

Autism Anglia

Walnut House

Inspection report

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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 ●

Summary of findings

Overall summary

About the service

Walnut House is a residential care home providing personal care to four people with a learning disability and a primary diagnosis of autism. The service can support up to five people. Walnut House is located within the grounds of another care home run by the provider. The building is owned by a local housing association who have responsibility for the maintenance of the building. Bedrooms are situated on both the ground and first floor. A sleep-in room for staff is provided on the first floor and a staff office is located on the ground floor. People share two bathrooms, a kitchen and living room.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Written risk assessments did not always fully analyse identified risks, however staff identified risks in practice and worked collaboratively with others to minimise these. We identified some minor issues with the storage and recording of some medicines which were immediately rectified and did not impact on people receiving their medicines as required. Staff worked with people to keep the environment clean and tidy. Some areas of the service, such as the kitchen and bathroom, would benefit from updating. The service was acting to raise and discuss this with the organisation that owned the building. People were supported by consistent and familiar staff. There were enough staff to meet people's needs safely.

Staff worked with the provider's own speech and language therapist and positive behaviour support lead. This helped ensure the support provided met best practice guidance and people's individual needs. The service specialised in supporting people with autism. Relatives told us this was reassuring and had provided better outcomes for people. Staff spoke positively of the training provided and the provider ensured staff had the support and knowledge required. People were supported to lead healthy lives through the support of staff to eat well, exercise, and access healthcare services. 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 and staff had close relationships. Staff knew people well and this helped ensure people were comfortable discussing their care. Staff were kind, caring, and respectful. They valued people's individual uniqueness. People were supported to be independent. They worked alongside staff with day to day domestic tasks to help develop their daily living skills and self-worth.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. Staff supported people's ability to choose and have control over how they spent their day and the activities they wished to participate in. Activities were varied and supported each person's individual interests and hobbies. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. Staff supported and valued people's relationships.

No complaints regarding the service had been made. Relatives told us they had never needed to make a complaint but would feel comfortable to do so if required. Information was presented in a manner that was individual to each person's communication needs. No one in the service was receiving end of life care, however we have recommended that the service consider how they support people with end of life care.

People and relatives were happy with the quality of the service provided. There was a homely friendly and calm atmosphere. The service had an inclusive approach and supported people to be involved in decisions about the service, such as the staff team. Staff worked together as a team and morale was high. Systems were in place to monitor and sustain the quality of the service. The management team sought and engaged in additional opportunities for learning and developing the service through networking and participating in external training and events.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (report published 08 October 2016).

Why we inspected

This was a planned inspection based on the previous rating.

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 ●

The service was safe.
Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-Led findings below.

Walnut House

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.

Inspection team

One inspector.

Service and service type

Walnut House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

We gave the service 48 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection-

We spoke with three people who used the service and observed the support provided. We spoke with five members of staff including the registered manager, deputy manager, a senior support worker, a support

worker and the member of staff responsible for health and safety.

We reviewed a range of records. This included two people's care records and medication records. We looked at one staff file in relation to recruitment and staff support. A variety of records relating to the management of the service, including health and safety and staff training were reviewed.

After the inspection

We spoke with three relatives and sought feedback from the local authority. We spoke with three more staff, which included a senior support worker and two support workers. We spoke with the registered manager in more depth and continued to seek clarification from the provider to validate evidence found. We looked at additional records regarding the governance of the service.

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 good. At this inspection this key question has remained the same. Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse. There had been no recent safeguarding concerns in the service. A relative told us, "[Name] is always happy to go back, that to me says everything."
- Staff understood how to report concerns and guidance on safeguarding was displayed in staff areas.

Assessing risk, safety monitoring and management

- Relatives told us they felt people were safe living in the service. One relative said, "You are just happy that [name] is safe and protected from the world. We have no worries and that is a weight off our minds."
- The service took action to respond to and manage identified risks. Risk assessments were in place and were individual to each person. Whilst risks were managed well in practice we found some risks had not been formally recorded, assessed and planned for. For example, a concern regarding one person's weight had been raised with the service. Whilst staff had taken positive actions in response no formal risk assessment or care plan had been put in place.
- Environmental risks, including fire and water safety were monitored and managed.

Staffing and recruitment

- The registered manager and the staff team worked together to ensure that the service was adequately staffed with sufficient and consistent staff. Any changes to the staff team were planned for and people were consulted.
- Staffing levels were assessed according to people's specific needs and routines. Staff told us there were enough staff to meet people's needs.
- The management team liaised with the provider's head office to ensure correct character and employments checks had been carried out prior to staff commencing employment.

Using medicines safely

- Medicines were managed safely although we found some instances when best practice guidance was not always followed regarding the recording and storage of medicines. This did not significantly impact the management of medicines in the service and the senior support worker immediately implemented the changes required.
- The service involved people in decisions regarding medicines and supported them to manage these themselves when appropriate. For example, we observed one person talking to a staff member about changes to their medicines. The staff member supported their understanding of their medicines and why changes had been made.

- Weekly and monthly audits of medicines took place this included reviewing people's medicine records and stock.

Preventing and controlling infection

- The environment was largely clean and tidy. The kitchen and bathroom had areas, such as chipped kitchen cabinets, old flooring, and grout which posed difficulties in terms of cleaning and therefore managing infection control. The staff member responsible for maintenance told us there were ongoing discussions with the housing association that owned the building regarding improvements.
- People and staff cleaned the environment together. However, there was no clear plan with designated cleaning tasks regarding when this cleaning would take place. The registered manager told us this would be implemented following our inspection.

Learning lessons when things go wrong

- There had been one incident in the service in the last year. This had been reviewed by the management team and appropriate actions taken in response.
- Staff understood the reporting requirements around any incidents that occurred. They told us the registered manager would review, discuss, and support their learning from any incident.

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 good. At this inspection this key question has remained the same. Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff holistically assessed and supported people's physical, mental, and social needs.
- The provider employed their own speech and language therapist and positive behaviour support lead. These staff attended two monthly review meetings with the service which helped ensure staff followed best practice guidance.
- The service provided specialist support to people with autism. They provided basic and advanced autism awareness courses to staff. A relative told us how this specialist knowledge had ensured a good outcome. They said, "It's only when [name] got in to a place that was autism specific that their behaviour calmed down a lot."

Staff support: induction, training, skills and experience

- All staff spoke positively of the training and support provided. One staff member said, "The training is absolutely excellent. It fits in with what we want to know and if we do want to do extra training it's just a matter of asking."
- The training provided covered a wide range of areas. It was responsive and specific to the needs of people in the service. For example, a staff member told us how the service had identified staff might benefit from training in diabetes and other mental health conditions. They told us training in these areas was being put in place.
- Staff received a detailed induction and a range of checks were in place to ensure new staff were suitable and ready to start working in the service independently.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- Staff ensured meals were planned with people in the service and took in to account their needs and preferences.
- Meals were cooked from scratch with fresh ingredients. Staff supported people's health and wellbeing through healthy eating and exercise. A relative told us, "[Name's weight] it fluctuates, they keep [name] active so it does go down again."
- Staff supported people to access health services, this included dentists, chiropodists and opticians.

Staff working with other agencies to provide consistent, effective, timely care

- Hospital passports were in place. These help to ensure information is shared and people receive the correct support in the event of an admission to hospital. We found people's hospital passports were from

several years ago and there was no record to show that these had been reviewed and were up to date.

- Staff contacted and shared information appropriately with other agencies.

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

- The design and layout were suitable and appropriate to people's needs. Two people were keen to show us their bedrooms which were personal and individual to them, reflecting their personalities and interests. People had been consulted and involved in the decoration of them.
- Some areas of the home, such as the kitchen, required some updating however the environment was homely and comfortable.

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.

- Staff understood the importance of supporting people to make decisions regarding their care needs. They acted to ensure people had the information they needed in order to make decisions and be involved in their care.
- The registered manager and senior support worker understood DoLS and when applications would need to be made.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were kind, caring, and patient. A relative told us, "They are very very patient." Another relative said, "[Name] takes a lot of understanding, takes a lot a lot of patience [from staff]."
- People were supported by consistent staff who knew them well, we saw this had helped build close relationships and positive rapport. A relative told us, "They know [Name] better than I do now." Another relative said, "They are like a big family now."
- Staff respected and understood each person's uniqueness and diversity. A relative told us, "They seem to actually treat [Name] as a human being, they like them."

Supporting people to express their views and be involved in making decisions about their care

- People felt comfortable and were familiar with the staff supporting them. This helped them express their needs, feelings, and make decisions. For example, we saw one person was feeling anxious about their routine and what they were doing later in the week. They announced to us they would talk to the senior and happily went off to discuss their plans with them.
- There were regular opportunities for people to make decisions through the use of one-to-one keyworker meetings and communal residents' meetings. We saw people were consulted on a range of things such as meals, activities, and if people were happy with their support. Relatives told us they felt staff ensured people had control over their care as much as possible.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to be independent and were provided with opportunities to do so. For example, people were involved in meal preparation and domestic tasks. Relatives told us staff respected and supported people's desire to do things for themselves.
- Goal plans were in place which identified specific tasks or goals for people to achieve. We found in some cases people had achieved the goal specified but these were still in place with no further goals to increase people's independence. The registered manager told us they would review these and make any changes necessary.
- Relatives told us they felt staff were respectful of people's dignity. Staff were considerate of people's appearance and what was important to them. Details regarding people's preferences on how they wanted to look and what they wanted to wear was recorded and followed.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff assessed people's needs and care plans in place were individual to each person. These were regularly reviewed and updated recording accordingly. Each person had a pen picture of themselves which focused on their positives, their personality, and their likes and dislikes.
- Whilst information on people's care was in place, people's care files contained lots of detail and documents which made it hard to find information. We found information could be more efficiently streamlined and consolidated within people's care documents. The registered manager confirmed they were aware of this issue and had plans in place to address it.
- The knowledge of and close relationships between staff and people helped ensure that care provided met people's individual needs and preferences.
- Staff were respectful of people's preferences and choices. For example, one person had said they wanted to spend more time in the service than at their day centre and this had been accommodated.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information regarding topics such as how to complain and cleaning tasks were presented in easy read formats. Pictures and signs were also used to aid people's understanding of tasks, routines, and choices.
- Staff used the provider's own speech and language therapist to help put in place individual communication tools and strategies.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to participate in activities of their own choice which were relevant to their interests. There was plenty for people to do and people had daily planned activities. One relative told us, "If [Name] was at home they wouldn't be doing as much as they do. They are always thinking of different things for [name]." Another relative said, "They do marvels with [Name], they keep them occupied."
- Relatives told us they felt involved in people's lives and staff supported their relationships.

Improving care quality in response to complaints or concerns

- There were regular opportunities for people to raise concerns informally. Good relationships and communication between relatives and staff also supported opportunities for relatives to raise concerns.

- The service had not received any complaints since its last inspection. Relatives told us they would feel comfortable if they needed to complain but had had no reason to do so.

End of life care and support

- None of the people using the service required end of life care. The service had not discussed or planned for end of life care. There were no records of people's wishes and views on this subject. The registered manager told us the provider was aware this needed to be implemented across their services and an action plan was currently being discussed.
- We recommend the service seek advice from a reputable source on end of life care for people with learning disabilities and autism.

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 good. At this inspection this key question has remained the same. Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were very happy living in the service. One person said, "I like living here I do." Relatives told us the service provided good quality care and outcomes for people. One relative said, "Its a lovely place in a nutshell, [Name] is happy there and it's their home." Another relative told us, "More than satisfied, we are very fortunate."
- There was a homely and inclusive atmosphere in the service. Relatives told us they viewed the service and the staff supporting people as one big family.
- Systems were in place to ensure people's needs and wishes were at the heart of the service. For example, through involving and seeking people's views on any prospective new staff. The registered manager told us this, and observations of staff interactions, was an important part of recruiting the right staff and maintaining the positive culture within the home
- The service engaged with and made use of community resources. This included not just local resources but the provider's wider community. For example, by supporting people to visit its other services and participate in their events.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 had a good overview of the quality of the service, this included its strengths, weaknesses, and how to continue to develop and enhance the service.
- Quality assurance systems were in place which contributed to maintaining quality.
- Staff understood their roles and responsibilities. A communication book was in place which helped ensure staff knew what their designated tasks were each shift.
- The management team were open, transparent and acted on their responsibilities for duty of candour.

Continuous learning and improving care; Working in partnership with others

- The management team attended both internal and external learning opportunities and courses. The provider identified where additional training would benefit its services and put in place additional courses when legislation or guidance changed.
- The service utilised and closely worked with both its own internal and external health professionals to learn from and improve the support provided.

- Quality assurance questionnaires were used to consult others and evaluate the care provided.