

# Autism Anglia

# Walnut House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Walnut House is a residential care home providing personal care to 4 people at the time of the inspection. The service provides support to people with a learning disability and or autistic people. Walnut House is a house, with bedrooms across the ground and first floor, and shared facilities for people to use. 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.

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

**Right Support:** Some improvements had been made to the care environment since our last inspection, whilst other areas still required further development at the time of our visit. Following our inspection, additional works were completed to improve the living experience of those being supported. Care plans were under review prior and following our inspection, we did however identify gaps in required information which the provider was taking appropriate steps to improve.

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.

**Right Care:** People were observed making their own choices over both days of our inspection visits and staff listened to people's direction and followed their wishes. We continued to identify gaps in mandatory training of staff during our inspection, which poses a risk that staff may not have the required knowledge to keep people safe and ensure all staff were consistently promoting choices. Care records offered little involvement in their implementation of people, although monthly keyworker reviews alongside the person had been newly implemented.

**Right Culture:** The provider was currently implementing a change of senior structure within the organisation to improve oversight and timely action taken where areas of concern are identified. These roles were still being established at the time of our inspection. Our inspection highlighted that audits that had been completed, prior to these new roles being implemented, had not led to timely changes being made within the service. Although some improvements had been made since our last inspection additional input from the provider was still required to ensure people's needs were fully met.

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 inadequate (published 25 January 2023).

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 some improvements had been made but the provider remained in breach of regulations.

At our last inspection we recommended that improvements were made to monitoring and reviewing people's MCA and DoLS applications. At this inspection, we found improvements had been made in this area and the registered manager was able to explain reasons for all applications made.

The last rating for this service was inadequate (published 25 January 2023). The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

## Exiting special measures

This service has been in Special Measures since 04 January 2023. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

## Why we inspected

We carried out an unannounced focused inspection of this service on 29 November 2022. 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 the safe care and treatment of people, staffing and good governance of the service.

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.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements and to ensure the warning notice we served in relation to regulation 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. 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 Walnut House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## Enforcement and Recommendations

We have identified breaches in relation to care records in the service not being fit for purpose at the time of inspection and timely action and meaningful audits had not been taking place at this inspection.

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 meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# 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 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

This inspection was completed by 1 inspector and a medicines inspector.

#### Service and service type

Walnut 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. Walnut 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 a registered manager in post.

#### Notice of inspection

This inspection was unannounced on the first day of inspection and announced on the second day.

Inspection activity started on 14 March 2023 and ended on 03 April 2023. We visited the service on 14 March 2023 and 16 March 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our 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

We spoke with 10 staff including the nominated individual, The nominated individual is responsible for supervising the management of the service on behalf of the provider, the registered manager, members of senior management team and care staff. We spoke with 4 people living at the service and observed care provided in communal areas.

We reviewed a range of records, including 4 people's care and medicine records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We continued to seek clarification from the provider off site to validate evidence we found. We spoke with 2 people's relatives by telephone, about their experiences of the care provided. We liaised with stakeholders after our inspection visit.



# 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 inadequate. At this inspection the rating has changed to requires improvement.

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

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Since our last inspection, some areas of the service had been repaired and replaced. However, we identified a number of concerns with the disrepair of the service still remained on the first day of inspection.
- At our last inspection we highlighted concerns with a person's care plan regarding epilepsy. This person's care plan had been reviewed and additional clarity was now in place. We identified another person's care plan with epilepsy lacking required information to guide staff how to keep this person safe, especially at night.
- At our last inspection we identified areas of care records that gave inconsistent information. On the first day of inspection, we identified this concern continuing, following feedback given to the registered manager by day 2 of inspection care plans were being reviewed to remove these inconsistencies and to further personalise the documents.
- Records were not robust in relation to fire safety. For example, the fire risk assessment shared did not detail that staff members would be asleep during the night, potentially increasing the risk to people. We also identified the service did not have an emergency grab bag to be used in the event of a fire, and Personal Emergency Evacuation Records (PEEPS) required further review to ensure they gave correct direction to staff. Fire drills completed by staff were not clearly recorded to ensure all staff had been involved in this process.
- At our last inspection we identified examples of safeguarding incidents that had not been correctly reported to the local authority. At this inspection, we continued to identify incidents that had not been reported to the local authority in relation to missed medicines. These records had been reviewed by the registered manager, in addition to senior management within the organisation.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service This placed people at risk of harm. This was a continued breach of regulation 12(1)



of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Additional improvements to the environment had taken place between day 1 and day 2 of inspection. Works continued after the inspection to ensure all required repairs were completed. A grab bag was also put in place following us raising this as a concern.
- Care records were reviewed following our direction, we found these documents were not sufficient. The provider was also sourcing additional care record formats to ensure these records are suitable in the future.
- At our previous inspection we identified concerns with the securing of the service and grounds. Improvements had now been made to reduce risk to people in this area.
- People told us they felt safe and happy at the service. Care plans detailed risk management, and from our observations on both days of inspection the support offered by staff matched these records.
- Families we spoke to felt their loved ones were safe at the service.

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

At our last inspection we recommended the provider made improvements to the monitoring and reviewing of people's MCA and DoLS applications to ensure these remained up to date and relevant.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- At our last inspection we highlighted that not all staff had completed MCA training or refresher courses, to support their knowledge and understanding of its implementation into their ways of working. This has improved since our last inspection, however some staff were still yet to complete this mandatory training.
- DoLS applications have begun to be authorised by external parties following the application being made by the service.
- Staff were observed engaging with people in a kind manner. Encouraging them to make decisions for themselves and supporting them with their desired outcomes.

## Staffing and recruitment

At our last inspection the provider had failed to deploy sufficient levels of trained staff to keep people safe. This was a breach of regulation 18 (Staffing) 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 18.

- Not all staff had appropriate training for people's individual needs when lone working. We highlighted concerns regarding training at our last inspection and at this inspection we continue to identify not all staff

members had required training, such as epilepsy. Following the inspection the registered manager confirmed they would take action to ensure the remaining staff became compliant.

- Since our last inspection, a supervision matrix had been implemented and the staff team had received supervision. This process was in its early stages and required further time to embed into a regular process.
- Staffing rota's reviewed demonstrated consistent staffing numbers deployed within the service as much as possible. However, a family member we spoke with highlighted that the staff team had recently changed and they were not familiar with all members of the team. People were observed to have good rapport with staff on both days of inspection and said they like the staff team and how they were supported.
- A new process had been developed to ensure people were supported in the community by staff who were familiar with them. This was an area we highlighted at our last inspection and action had been taken to keep people safe.
- Staff were recruited safely to the service, with relevant checks including Disclosure and Barring Service (DBS) checks in place, to ensure staff were suitable to work with vulnerable people. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People received support from staff to make their own decisions about medicines wherever possible.
- Staff understood how people liked to take their medicines. People could take their medicines in private when appropriate and safe.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely. We saw that all staff who were administering medicines had appropriate training in place with regular competency assessments.

#### Preventing and controlling infection

At our last inspection the provider had failed to robustly assess the risks relating to infection, prevention and control. This was a breach of regulation 12 (2) (h) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12 (2) (h).

- We were somewhat assured that the provider was supporting people living at the service to minimise the spread of infection. Areas of the home were found to not be cleaned thoroughly on the first day of inspection, causing potential risk of spread of infection.
- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. A ground floor shower room was heavily damaged during both days of inspection, this resulted in this room not being able to adequately be cleaned to reduce risk of infection.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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.

### Visiting in care homes

- People were able to access the community regularly, without restriction. Family members were able to visit their loved ones as they were able to.

### Learning lessons when things go wrong

- We continued to identify concerns in relation to areas we had identified at our last inspection. This demonstrated that changes had not all taken place or become fully embedded. Numerous changes within the organisation were taking place at the time of the inspection, this included new members of the senior management team to implement change and drive improvement being recruited.
- The registered manager and senior management spoke passionately about wanting to improve the service and the experience people were receiving. New roles were being created, new systems were being implemented and documents were receiving review to improve their quality. At this time, these improvements had not had opportunity to be fully established.

# 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 inadequate. At this inspection the rating has changed to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

At our last inspection the provider had poor governance and oversight arrangements in place to maintain people's safety, quality of life, standards of care provision and drive improvement at the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Since 2019 we have highlighted concerns with the environment that people are living in. At this inspection this continues to be the case. Some areas had required attention since our last inspection, including replacing the kitchen. However timely action had not been taken in high-risk areas, such as the ground floor shower room.
- We continued to identify not all staff being fully trained to support people based on their individual needs, care records with inconsistencies and lack of detail, and a lack of appropriate action following safeguarding concerns relating to medicines.
- Audits were taking place within the service, and areas relating to the environment, such as the poor condition of the shower room had been identified but these risks had not been prioritised to keep people safe of infection control risks.
- Senior members of the management team begun to take action following our first day of inspection on the areas we had identified, however these improvements were not planned prior to our visit and us identifying the importance of these improvements to the environment or care records. Some of these areas had been identified by us at our last inspection and not addressed.
- We continued to identify inconsistencies and a lack of required information in people's individual care records. These records had previously been reviewed but the areas of concern we identified had not been highlighted by those completing reviews and audits thus impacting on required improvements being made.

- A family we spoke with felt that communication from the service to them had deteriorated and they were not fully informed on aspects relating to their loved one.

Oversight arrangements had not improved to a sufficient standard and actions taken were not timely to minimise risk and impact to people being supported. This was a continued risk or regulation 17 (Good governance) of the Health and Social Care Act 2008.

- Since our last inspection the registered manager and deputy manager were now completing regular walkarounds of the service and documenting these visits and any actions that arose from them.
- A senior support worker had been added to this service to support the existing team leader to embed structure and support with changes required. In addition, a new interim operations manager in place and a variety of senior management roles were being created to drive improvement.
- Staff meetings were taking place within the service, led by the registered manager. This ensured staff were kept updated on changes within the service and to offer guidance to the staff team.
- House meetings took place for those being supported, offering them opportunity to express any concerns or ideas they had relating to the service. Also, an opportunity for staff to update them on any changes within the service. Where new staff members were added to the team, people were asked on their feedback to these staff members to ensure they were happy with who supported them.

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

- Health care professionals had been consulted and their input sought to support people. Evidence of this involvement was recorded within people's care plans.
- Staff were seen to be working closely together and supporting one another. Staff told us they felt supported by the management team.
- People were regularly supported to participate in activities of their choosing, on both days of inspection people were observed being supported to leave the house on pre- planned activities.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The care provider did not always ensure that people and the care environment were consistently kept safe.</p> <p>Regulation 12</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The care provider did not have good governance and leadership arrangements in place. Audits and quality checks were not consistently identifying risks and shortfalls. There was a lack of provider level oversight of the safe running of the service and timely actions were not taken.</p> <p>Regulation 17 (1) (2) (a) (b)</p>