

Autism East Midlands Whitegates

Inspection report

Whitegates Home
Sparken Hill
Worksop
Nottinghamshire
S80 1AP

Tel: 01909477679
Website: www.norsaca.org.uk

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Ratings

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

Summary of findings

Overall summary

We conducted an announced inspection at Whitegates on 16 January 2019. Whitegates provides accommodation and support, without nursing, to a maximum of 18 people with a learning disability and/or autism. On the day of our inspection nine people were using the service. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service did not have a registered manager in place at the time of our inspection. There was an acting manager in place who had applied to become the new 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.

At our last inspection on 25 November 2015 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were supported by staff who planned to reduce the risks people could face whilst encouraging their enjoyment and independence. Staff knew how to respond when people were at risk of any harm to ensure their safety.

People received their care and support when this was needed because there were enough staff on duty to provide this. People were supported to take their medicines at the time they needed these, although some improvements were needed to the records that were used for this. People were being protected from infection because safe practices were being followed.

People were supported to have the control they were able to of their lives and staff supported them in the least restrictive way possible. The policies and staff practices in the service supported this practice.

People were supported to have a healthy and nutritious diet. Staff understood people's healthcare needs and provided support to people in maintaining people's health.

People were cared for and supported by staff who respected them and maintained their privacy and dignity. People were involved in planning their own care as much as possible.

People's physical and social needs were recognised and support plans were prepared and followed in order

to meet these. People who used the service or others acting on their behalf were able to raise any complaints or concerns.

People used a service that was responsive to their needs and views. Recent changes in management had been carefully planned to ensure the stability of the service people received. There were systems in place to monitor the quality of the service and make improvements when needed.

Further information is in the detailed findings below.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Whitegates

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 checked 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 comprehensive inspection took place on 16 January 2019 and was unannounced.

Before the inspection, we reviewed information we held about the service, which included notifications they had sent us. A notification is information about important events, which the provider is required to send us by law. We also contacted other professionals who work with the service and asked them for their views. We used this information to help us to plan the inspection.

We reviewed information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The inspection was undertaken by one inspector. During the inspection, we spoke with two people who used the service, three relatives, five residential support workers, a quality assurance manager and the acting manager.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the records for three people who used the service and other information related to the running of and measuring the quality of the service. This included quality assurance audits, training information for staff, staff rota, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

People who used the service were safe living at the service. We saw people were comfortable when interacting with other people who used the service and staff. Relatives also described their family members being safe living at the service. One relative said their relative, "Always wants to go back [when they had been home], they feel safe there."

Staff demonstrated a good awareness of their roles and responsibilities regarding how to protect people from harm or abuse. They were able to describe the different types of abuse and harm people could face, and how these could occur. Staff spoke of, "Keeping an eye out for things that should not occur." The acting manager was aware of their responsibility to report any concerns about people's safety to the local authority safeguarding team and told us about an incident they had reported recently.

People who used the service were provided with support to promote their safety and minimise any risks. We observed staff accompanying people out of the service to attend appointments and activities. Relatives told us their family members were able to live an active life because staff, "Are doing all they can to make their life happy."

Staff told us they followed people's 'Accessing the community' support plans. These included details of any equipment or medicines people needed to take with them to ensure their safety. We also saw there were support plans in place for specific activities such as swimming. The quality assurance manager told us risk assessments were completed by three staff, who involved people who used the service and their relatives when writing them, to ensure a 'wide perspective'. Each person had a personal emergency evacuation plan (known as PEEP) to be followed if they had to be assisted out of the service in an emergency, such as a fire.

People who used the service were supported by a sufficient number of staff who they knew well. We observed people were comfortable around staff on duty, who understood their needs and responded to these in an appropriate and timely way.

A relative told us how they felt there were, "Enough staff." Staff agreed with this and said there were relief staff available to cover any unexpected absences from work. Staff told us they felt the staff employed had a good range of skills and they worked well together as a team. The quality assurance manager described the recruitment process for new staff which included undertaking the required recruitment checks and we saw evidence that these had been undertaken.

People were supported to take their medicines when they needed to. Relatives told us their family members received the support they needed to have their medication as prescribed. People were only administered their medicines by staff who had been trained to do so and had passed an assessment of their competency. We saw records confirming this. We identified some medicines records had not been completed accurately, which the quality assurance manager addressed at the time.

People lived at a service that was clean and staff followed good hygiene practices. Relatives told us they

were happy with the cleanliness of the service and we found everywhere to be clean during a tour of the premises. The quality assurance manager told us people who used the service were supported by staff to contribute towards the cleaning. Staff confirmed that they used protective clothing (PPE) when needed and this was always available.

Staff told us they reported any incidents or accidents that took place at the service or when they were out in the community. This involved completing incident reports. Staff said this information was acted upon by management to review the actual incident or accident and to see if anything should be done to prevent a similar incident occurring in the future. The acting manager told us they had to report to head office the number of incidents that had taken place and what action had been taken about these.

Is the service effective?

Our findings

People's care needs were assessed to ensure these were addressed in a way that was suitable for the person according to their individual characteristics, including any that are protected under the Equality Act 2010. Relatives told us how the staff at the service used different methods of communication that suited the communication skills of their family members. This involved using aids designed to assist people with limited verbal communication skills to express their views and wishes. One relative described how their family member's verbal communication skills had improved through the support provided by the provider's Speech and Language Therapy (SALT) team. They added that their family member's speech had improved and they were "reaching their potential".

The quality assurance manager told us about ways they planned sessions in order to obtain people's wishes, and we saw photographs of these in people's support files. Staff worked with people to give them the support they needed to make decisions on their care and were aware of the characteristics of the Equality Act. This is legislation designed to protect people's rights and promote equality of opportunity. Staff spoke of how they prepared people for forthcoming events by using 'social stories' where similar situations are described to help the person's understanding. The provider ensured that information people who used the service needed was presented in an easy read format.

People were supported by staff who received the training and support they needed to meet people's needs. We observed staff approaching and responding to people in a way they understood and appeared comfortable with. A relative described staff as "excellent" and said they provided, "Excellent care."

A new staff member told us they had, "Enjoyed the induction", and said they felt it had prepared them for the work they had to do. Other staff said they received the training and supervision they needed for their role. Training records showed staff had received regular and appropriate training. One staff member told us the training was "Brilliant". Training records showed staff received regular training.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible, people 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

met. We found people were making decisions about their care and how this was provided. There was information about when and how to provide people with information to best enable them to make decisions for themselves in their care files. The quality assurance manager showed us the system they followed to apply for DoLS and ensure these were in date and any conditions made were met.

People were provided with the meals, snacks and drinks they enjoyed and had a healthy diet. Relatives told us they felt their family members had a good diet and had sufficient to eat and drink. Relatives spoke of their family member's weight being monitored. One relative said when their family member put weight on staff helped them to lose this.

Staff described how they monitored what people had to eat and drink to ensure this was something they enjoyed, as well as promoting their health and well being. Staff spoke of working alongside SALT to develop support plans about maximising people's nutritional intake.

People's health needs were known and they received the healthcare support they needed. One person was visited by a doctor during our visit as staff had felt they were unwell. Relatives felt their family member's health was looked after. One relative told us, "They are very good at looking after their health. They tell me when they have a doctor's appointment."

Staff spoke of accompanying people to healthcare appointments and working "hand in hand" with healthcare professionals. The quality assurance manager told us each person had a health action plan to help them meet their health needs., They also spoke about how they prepared people for the healthcare support they needed.

We found the provider had made changes within the service to make the environment more suitable for meeting people's needs. This had included reducing the number of people who lived at the service to allow more space and flexibility on how the environment was used. Two people lived in separate flats as this better suited their chosen lifestyle.

Some relatives commented the environment could more homely and would benefit from a programme of refurbishment. One relative said, "The environment could be improved. The colours could be better, it needs to be brightened up." Another relative commented, "I have always said they need better furniture to make it feel more homely."

During our tour of the building we noted that some areas were in need of decoration and there was a need for some maintenance tasks to be completed. For example the sensory room and jacuzzi were out of action and we were told this had been the case for some time. A staff member said the work needed on these was due to be carried out shortly and they would be able to be used again.

Is the service caring?

Our findings

People who use the service were supported by staff who were kind and caring. We saw staff approach and interact with people sensitively. A relative told us, "Staff make every effort" and another relative said, "You can see their caring attitude."

Staff spoke with pride and enthusiasm about working at the service and supporting the people who lived there. One staff member told us that supporting people with autism was "Important to me." They went on to describe the pleasure they got from seeing people happy and enjoying themselves. The quality assurance manager described how the staff team had, "The right attitudes and values." There was information about people's earlier lives in their support files to help staff know and understand them.

People were able to influence their care and how this was provided. We saw pictorial records showing how people had been involved in meetings about their care and support. This identified what people liked and responded well to, as well as where other strategies and approaches that could be followed. Relatives said that both they and their family members were involved in planning their care. One relative told us, "They listen to what we think." Another relative said, "They involve the residents. [Name] has been involved in choosing paint colours."

Staff told us people were involved in making decisions about their care and how they kept them informed in a way that they understood. One staff member said, "Some [people] can speak up and others demonstrate what they want by their behaviour." The quality assurance manager told us about 'service user voice meetings' that were held and how these were designed to encourage people to contribute their views on the service. Records of these meetings showed topics included menu planning, holiday destinations and ways of promoting safety had been discussed.

The quality assurance manager told us that two people were supported by independent representatives and there was an arrangement in place with an advocacy service to provide people with independent support if needed. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

People were supported in a caring and sensitive way. We saw staff showing respect to people in the way they approached and interacted with them. Relatives told us their family member's privacy and dignity was respected. One relative said, "It's the way they [staff] care for them [people who use the service] that's important. They focus on them, we are very happy with that." Staff described following good practices in promoting people's privacy and dignity. The quality assurance manager told us respecting people and promoting independence were included in the staff training programme.

Is the service responsive?

Our findings

Each person who used the service was provided with personalised care that was tailored to their individual needs. A relative for a person who had recently moved into the service told us, "We have been very pleased with the transition period which helped [Name] settle in." They added that staff had, "Organised a meeting to iron out the little hiccups" that arose during this time. Other relatives spoke of their family members having their care needs described in support plans. One relative told us, "They have very detailed plans, we review them together every six months." We found the plans we reviewed were clearly written and described the support each person required. Staff had a good knowledge of people's needs and how these should be met.

People who used the service were provided with regular opportunities to follow their interests. One person told us, "It's disco night tonight." Another person had been encouraged to follow their particular interest which had led to them exhibiting some work at a local theatre and at a school. A relative told us the important thing was that their family member, "Enjoys life." Another relative said, "They go out and about as much as possible." We saw people going out and returning from various activities and trips during our visit. Staff told us about the different activities people were able to take part in and how they enjoyed these.

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss.

The quality assurance manager explained the different ways they communicated with people who could not do so verbally. This included using visual and interactive aids and preparing social stories. The provider employed speech and language therapists who assisted preparing communication support plans for people. The quality assurance manager told us ways of communicating with people who used the service were shared with other agencies as and when needed.

People were encouraged to express any concerns or complaints about the service they received, or relatives were able to do so on their behalf. The complaints procedure was available in an easy read format. Relatives told us they were able to speak out about anything they wanted and felt their comments were listened to. A relative told us, "There is a complaints procedure and another [procedure] for making any comments." There was a log to record any complaints or comments made. There had not been any formal complaints made but there had been a number of comments which had been appropriately responded to.

The quality assurance manager told us they were currently undertaking a piece of work with people who used the service and their relatives to gather their wishes regarding the way they would like their end of life care to be managed. The quality assurance manager told us this information would then be put into end of life care plans for use when needed.

Is the service well-led?

Our findings

People used a service that was well run and was always looking for ways to improve. People were able to comment on the service in regular meetings. The minutes of these meetings showed the agenda that was discussed, any actions taken and what the outcomes were. Relatives told us they felt there was good communication between themselves and staff at the service. One relative said staff, "Communicate well with us."

Staff spoke of being able to express their views in staff meetings and in general discussions. They said they felt they were listened to and felt valued. Staff were aware of their duty to pass on any concerns externally should they identify any issues that were not being dealt with in an open and transparent manner. This is known as whistleblowing and all registered services are required to have a whistleblowing policy.

There had been some recent changes made to the management of the service which were being well managed. This included a change in the registered manager. The previous registered manager had left the service and a new acting manager had submitted an application to become the registered manager. We found the acting manager was clear about their responsibilities, including when they should notify us of certain events that may occur within the service. We had been notified of events in the service the provider was required to notify us about. Providers are legally required to display their CQC inspection rating and this was being done.

Relatives were aware of the changes in management that had taken place and felt that these were well managed. One relative commented that there was inevitably a bit of disruption but things were, "Still running smoothly."

There were systems in place to monitor the service and ensure improvements were made when these were identified. We saw audits had been completed at the intended frequency and these had confirmed the service had been provided as intended. The audits also showed when improvements were needed. We saw that when improvements were identified these were then made. The quality assurance manager told us they were working to put all the actions into one central action plan rather than having several plans on the go at the same time.

Quality assurance surveys had identified some activities people would like opportunities to be involved in, and action had been taken to facilitate these. For example, this included purchasing a new shed to use for gardening.