave or sickness were covered by current staff or agency staff, some of whom worked at the home for many years.
- One person told us, "I think they have plenty of staff particularly during the COVID pandemic." A family member told us, "The ratio of staff to people means they cope with my relative's needs."
- Staff told us, "There are more than enough staff, I'm not overworked." Another told us, "Managers are really supportive towards the staff team as we sometimes have to manage very challenging behaviours; they act quite quickly if additional staff are needed."
- The provider followed safe recruitment systems and processes to protect people from the employment of unsuitable staff. Recruitment checks had been completed, including checks on staff's conduct in previous social care roles and Disclosure and Barring Service (DBS) checks.

#### Using medicines safely

- People received their medicines from trained and competent staff. Staff could only give medicines if they had completed training and competencies by the team leader. This included observations and questions to assess whether they had the right skills. A member of staff told us, "We have to have our competency assessed, this was done 3 times before I was signed off."
- Medicines were audited on a weekly and monthly basis. Checks were in place which included safe storage of medicines and creams; accuracy of medication administration records [MAR] and body maps (for application of creams).
- Some people had 'as required' medicines. We saw there was clear guidance on dosages, reasons for administration and when additional medical advice should be sought.
- Medicines were recorded within people's MAR. This meant the registered manager had oversight of medicines people took and ensured they were administered in line with the prescriber's instructions. We saw MAR charts were completed appropriately with no gaps, which meant people received their medicine in accordance with their prescription.

#### Learning lessons when things go wrong

- Accidents and incidents were reviewed regularly by the registered manager and area manager for patterns or trends. We saw that all recorded incidents were signed off by the registered manager, deputy manager or senior care worker.
- The provider promoted an open and transparent culture in relation to accidents and incidents. Staff told us they were encouraged to report any incidents. One member of staff told us, "I never worry about reporting something, we are encouraged to do so, and I know it is in people's best interest to do so."
- Staff told us how incidents were discussed in handovers as well as team meetings. They told us about learning from a recent incident where laminated signs were subsequently displayed in the kitchen and they had further training about the person's condition. One member of staff told us how they would respond to an incident to a service user's personal safety, "My first reaction is to make sure they are safe. The next thing is to inform the person in charge. Then follow instructions, then complete forms."

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last inspection, the provider failed to ensure that all staff were provided with adequate support and training. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- Staff had the skills and knowledge to meet people's needs. We saw this was achieved through regular training provided by the provider's nationally recognised training programme. Some face to face training from the national provider was suspended due to the COVID-19 pandemic and was done via computer instead. Staff continued to receive in-house training from current senior members of staff, including moving and handling and medicines training. Competencies continued to be assessed by members of the senior leadership team.
- A family member told us, "The training staff receive is spot on; the standard is set by the National Autistic Society. Staff choose to work at Stonepit Close because they share those same values, as well as high standards in training."
- In addition to mandatory training, staff had received specific training to understand and support people with specific health and behavioural conditions such as autism and Asperger's; mental health needs and obsessive compulsive disorders.
- Staff were supported to grow and develop through regular supervision and appraisal. One staff member said, "We have regular supervisions, it's just being honest about the support I need or if I have any problems." Another said, "Supervisions are useful to have; I bring up a concern and it is quickly addressed; of course, we don't have to wait until our next supervision to do that."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

At our last inspection we recommended the provider took advice and guidance on effective management of people's healthcare where they were unable to manage this for themselves. The provider had made improvements.

- People continued to have support from a variety of health and social care professionals. In light of COVID-19 restrictions, many consultations were done via computer meetings, for example, specialist consultations with psychiatrist, psychologist and neurologist. GP, dentist and optician appointments were carried out in person.
- People's care records included a health action plan which detailed the wide range of healthcare professionals' advice which staff implemented. Staff we spoke with understood each person's differing health needs. For example, they recognised the importance of minimising stimuli which triggered one person's obsessive compulsive behaviour.
- One person told us, "I speak to staff if I am unwell and then they help me to visit the GP." Another said, "Staff have helped me to speak every week with a nurse; this helps me to understand my feelings."
- One family member said, "It is an amazing service. They have good links with the local surgery and dental service, and they are very careful with any health situation. They have managed COVID so well."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The home is part of the National Autistic Society, and therefore has access to the most up to date standards and guidance on care for people with autism. The registered manager told us, "I regularly receive guidance and updates from head office, which I share with the team. I also attend registered managers meetings in the area to make sure I am up to date with everything."
- We reviewed the admission process for the most recent person to the service. This evidenced a planned, slow and collaborative process between staff, the person and their family members. A family member told us, "There was such a lot of planning before [relative] came to Stonepit Close. This was really important as we had a previous unsuccessful placement; the planning and introduction period meant staff knew they could cope with [relative's] needs."

Ensuring consent to care and treatment in line with law and guidance

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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where there were authorised applications to deprive people of their liberty for their protection ((DoLS), we found that the required paperwork was in place. Any conditions were being followed and kept under review to consider a reapplication when needed.
- One person told us, "I can advocate for myself very well. I have choices and the freedom to live my life the way I want to; the staff make sure they respect my choices." A member of staff said, "We always assume people have capacity to make their own decisions and support them to do this as much as possible."
- We observed staff consistently sought consent from people before they supported them. For example, prior to entering a bedroom or engaging them in an activity.

- We saw that people were offered choice and control, in ways that supported their level of communication. Staff used a variety of communication tools to support people with choice, including Makaton. This is a language programme for adults and children with learning or communication difficulties that uses symbols, signs and speech to enable people to communicate. They also used objects of reference and picture cards to support people to express themselves.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were supported. We saw that snacks and drinks were freely available and regularly offered to people. Menus were planned in consultation with people and prepared by care workers who were trained in food hygiene, diet and nutrition.
- One person told us, "There is plenty to eat and drink, I never go starving. It's good quality food. I choose to have a well-balanced diet." Most people required support to prepare food; we observed one person being supported to prepare a mid-afternoon snack.
- A member of staff told us, "We show people their food diaries to remind them of what is available. Food is a big part of their day and they will come into the kitchen if they want something." Another said, "We weigh everyone each month so are on top of any weight loss. We would ask for advice from a dietitian if this were the case."
- The kitchen was clean and well maintained. There was a sufficient supply of food in the cupboards, fridge and freezer. There were picture aids for people to choose from; we saw one person was offered a selection of pictures to choose a snack from.

Adapting service, design, decoration to meet people's needs

- The building had been adapted to meet people's needs and preferences. This included bedrooms which were spacious and decorated in people's chosen colours and styles. One person had a relaxing area solely for their own use which was decorated to reflect their particular hobby and passions.
- Communal areas and corridors were wide, allowing plenty of room for those less steady on their feet to move around safely. There was specialised equipment in communal bathrooms to support people when they had baths and showers. There was a sensory room for people to use when they wanted to relax.
- There was a large dining area and separate lounge areas for people to relax in as well as a spacious garden for people to enjoy.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to have effective and robust governance systems in place. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There were robust quality assurance processes that ensured continued oversight of people's care and the service. This included regular managerial reviews of the environment, staff documentation, complaints and incidents.
- The registered manager said that it was important not to allow the current COVID-19 pandemic to be used "As an excuse for a drop in standards." Staff and service user meetings continued to take place, in a socially distanced and safe way. Staff told us "There is an expectation that people continue to receive the same high quality service; we just have had to adapt in certain ways for safety."
- An operations manager for the provider continued to visit the service regularly to quality audit the service and people's experiences. This included observations, sampling documentation, talking to people and staff. They said, "Together with the registered manager, we make sure everything is transparent. Where there are blocks, we put a management plan in place to sort things out together."
- Senior care workers ensured that people's care plans were regularly reviewed and updated; the registered manager maintained oversight of this and noted any required improvements.
- Staff we spoke with were aware of their roles, and the roles of senior members of staff. Tasks and responsibilities were allocated at the beginning of each shift. One member of staff said, "The way in which tasks are allocated on each shift gives clarity and helps the shift to run smoothly."
- The registered manager attended regular meetings with managers from other homes run by the same provider. They told us this was a good forum in which to learn from each other, as well as to reinforce the provider's identity and philosophy towards maintaining a consistently high standard of care for their service user group.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Whilst some people were not able to tell us how they felt about the registered manager and the way the service was run, we saw they were generally calm and relaxed when interacting with members of staff in all areas of their home. It was apparent to inspectors that the registered manager and staff team knew people and their needs well.
- One person told us, "[Manager] is a wonderful manager; what they and the deputy do for us is fantastic." A family member told us, "The registered manager always phones if there are decisions to be made or if anything happens. We have good contact with them."
- Staff told us they felt part of a supportive, inclusive, team working culture. They spoke positively about the support they received from senior members of staff. One said, "My manager and the team leader are so supportive. They lead by example; our manager puts everything into this place." Another said, "I feel supported by our line management, especially when times are difficult; we are given opportunities to discuss problems and develop a solution together."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and team leader had a good understanding of the duty of candour and how it applied to their roles. The registered manager said, "My understanding of duty of candour is all about being open and honest with families and professionals; nothing is hidden, and everything is factually reported."
- We saw that when incidents had occurred, relevant parties, including professionals, the local authority safeguarding team, relatives and CQC had been notified.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Visitors to the service were very much restricted due to the current COVID-19 pandemic guidelines. Family members told us, "We have had visits in the garden, complete with masks and temperature checks, but we can't visit at the moment, so staff support a video call. My [relative] appears very relaxed and happy." Another relative said, "We have had letters from head office with updates on visiting arrangements. This is very helpful because the rules seem to change all the time."
- The registered manager sought feedback from people, relatives and staff to improve service provision. We viewed the latest surveys received from people, staff and relatives and feedback was mainly positive. Results were collated by the registered manager and the provider and shared in meetings.
- There was a 100% positive response rate to people feeling safe; being treated well and staff understanding of their needs. A family member told us, "Yes I am regularly asked for feedback. They have accommodated changes that I mentioned."
- We viewed the latest meeting minutes and saw staff had the opportunity to discuss people's needs, training, changes to legislation and good practice. Staff told us they were also given opportunities to give feedback and share their views in team meetings. One staff member said, "I feel my contributions to staff meetings are valued. We can give our input if you think anything needs improving. I made a suggestion which was taken on board. This made me feel good."
- Community engagement in the midst of this current COVID-19 pandemic was suspended. Prior to this, there was regular engagement with the local church, school and community leaders.