

Autism Anglia

Walnut House

Inspection report

Walnut House
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Ratings

Overall rating for this service	Good ●
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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

This was an announced inspection that took place on 30 August 2016.

Walnut House is a care home for adults with learning disabilities or autistic spectrum disorder. The home can accommodate up to five people. The home has a communal lounge and dining room and people who use the service each have their own bedroom and bathroom. At the time of our visit four people were living at the home.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff told us they worked as part of a team, that the home was a good place to work and staff were committed to providing care that was centred on people's individual needs. There was a strong caring culture in the care and support team.

Staff received the training they needed to deliver a high standard of care. They told us that they received a lot of good quality training that was relevant to their job. Everyone we spoke with including people's relatives and staff said people received individualised care in relation to all of their needs. They said the service provided good quality, specialist care for people.

There were effective systems in place to manage risks, safeguarding and medication, and this made sure people were kept safe. Where people displayed behaviour that some people may view as challenging there was training and guidance given to staff. This helped them to manage situations in a consistent and positive way, and protected people's dignity and rights.

People received care and support that was responsive to their needs. Care plans provided detailed information about people so staff knew exactly how they wished to be supported. People were at the forefront of the service and encouraged to develop and maintain their independence. People participated in a wide and varied range of activities. Regular outings were organised and people were encouraged to pursue their interests and hobbies.

The staff recruited had the right values and skills to work with people who used the service. Staffing levels remained at the levels required to make sure every person's needs were met and helped to keep people safe.

Systems were in place which continuously assessed and monitored the quality of the service, including obtaining feedback from people who used the service and their relatives. Systems for recording and managing complaints, safeguarding concerns, incidents and accidents were managed well. The

management took steps to learn from such events and put measures in place. This meant that lessons were learnt and similar incidents were less likely to happen again.

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.

People were protected from harm. Staff knew what action to take if they suspected abuse was taking place.

Risks to people had been identified and assessed and there was guidance for staff on how to keep people safe.

There were sufficient numbers of staff to meet people's needs safely. The service followed safe recruitment practices when employing new staff.

Is the service effective?

Good ●

The service was effective.

Consent to care and treatment was sought in line with the Mental Capacity Act 2005 legislation and staff understood the requirements of this.

Meals were designed to ensure people received nutritious food, which promoted good health and reflected their specific needs and preferences.

People were supported to have access to appropriate healthcare services.

Is the service caring?

Good ●

The service was caring.

Staff were very respectful of people's privacy and dignity.

People were supported to express their views and were actively involved, as much as they were able, in making decisions about all aspects of their care.

Is the service responsive?

Good ●

The service was responsive.

Care plans provided detailed and comprehensive information to staff about people's care needs, their likes, dislikes and preferences.

There was a range of activities that people engaged in. People were encouraged to pursue their own hobbies and interests.

People's concerns and complaints were investigated, responded to promptly and used to improve the quality of the service.

Is the service well-led?

Good ●

The service was well led.

Everyone we spoke with was extremely positive about the way the home was managed.

There was a range of robust audit systems in place to measure the quality and care delivered.

Walnut House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 August 2016 and was announced. The provider was given 24 hours' notice before we visited the home. This was because we wanted to make sure that the people who lived there would be available to speak with us during the inspection. The inspection was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

On the day we visited the home, we spoke with three people who lived there, two members of staff and the home's manager. We also spoke with relatives of two people living at the home as well as the local authority quality monitoring team. After the day of our visit, we spoke with the provider's regional director. We looked at records relating to three people's care, which included risk assessments, guidance from health professionals and capacity assessments. We also looked at quality assurance audits that were completed by the manager and the provider.

Is the service safe?

Our findings

People living at Walnut house told us that they felt safe. One person told us, "It's a happy house and I feel safe, I talk to staff if I am worried about anything." A relative of a person we spoke to said, "My [relative] is absolutely safe, I don't have to worry about that."

Staff were able to tell us how they kept people protected from avoidable harm and abuse. They told us that they had received training about how to keep people safe and felt confident in recognising different types of abuse. The staff and manager were clear that if they had concerns about people being at risk of harm or abuse, then this would be reported to the local authority safeguarding team, and to the providers own senior managers.

We saw that risks associated with people's safety were managed well by the staff team, with risk assessments and detailed risk management plans in place. We saw that these covered activities such as going to the local pub, swimming or visits to the hairdresser. Staff we spoke with were clear that management of risks should include positive risk-taking so that people's independence would be encouraged. Staff were able to describe to us how their detailed knowledge of people helped them to keep people safe and reduce everyday risks. Potential risks to people identified by the home were shared with other providers of services people were using.

Some people at the home displayed behaviour that people may find challenging. In these instances staff told us that they knew how to support people. People had support plans which identified risks as well as the support needed to manage these instances in fine detail. This meant staff were equipped with the information required to aid them when supporting people in the least restrictive way. We saw that for one person there were prompts staff used to de-escalate potential conflict outlined. The plan included the times of the day when it was likely that conflict could take place, so staff could be prepared and plan routines for that person that were less likely to cause them distress.

Assessment and management of risk were regularly reviewed by the manager. Learning from any incidents was shared with relevant professionals and amendments were made to the persons care plan. We found that peoples risk's to themselves and others were managed effectively. People living in the home told us that they felt their freedom was supported and respected.

There were arrangements in place to deal with emergencies such as fire. People had detailed plans in place which identified the support they needed if they were required to evacuate the building. Staff we spoke with knew what to do in the event of a fire.

There were systems in place to monitor the safety of the environment and equipment used within the home thereby minimising risks to people. We saw certified evidence that showed equipment was routinely serviced and maintenance checks were carried out. The premises were well maintained, and people were able to move around the home and gardens safely and independently.

There were safe staff recruitment practices in place and the manager explained the provider's recruitment process to us. Potential staff were subject to checks including a disclosure and barring service criminal records (DBS) check, and two verified references. This was to ensure that people were supported by staff that were deemed as being suitable by the provider for their role. Staff we spoke with confirmed that they had undertaken this process when they applied to work at the home.

We observed that the staffing levels were sufficient on the day of our inspection to assist people promptly when they needed support. We looked at rotas from the preceding month and found staffing levels to be consistent and safe. People we spoke with told us that they felt there were enough staff on duty to keep them safe. Staff we spoke to felt the same. Levels of staffing varied throughout the day, there was a core staff team available at all times to people should they need them. People also received periods of 1:1 support so that they could participate in individual activities, at home and in the community. The staff rota that we viewed confirmed this.

The manager of the home told us that the planning of rotas and the introduction of new staff to the home had to be managed closely. This was because people living in the home were at risk of becoming anxious if there was too much change in their staff team. New staff had a long induction to the home so that people could get to know them and start to build their confidence in them. The home did not use any agency staff to cover vacancies, and relied upon a bank of their own staff or managers to cover shifts if required.

We saw that medicines were managed and administered safely. Medicines were stored securely and records we looked at showed that they had been given to people when they needed them and at the right time of day. All of the people living at the home had chosen to have their medicines managed on their behalf by the home. People had very clear protocols developed so that they could be supported to take their medicines safely. Protocols were in place for when people required PRN, [as and when] medicines. Staff we spoke with told us that they undertook training in the safe administration of medicines, and regularly had their competency tested.

Is the service effective?

Our findings

People told us staff had the necessary skills and knowledge to support them effectively. One person told us, "The staff treat me really well, they know how to look after me." Relatives we spoke with told us that they felt staff were well trained and had the right skills to support people. Staff we spoke with told us they received an induction into the role before working with people, and ongoing training which helped them support people. This included e learning and face to face training. The manager told us about the induction process for staff. They emphasised how crucial it was that staff were competent and confident enough to support people's high support needs.

All of the staff we spoke with told us they felt they had received enough training to provide people with effective care. Staff had completed training in a number of different subjects such as safeguarding adults, medicine management, nutrition and hydration and supporting people whose behaviour may challenge. One staff member we spoke to told us, "I've had lots of training, I feel as though I can do the job, I feel well supported."

We observed the staff providing people with safe care and demonstrating good care practice throughout the inspection visit. Staff told us that their competency to do their role was regularly assessed and that feedback to enable them to improve their practice when necessary. The staff we spoke with talked to us about support and supervision, they said that they felt well supported working at the home, and that they could seek advice from the deputy manager and manager. We concluded that staff had received enough training and supervision to enable them to provide people with effective care.

The manager and staff demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA 2005 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. The application procedures for this in care homes are called the DoLS. We checked whether the provider was working within the principals of the MCA.

Throughout the inspection visit, we saw staff asking people for their consent before providing support to them. For example, when giving support to help people engage in an activity. People living at the home told us that staff always asked for their permission before providing them with support. People had been involved in the writing of their care plan, and consented to receiving the support detailed in them if they had the capacity to do so. We saw in people's records that when it had been considered necessary MCA assessments had been completed and best interests decisions made. These had involved the appropriate individuals such as a person's relative or their GP. We saw that, where people required the protection of a DoLS, an application had been made to the local authority. Records confirmed that these applications had

been made on an individual basis depending on the person's needs.

We looked at how people were supported with eating and drinking, and how a balanced diet was maintained. People living at the home were supported to be as independent as possible, and were able to plan their meal choices, go shopping and cook meals with the support of staff. People told us that the food was of good quality, and that they always received enough to eat and drink. We saw that guidance and information was available for people to access on healthy lifestyles. People were able to make their own drinks, but could ask for support at any time to do this if they wished. The evening meal we observed was a social occasion, with people choosing to sit and eat together. We were satisfied that people living at the home received enough to eat and drink and maintained a balanced diet.

People told us that they had access to healthcare professionals and were supported to maintain good health. One person told us, "Yes I have no problem in seeing my doctor, or chiropodist, or optician." We saw that people were supported to access a range of health professionals. Each person living in the home had an annual health check with their GP. The manager told us that they worked closely with people's hospital consultants who contributed to people's positive behaviour support plans. Regular multi-disciplinary meetings took place to review people's health, including their mental health. We could see that actions were followed up on and fed back to future reviews so that health professionals could give advice based on recent events. We saw that people were involved in their own reviews, and where people needed alternative formats to read information, these were provided. We saw for one person, staff used comic strip pictures to create a story board so that they could share information about themselves in the way in which they wanted to.

Is the service caring?

Our findings

There was a stable core staff team, all of whom had worked at the service for a long time and knew the needs of people they supported particularly well. The continuity of staff had led to people developing good and meaningful relationships with staff. People were supported to maintain important relationships. They were supported to keep in touch with and spend time with their families. People's relatives all told us they had regular contact with their family member.

People told us, and we saw, that they enjoyed positive relationships with staff. One person told us, "Staff are nice to us, staff are very kind." A relative we spoke to told us that they felt staff were dedicated and caring, as well as being sensitive to the complex needs of people living at Walnut House. We saw that staff knew people well, including their individual communication styles. For example, staff told us about one person who needed extra time to answer our questions, and that we should not ask another one until that person told us we could. We saw that care delivered was of a kind and sensitive nature.

The manager told us the staff had compassion and respect for people. Staff we spoke with told us that all members of the staff team made sure that people were treated with dignity and that their privacy was maintained. We saw that staff were consistently reassuring and showed kindness towards people when they were providing support, and in day to day conversation. The interaction between staff and the people who used the service was relaxed, and it was clear from how people approached the staff, that they were happy and confident in their company.

There were high levels of engagement with people throughout our visit. From conversations we heard it was clear staff understood each person's needs, knew how to approach each person and also recognised if they wanted to be on their own. Staff we spoke with described people's preferences in detail, and how they wished to be approached and supported. Staff interacted with people positively and used their preferred names.

The manager told us that people had a key worker to ensure people were involved in decisions about their care and support. A keyworker is a member of staff who takes a lead role in working with a person to understand their preferences, changes in health and in communicating with relatives and health professionals. People we spoke with knew who their keyworkers were and said they met with them when they wanted to. We could see from records of these meetings that people were able to express views and make decisions about how their care and support was provided. They could also use this meeting to express any concerns that they had. Relatives told us that they felt they were fully involved in their family members care where appropriate. They told us that they felt consulted and able to contribute.

We found that people's independence was encouraged and promoted. People divided up roles amongst themselves in making a meal and tidying up afterwards. People were supported to wash and iron their own clothes safely. We saw that time was allocated in keyworker meetings to support people to plan a budget with their finances. This meant that staff did not have to take the lead in organising all aspects of people's lives for them.

People told us that their privacy was respected, and we observed this to be the case. One person told us, "Staff always knock on doors, they treat us with respect, they check with us first every time." Staff that we spoke with emphasised how important it was to maintain privacy and dignity for people living at the home. They told us how this was important for people, and that respecting this helped to build a trusting relationship. People were able to go to their own rooms whenever they liked.

Is the service responsive?

Our findings

The relatives we spoke with told us the staff were very responsive to each person's needs. We saw that activities were designed for each person and that staff actively encouraged and supported them to be involved. People went out into the community on a regular basis. We saw that people had good levels of staff support in the community and there were staff available to facilitate their individual, chosen activities.

People's relatives were pleased with the level of engagement and activities people were provided with. For instance, one person's relative told us their family member got out and about and had lots of opportunities to go out at weekends, and that people always had very nice holidays. One person we spoke with told us that a particular life ambition to attend a world famous show had been achieved, staff supported them to attend for the three days it ran. We viewed people's activity planners, which had pictures to assist the person to understand them and communicate their decisions. People were encouraged to be involved in housekeeping tasks to keep their house nice, as this helped to promote people's independence.

The registered manager told us that staffing numbers were configured to allow people to participate in activities in the community, and we saw evidence that staff supported people to participate in activities of their choice. This included holidays and extended trips. The staffing levels meant the activities could be individualised and meet each person's preferences.

We saw that care plans were developed detailing the care, treatment and support needed to make sure personalised care was provided to people. The care plan format provided a framework for staff to develop care in a personalised way. Care plans were person centred and had been tailored to the meet individual needs. They had been reviewed on a regular basis to make sure that they remained accurate and up to date. Where changes were identified, the information had been disseminated to staff, who responded quickly when the person's needs changed, which made sure their individual needs were met.

Members of the staff team demonstrated good awareness of how people with complex needs could present with behaviour that some people found challenging and how this could affect people's wellbeing. The individualised approach to people's needs meant that staff provided flexible and responsive care, recognising that people could live a full life involved in the community and interests. The team leader told us that the staff team had a particularly good knowledge of each person who was using the service, their needs and their triggers.

Each person had a helpful and informative communication profile in their care plan and there was a strong emphasis on supporting people to communicate. Various tools were used to help with this, including information boards. For example, there were photographs of the staff on a staff rota board to assist people to understand who was supporting them each day.

There was a comprehensive complaints policy available to everyone who received a service, relatives and visitors. The procedure was on display in the service where everyone was able to access it. The registered manager was able to explain the procedure to make sure any complaints or concerns raised would be acted

on to make sure people were listened to. Staff told us they were aware of the complaints procedure and knew how to respond to complaints. The people who used the service told us they would tell staff members if they had any complaints or concerns. Regular house meetings were facilitated by staff, so that people could share their views with one another, or with staff individually or as a group. They did not have any complaints to tell us about. It was evident from the records we saw that people's relatives knew how to complain if they needed to, and the relatives we spoke with said any concerns they raised were always dealt with appropriately.

Is the service well-led?

Our findings

People we spoke with knew who the manager was. They told us that they saw them often and felt that they could speak to them whenever they wished to. Relatives we spoke to told us that they felt the manager was approachable, willing to listen and that any problems or concerns they had were addressed and remedied quickly. We saw that the manager and staff of the home had close relationships with people living there. People were clearly pleased to see them when they arrived at the home, and wanted to spend time with them. We saw during our inspection visit that the manager and deputy manager were accessible at all times and that they displayed good leadership and direction to the staff. This meant that there was an open culture within the home which was focussed on treating people as individuals.

The manager had systems in place to assess the quality and safety of the service provided in the home. We found that these were effective at improving the quality of care that people received. There was an established auditing programme to monitor service provision. Care plans and medication audits were completed regularly. We saw that incidents and accidents had been recorded and followed up with appropriate agencies or individuals and, if required, CQC had been notified. Maintenance checks were completed regularly by staff and records kept. There were cleaning schedules to help make sure the premises and equipment were clean and safe to use.

The registered provider carried out their own annual internal quality audits and health and safety audits against their own policies and procedures. There were also regular visits from representatives for the provider to do their own checks on aspects of the service and monitor the standards in the home. We were told that during the monitoring visits the operation's manager spoke with people in the home, staff on duty and any visitors to the service. This meant people were regularly given the opportunity to raise any concerns to a senior person within the organisation. Staff told us that they were able to attend 'breakfast meetings' with the provider's directors so that they could engage and share views.

We found there was a clear management and organisational structure within the home. Staff we spoke with told us they felt the manager and deputy listened to them and that they had regular staff meetings to promote communication and discussion. Staff we spoke with told us that they enjoyed working at the home. One staff member told us, "It's great, we have a really nice small team, it works really well, consistent and full of energy which is good for the people living here." We were told by staff that they had confidence in the manager to listen to them and take action if they had any concerns. All people we spoke with told us that they would recommend the home to a friend or relative.

The home had a whistle blowing policy, staff told us that they knew how to whistle blow and that they had received training in the importance of this. They also told us that they felt that if they did raise a concern, then the manager would take this seriously. This showed us that the manager promoted an open culture at the home and staff were confident to raise concerns.