

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Woody Point

Station Road, Brampton, NR34 8EF

Tel: 01502575735

Date of Inspection: 07 April 2014

Date of Publication: May 2014

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Meeting nutritional needs</b>	✓	Met this standard
<b>Cleanliness and infection control</b>	✓	Met this standard
<b>Staffing</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Ambercare East Anglia Limited
Registered Manager	Miss Kara Shimmins
Overview of the service	Woody Point provides care and support for up to five people with learning disabilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<b>Our judgements for each standard inspected:</b>	
Care and welfare of people who use services	6
Meeting nutritional needs	8
Cleanliness and infection control	9
Staffing	10
Assessing and monitoring the quality of service provision	11
<b>About CQC Inspections</b>	12
<b>How we define our judgements</b>	13
<b>Glossary of terms we use in this report</b>	15
<b>Contact us</b>	17

## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 7 April 2014 and talked with staff.

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### What people told us and what we found

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At the time of our inspection visit, the four people using the service were out at day service. We were told by staff that these people may not have been able to communicate verbally their views on the service, had they been present. This was corroborated by looking at care records. We looked at the care records for all four people using the service. In addition, we reviewed audit records, complaints records and staff rotas. We considered our inspection findings to answer five key questions; Is the service safe? Is the service effective? Is the service caring? Is the service responsive? and is the service well led?

Below is a summary of what we found during our inspection;

Is the service safe?

We found that people using the service were protected from the risks associated with the spread of infection, as appropriate measures were in place to control this risk. We found that people were cared for in a clean and hygienic environment.

We reviewed the fire safety checks undertaken by a nominated member of staff at the service. We found that these had been completed on a weekly basis, and this ensured that people would be alerted promptly if there was a fire at the service. This protected people from the risk of coming to harm in the event of a fire.

We reviewed the staff rota for the month prior to our visit. We found that in this month, there had been enough staff to meet people's needs and protect their welfare. All four people using the service required one to one care, and we found that they had received this in the month prior to our inspection. The service had in place a contingency plan to maintain the staff numbers at a safe level.

We checked to see if anyone using the service was subject to a deprivation of liberty safeguard at the time of visit, and we found that no one using the service was at the time of visit. The service had in place appropriate policies and procedures in order to protect people from having their liberty unlawfully restricted.

Is the service effective?

Care records we reviewed indicated that people's care was planned and delivered in a way which promoted their dignity and ensured their safety and welfare. These records had been reviewed and updated as needed, and we were told by staff that new updated paperwork was just being completed for each person using the service.

Is the service caring?

We found that each of the four care records we reviewed contained detailed information about the person. This included information about how they communicated, what they liked to do with their time, their past history and how staff could support them to live their life as they wished.

The service was unable to offer people the opportunity to complete satisfaction questionnaires, as they would be unable to provide responses to direct questions about their experiences. However, staff told us that they were able to tell when people were happy and when they weren't, just by observing their behaviour and interaction with others.

Is the service responsive?

People using the service had opportunities to partake in a number of different activities throughout the day and evening. All four people were supported to attend a day centre on weekdays, and there was information in their care records about what they liked doing at other times.

People's care records indicated that staff took the appropriate action in a prompt manner where concerns about a person's wellbeing or care were identified. This included seeking advice and support from healthcare professionals such as doctors, dentists and mental health professionals where needed.

Is the service well-led?

The service had a quality assurance system in place to identify shortfalls in service provision. This included a programme of audits and checks which were completed regularly to ensure the quality of the service provided to people..

You can see our judgements on the front page of this report.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

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### Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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### Reasons for our judgement

At the time of our inspection visit, there were four people using the service and we looked at the care records for all four of these people.

We found that each person had a detailed assessment of their care needs, and this had been repeated regularly so the service could recognise where people's needs had changed.

Each person had a detailed set of care plans, which indicated that care had been planned in a way which was intended to protect their safety and welfare. Care plans included detailed information for staff about people's needs, and how staff should meet those needs.

Each person had been assessed as to their mobility, malnutrition risk, falls risk and risk of developing pressure areas. These assessments had been updated regularly and actions were put in place to reduce the risk to the person where it was necessary.

There were risk assessments in place for each of the four people whose records we reviewed. These included a fire risk assessment, behaviour risk assessment and other assessments relevant to the person's needs. These had been updated regularly and actions were put in place to reduce the risk to the person.

We found that the service was responsive to people's needs. We found that staff took prompt action when they identified concerns with a person's care and welfare. This included seeking advice and support from healthcare professionals such as dentists, GP's and mental health practitioners where necessary.

We found that there were separate care plans around visiting the GP, dentist and other healthcare professionals. These were written in an easy read pictorial format, and set out people's needs when visiting healthcare professionals outside of the service. These care

plans also set out the person's anxieties with visiting healthcare professionals, and provided information for staff on how to alleviate their anxieties.

We checked to see if anyone using the service was subject to a deprivation of liberty safeguards. A deprivation of liberty is when a person's ability to do something is restricted because it is considered to be in their best interest. In this case, safeguards are put in place to protect the person from an unlawful restriction of their liberty. At the time of visit, none of the four people using the service were subject to a deprivation of liberty safeguard. Staff demonstrated a good knowledge of deprivation of liberty safeguards and had received training in the subject within the year prior to inspection. We found that there was an appropriate policy and procedure in place at the service regarding deprivation of liberty safeguards.

**Food and drink should meet people's individual dietary needs**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

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**Reasons for our judgement**

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We looked at the way the service maintained people's nutrition and hydration.

We found that the staff created weekly menus, from which people had two choices for their main meal of the day. People also had a number of other healthy options to choose from if they wished for something other than what was on the menu. This meant that people had access to a choice of suitable food and hydration.

We were told by staff that people were involved in preparing meals according to their ability. For example, one person was able to peel and chop vegetables, and enjoyed doing so. This was reflected in this person's care plan, and the service had risk assessed this person to ensure it was safe for them to undertake this activity. Other people were involved in preparing their lunch boxes to take to their day service the following day, and in making drinks and breakfasts. People's involvement in preparing meals was care planned, and risk assessed where necessary to protect the person. This evidenced that staff promoted and encouraged people's independence, and tried to involve them in daily tasks as much as possible according to their abilities.

We were told that no one was on nutritional monitoring at the time of our inspection, as no one was at risk of malnutrition. People were weighed once weekly to ensure that their weight remained stable, and were assessed using the malnutrition universal screening tool (MUST). This ensured that they were protected from the risk of malnutrition.

Staff were monitoring the fluid intake for people using the service, we were told that this was because some people did not always have a good fluid intake and staff wanted to ensure that they were protected from the risk of dehydration.

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

People were cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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We looked at the cleanliness of the service, and how the service protected people from the risks of infection.

We found the service to be in a clean, hygienic condition at the time of our inspection visit. People's bedrooms, bathrooms and communal areas were clean.

We found that the kitchen was hygienic, and there were procedures in place for avoiding the spread of infection. These included colour coded kitchen utensils for raw and cooked foods. The service had been inspected by the local authority, who were satisfied with the cleanliness of the kitchen and food preparation areas.

We found that people using the service were involved in maintaining the tidiness of their home, where they were able. People were involved in tasks such as doing laundry, tidying their possessions, vacuuming and general cleaning such as dusting. This promoted people's independence.

The care staff on duty each day were responsible for maintaining the cleanliness and tidiness of the service.

There was an infection control policy and protocol in place at the service, and checks were conducted by senior staff to ensure that a good standard of cleanliness was maintained.

## Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

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### Our judgement

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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### Reasons for our judgement

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We looked at the staffing level on the day of our inspection, to ensure that the service was meeting people's needs.

On the day of our inspection, there were three staff members present at the service. This reduced to two after cleaning tasks had been undertaken, because all four people using the service were out at a day centre. We were told, and care records corroborated, that each of the four people required one to one care. Staff told us that the number of staff required to care for people was four at all times.

We analysed the staff rotas for the four weeks prior to our inspection. We found that the service had mostly maintained a staffing level of four. Where they had not, this had been temporary because of unexpected staff absence.

We saw that there were processes in place to maintain the staffing level in the event of sickness or staff absence. This included bringing staff from other services within the organisation to provide cover. The service had access to two members of bank staff.

We found that the staff working for the service had the appropriate qualifications, skills and experience to care for people with a learning disability. This meant that people were protected from the risks associated with poor care.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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### Reasons for our judgement

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We looked at the procedures in place to ensure the quality of the service provided to people.

We found that there were audits in place to identify issues in service provision. Audits conducted included fire checks, checks on the environment, cleanliness checks, complaints audits, medication audits, mattress audits and care plan audits. These were carried out regularly, and where issues were identified, there was evidence that actions were put in place to make improvements to the service.

We reviewed complaints records for the service, and found that the service hadn't received a complaint in the year prior to our inspection. There was an effective complaints policy in place and people's relatives were kept informed of how to complain. Previous complaints had been investigated in line with the policy, and to the complainant's satisfaction.

The service did not undertake satisfaction surveys, this was because people using the service were unable to provide responses to direct questions about their experiences. However, staff told us that they were able to ascertain whether people were happy with the service based on how settled their behaviour was.

We looked at incident records at the service, and found that the service was recording any incidents that occurred. We found evidence that the service put in place actions following incidents, in order to reduce the risk of repeat incidents.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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