

Autism Anglia

Whitstone House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

About the service

Whitstone House is a residential home providing personal care and accommodation to up to 10 people with a learning disability, and autistic people, with mental and/or physical healthcare support needs. At the time of the inspection, there were eight people living at the service. The service is part owned and managed by Autism Anglia and part owned by a housing association. People lived in spacious accommodation but essential alterations to the building and equipment were necessary to help ensure the service promoted people's safety and dignity.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and 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 supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

Breaches of regulation identified in the main body of the report meant people were not receiving the right support, right care and right culture. Risks associated with the environment and people's care was poorly developed placing people at risk of avoidable harm.

People when supported by core staff experienced good outcomes of care. However, a turnover of staff and high use of agency staff meant people were not always supported by staff who were familiar with their needs. Fluctuations in staffing levels reduced people's chance to get out and enjoy spending time doing things they liked to do.

Staffs skills and competencies were enhanced through training and observation, but we found some training was out of date and limited observation of practice were carried to ensure all staff were working effectively.

People's care records were not up to date in line with their changing and unmet need and some staff's training in de-escalation techniques had expired. We were not confident all staff would know how to support people in line with their needs and preferences or be able to consistently support people and help them reduce their anxieties.

An open-door policy meant staff did not feel afraid to seek support if required and they told us they were well supported.

Medicines were administered in line with people's needs and carefully monitored to ensure they were necessary and correctly given in line with prescriber's instruction.

Right Care

There was limited input from the provider to ensure people received good outcomes of care and all parts of the regulated activity were delivered well and safely. There was a lack of oversight and learning from incidents to ensure lessons were learnt and the service developed its staff in line with best practice.

Notifications were not being submitted in a correct, timely way to CQC in line with the provider's regulatory responsibilities to provide safe care and support.

People were supported to make day to day decisions, but we were not assured that the principles of The Mental Capacity Act 2015 were followed for more complex decisions which people could not make for themselves. We noted gaps in people's records and could not be assured people also had timely access to a range of different health care professionals.

Right Culture

The provider did not regularly take into account how people viewed their care. The quality monitoring processes were not robust in identifying concerns about the service. Staff were willing to learn but there were not adequate steps being taken to develop staff from within and supervise their work practices over a twenty-four-hour period.

Effective auditing had not taken place to ensure the standard of accommodation remained appropriate for people's needs and people were supported to have their best lives and opportunity to develop their skills and independence. Without this we could not be assured of the culture of the service as people were not placed at the centre of the care provided.

The manager was not yet registered. Their lack of experience in a management role was evident through some of the judgements made. But they had experience of working in different roles and had gained some knowledge and insight. They were developing their team from within and enhancing their skills. They were open to our feedback and committed to improving the service and had a clear focus on people's needs. The staff team respected the manager and felt they were a good leader.

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

Rating at last inspection and update

The last rating for this service was good (19 June 2019). At this inspection we found the rating was requires improvement, with inadequate for well-led.

Why we inspected

This inspection was carried out because of concerns identified about another of the providers locations. We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service is requires improvement, with inadequate for well-led. We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report

You can see what action we have asked the provider to take at the end of this full report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Whitstone House on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to people's safety, the condition and maintenance of the care premises, people's consent to care and support, governance and oversight of the service. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Inadequate ●

Whitstone 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 Health and Social Care Act 2008.

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 completed by two inspectors on the first day and one on the second day.

Service and service type

Whitstone House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Whitstone House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The new manager had been in post since November 2021 first as deputy and now as acting manager and had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced on the first day, announced on the second day.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

Across the two days of inspection, we met with the manager, deputy manager, team leader and five members of care staff whom we spoke with briefly. We observed the interactions between staff and people using the service but our own interactions with people were limited due to their communication needs. We reviewed four care plans and other records relating to people's care. We reviewed the medicine practices and staff recruitment practices as well as training and staff support. We reviewed the condition of the environment and the safety records which demonstrated how whether the environment was being maintained.

On the second day of inspection we spoke to three staff and observed care practices. We requested some additional information to be sent to us to review off site.

Following the inspection

We reviewed documentation and continued to seek validation. We spoke to an additional two staff and six people's relatives. We contacted the local authority to clarify a number of issues and share our safeguarding concern and asked the provider to complete a number of retrospective safeguarding referrals.



Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk management and oversight was poor. All risks associated with people's behaviour, their environment and their health care needs had not been considered when planning their care. This placed people at increased risk of avoidable harm and meant staff were unclear how to effectively reduce risk and work consistently with people.
- Some risks had been assessed such as the risks associated with epilepsy, but documentation was not sufficiently robust and did not take into account all aspects of risk we might expect to see. Guidance for staff was not regularly updated particularly following an incident so we were not confident staff learnt from incidents.
- Not all staff were adequately trained in de-escalation techniques and positive behaviour support plans were not up to date. We were therefore not confident that all staff would be able to support people safely, in the least restrictive way at times of distress.
- Risks associated with the environment had not been adequately managed, fire drills were held but there was no indication if these were during the day or the night. This was important, as risks associated with night-time evacuation increased with lone working and placed people at risk of harm.
- The provider's fire risk assessment had not been updated regularly in line with risk and there was insufficient evidence that the risks associated with legionella bacteria developing in water systems had been effectively managed.

Learning lessons when things go wrong

- Incident management did not clearly show actions taken and lessons learnt following an incident to help reduce the likelihood and severity of any further incidents.
- Guidance for staff was not regularly updated particularly following incidents so we were not confident staff learnt from incidents. A serious incident had not been flagged with us and there was no clear understanding at either manager or provider level that it should have been.

We were not assured that the environment was safe for people's assessed needs or that staff were adequately trained in managing some of the key aspects of people's care, including positive risk taking. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Staff recruitment was ongoing and new staff had been recruited recently but agency staff were still necessary to cover vacant posts and sick leave.

- Core staff commented on how this could affect people's support as it took a long time to get to know people's specific communication needs and routines. We sought feedback from the families who were mostly positive about changes under the current management team but expressed concerns about continuity of support for their loved ones, with recent staff changes.
- Staff recognised the increased support provided from the newly formed management team, all who were new to their roles and were still developing their knowledge and competencies.
- There was poor monitoring of people's nighttime care and support to ensure people received safe care.

Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong

- Minimal notifications had been received from this service and we had received no safeguarding concerns. The manager told us they usually waited for the outcome of a safeguarding investigation by the local authority before notifying us. This is not correct, and we advised the manager we should be notified without delay.
- In line with their regulatory responsibility, in the provider should have been making sure this was completed in the absence of a registered manager at the service.
- Staff received safeguarding training and had an understanding of what constituted abuse and what actions they should take. Staff expressed confidence in the manager and deputy manager and assured us they would take clear and decisive actions. However, inspection findings did not support this.

Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. Although regular cleaning took place reduction in staffing at the weekend meant less cleaning took place. The layout and the condition of the building made it more difficult for staff to keep the service clean. We have identified a breach in relation to the premises, safety and infection control.
- We were not assured that the provider was preventing visitors from catching and spreading infections. When inspectors arrived, no checks were carried out to help ensure that they were not carrying or spreading infection. Signs were however available encouraging visitors to use the antibacterial hand gel.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Using medicines safely

- People received their medicines as prescribed. People living at the service received regular reviews of their medicines by prescribers in line with national guidance.
- Staff had received training on medicine management and been assessed as competent to give people their medicines. Some training was due, and this was being organised.
- Medicines were stored securely, and the service had considered the risks around people's medicines.
- Audits included the administration of creams and medicines prescribed when required. There was minimal use of medicines when people showed signs of anxiety and this was considered the last resort and staff would try other means to reduce people's anxiety.
- There was written guidance available to help staff give medicines prescribed on a when required basis (PRN), and records also told us about other considerations such as allergies and time specific medicines.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The property was poorly maintained and we found numerous exposed pipes which were hot to touch and presented a scalding risk throughout the service. Temperature fluctuations across the home did not assure us people were kept adequately warm or cool in line with their preferences.
- The risk from using the stairs had not been assessed in line with people's health care and sensory needs and there was no consideration as to what would happen as people get older and potentially frailer.
- Flooring in part needed deep cleaning, and or replacing and the condition of the premises were generally poor. Individual risks associated with people's environment had not been adequately considered.

We were not assured that the environment had been maintained satisfactorily to ensure it met people's safety needs and dignity. This was a breach of regulation 15 (premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Most people's rooms were sufficiently personalised and comfortable, although one room we saw was sparse. There was good space for people to access both internally and externally

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 MCA 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- DoLS referrals had been made to the local authority to reduce the risks of unlawful deprivation of liberty.

However, despite submissions years earlier these had not been approved and there was poor oversight of this by the provider. The manager had followed this up.

- MCA assessments were not in place for all decisions affecting people such as daily activity, finances and COVID-19 testing. Families were not always consulted about decisions where they held power of attorney and best interest decisions had not always been recorded. For example, two people had refused to have COVID-19 injections and although this had been discussed with a GP it had not been written up to show how people were supported with weighing up information and the risks and benefits. Evidence was provided from the manager that consent was sought before offering people vaccinations against Flu and COVID 19, although one family member with regular contact did not remember this being discussed.

We were not assured staff upheld people's human rights by ensuring they followed the principles of the Mental Capacity Act 2015. This was a breach of regulation 11 (consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law: Staff working with other agencies to provide consistent, effective, timely care

- Frustration was expressed by staff about the limited support this service had received during the COVID-19 pandemic from other services stakeholders .
- One person could become distressed and staff were struggling to manage their needs safely. Although there was an analysis of their behaviours there was limited documentation of the risks and how these should be managed effectively to keep them and others safe.
- The provider had internal resources they could use but people's records, positive behavioural support plans and risk assessments did not demonstrate a collaborative approach or who was consulted when drawing up guidelines and ensuring best practice.
- Agency staff were not able to immediately understand the complex nature of people's needs and non-verbal communication. This reinforced the importance of people's care records being up to date and all new staff adequately supervised including night staff.

Supporting people to live healthier lives, access healthcare services and support

- People were mostly supported to maintain good health, but we saw gaps in people's health records. For example, one person had seen the nurse regularly and the dentist recently but there was no evidence of them accessing other services assessed to be required in relation to their health conditions. An eye appointment had not gone ahead the previous year and there was no evidence this had been followed up and re-booked.
- Several relatives raised concerns about oral health and the manager told us the difficulties they had accessing dentists for people. One person had a toothache on the second day of our inspection which was affecting their behaviour and staff were trying to access support for them.

Staff support: induction, training, skills and experience

- Staff we spoke with had varying levels of experience and some were new to care. Staff told us they were confident that if there were things they did not know they could ask and felt the management team were supportive. .
- New staff felt the induction was sufficient and staff went on to complete the national care certificate a recognised induction for new staff. Core staff appeared knowledgeable and mainly felt the training helped them meet people's needs. One member of staff told us the training did not cover all the bespoke needs of people they were supporting, and they could benefit from additional training.
- On-line training had replaced most face to face training during the COVID-19 pandemic. Some staff felt this method of learning did not enable them to absorb and embed their training in practice. Some training had

expired and was being rebooked to ensure all staff had the necessary skills and opportunity where possible to complete enhanced learning.

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

- All staff did not consistently identify who was at increased risk of choking due to their behaviours. People were supervised at mealtime, but staff needed to be mindful of risk.
- People were supported when accessing the kitchen and staff supported people with meal planning and preparation, with some people able to help with their meal or do some baking.
- Risks associated with people's diets were recorded.
- Staff told us there was an expectation that they sit and eat with people which acted as encouragement and provided a supportive environment. Staff also told us there were two sittings which meant people ate in a more relaxed way with fewer people in the one area. Some people were sensitive to too much noise, so staff said this worked well.
- A relative raised concern about excessive weight gain, they attributed this in part to medicines taken but also suitability of diet. Another person's records showed they had lost lots of weight and changes in medicines had played a part in this. People's weights were monitored, and we saw that people were kept active and offered healthier options.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People lived in a poor environment which had not taken into account their safety or promoted their dignity. People's rooms were personalised, but one relative said furniture needed updating, we identified this during our inspection.
- The house had narrow hallways and steep stairs which made it difficult for people to maintain a safe distance from others where this was their preference. The condition of the building did not uphold people's dignity.
- The staffing arrangements at night which reduced choice to for people in terms of who supported them. Staffing arrangements did not take into account people's preferences in terms of gender of staff when requiring support with intimate personal care.
- People had commissioned hours including one to one and two to one staffing. We saw people were supported to go out and do things they enjoyed as well as having quiet time. On the day of our inspection some people were being supported to go on holiday with two small groups going to two different venues. Another person had gone out to buy a TV guide and was planning what they were watching for that week and were observed as being content.
- Staff were professional in their conduct and language.
- A relative told us about staff, "Always professional and helpful, staff are good." Another family told us how staff facilitated visits and kept in touch. They said they were always made welcome and invited to join their family member for a meal.

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

- People's lived experience was variable due to fluctuations of staffing and staff lone staff working. We were not assured agency staff working unsupervised at night would have enough understanding or training to meet people's needs or understand how to communicate effectively as that takes time with this client group.
- A lack of provider oversight meant we could not be assured if people were treated well. Although people's routines were documented care records were not regularly updated to show how people's needs may have changed over time.
- We were not assured people were effectively supported to make their own decisions or involved as people were equal partners in their care. Some staff knew people well, but this knowledge was not shared effectively with the whole staff team, was not written down and there was poor recording around the decision making
- Audits did not generally focus on people and how they were supported to achieve their goals and

aspirations.

- Communication plans helped ensure staff knew how to communicate with people and observe their preferences. Changes in routine were responded to using communication tools and planners. One person going on holiday had a social story telling them what was going to happen to help reduce their anxiety.
- Staff spoken with were positive about their working environment and people they supported.

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

- We observed core staff working well with newer staff and creating an inclusive atmosphere in which all felt welcome. Families told us they always felt included and one staff told us, "I'm really happy here. We build a trusting relationship with people." This helped ensure staff could work positively with people and if people preferred an alternative staff member this could be facilitated.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has changed to requires improvement. This meant people's needs were not always met.

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

- People's needs were documented and care plans described people's routines and preferences but did not look at their night support and care plans were not kept up to date. Monthly keyworker meetings had not been happening, so it was difficult to see how people were put at the centre of their care.
- Care objectives were recorded but these were not reviewed to help show progress people were making in developing their skills and maximising their independence.
- People's funding had been reviewed to help ensure they had staffing in line with their needs, but we were not assured people had continuity of care by familiar staff. The impact of using regular agency could impact people's choices to go out at a time of their choosing. Reduced staffing at weekend also could potentially limit choice and opportunities to go out and do things they enjoyed. We were confident that people had daily choices and had active lives.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had complex communication needs, and staff had developed communication plans with input from the speech and language team to help ensure people's sensory processing needs were clearly understood.
- Staff told us about people's individual communication and were using different things to aid people's communication such as flash cards. Core staff were confident they could meet people's needs but were less confident that agency staff could.
- Staff were offering day to day choices to people in a way they could understand but without mental capacity assessments for more complex decisions it was difficult to see how people were being adequately supported to make their own choices.

Improving care quality in response to complaints or concerns

- Feedback was being sought from families to help ascertain their satisfaction with the service. No formal complaints had been received.
- The provider had not considered how people's human rights were being upheld, or developed appropriate systems to monitor the quality of care.

End of life care and support

- No one was approaching end of life, but the manager stated they were looking at people's longer terms plans and wishes and developing their understanding as to what people might wish for in the future, including end of life care. We were not assured that staff had the necessary competencies to support people as their needs change. The manager has since informed us that staff have commenced end of life training.
- A relative told us they had been approached by staff to discuss end of life care planning, and felt this was a good idea.
- A relative told us a person was supported to attend the funeral of a family member and staff spoke openly to a person about a recent bereavement. This meant people were supported to process loss and change.

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 our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Multiple breaches of regulation have been identified as part of this comprehensive inspection as a result of weak poor provider governance and oversight. It was clear that the acting manager and their staff had worked hard to ensure people were able to go out and do things they enjoyed and were supported in line with their needs. However, we found people were living in a poor environment which had not been maintained to ensure people's safety and dignity.
- The risks of cross infection were increased at times of reduced staffing and the poorly maintained environment made it harder to keep the home clean due to staff needing to balance cleaning tasks with provision of care. Cross infection control risks were especially important due to the recent COVID- 19 pandemic and the fact several people had chosen not to be vaccinated.
- Staffing vacancies had resulted at times in increased use of agency staff. Agency staff received all their mandatory training but did not have access to the same training as permanent staff to ensure they could understand and meet the bespoke needs of people using the service. Some agency staff lone worked at nights. The manager had some recent success in recruitment and was building a stronger senior team but until this was fully embedded improvements were still required to ensure people's care needs were met.
- We found that care plans, and risk assessments were not regularly reviewed or automatically updated following an incident. Positive behaviour support plans were not updated which meant we could not be assured staff always worked in a consistent, safe way with people.
- A serious incident had occurred and there had been no learning from this and may have been avoided if a thorough risk assessment had been completed prior to the activity. The service had not been open or taken accountability for the incident. Neither had they openly communicated this to the CQC.
- Provider oversight of the service had not led to robust action based on improvements necessary and there was a reliance on the manager to carry out regular audits and report up. The manager had a lot to do and was unable to delegate some duties until his staff team had been properly trained and developed in their new roles.
- Accountability for the failures at this service sat with the provider who had failed to demonstrate how they engaged with the service to ensure proper oversight.
- Documentation and policies were not up to date and there was poor monitoring of night- time care.
- People's quality of life was not effectively measured and in line with right support care, right care, right culture right support guidance.
- There was a limited quality assurance system which focused on objective measurable outcomes for people that use the service. Relatives told us they got little external feedback from the provider. They stated

there was no newsletter, but they were informed about events and one relative told us they had a survey to complete.

We were not assured the provider had effective governance and oversight to ensure people received care in line with their assessed needs. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We recognised that the manager had a positive impact on the service and was well respected by staff. We received positive feedback from both staff and relatives about staff's attitudes and openness. During the inspection we observed staff's interactions with people and found these to be intuitive and person-centred.

Continuous learning and improving care: Working in partnership with others

- There was limited evidence of how the service worked in partnership with other agencies to help enhance the experiences of people using the service, notwithstanding the current climate we could not see that things were followed up such as missed appointments. The organisation had its own internal resources, but these were poorly utilised, and we could not see evidence of collaboration to ensure policies and individual support guidance was in line with best practice.
- The staffing team was evolving with a number of new staff or staff working in roles they had not previously worked in. We reviewed staff's induction which new staff were confident helped them develop the skills they needed. There was, however, a lack of investment in regular staff to help ensure they could embed their training and be supported to develop additional skills within the workplace. We felt the safety of people could be compromised when supported by staff who were less familiar with their needs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager had introduced employee of the month and staff were nominated for good practice and received a small reward. Staff culture was challenged, and positive steps were taken to ensure all staff felt supported and there was an open-door policy.
- Staff were positive about their workplace and one said about the manager and deputy, "Support is incredible very helpful, best duo really proactive."
- Relatives told us when their adult sibling came to stay with them, they were always keen to return to Whitstone House and they believed them to be happy there.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Valid consent was not sought or clearly documented for all aspects of people's care.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks associated with people's safety and people's environment had not been adequately considered by the provider.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The premises were not appropriately maintained, cleaned or appropriate to need.