

Amber Care (East Anglia) Ltd

# Woody Point

## Inspection report

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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

Woody Point is a residential care home registered to provide support to five people with a learning disability. People using the service were unable to communicate their views to us verbally. We carried out observations and spoke with health professionals involved in people's care to come to an understanding about the support they received.

At the last inspection on 11 March 2015 the service was rated Good. At this inspection we found the service remained Good.

The service 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.

Action was taken by the service to ensure people were kept safe. Risks to people were appropriately planned for and managed.

Medicines were stored, managed and administered safely.

Staff received appropriate training and support to carry out their role effectively. Appropriate checks were carried out on prospective staff to ensure that they were of good character.

People received appropriate support to maintain healthy nutrition and hydration.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLs). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with kindness, respect and were enabled to live as independently as possible.

The service had processes in place to gain the feedback on the quality of the care people received and this was used to inform changes where appropriate.

People received personalised care that met their individual needs and preferences. People and other appropriate professionals were actively involved in the planning of their care. People were enabled to access meaningful activities and follow their individual interests.

There was a complaints procedure in place and those involved in people's care knew how to complain.

The registered manager promoted a culture of openness and honesty within the service. Staff and other

appropriate professionals were invited to take part in discussions about shaping the future of the service.

There was a robust quality assurance system in place and shortfalls identified were promptly acted on to improve the service.

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?

The service remains good.

Good ●

### Is the service effective?

The service remains good.

Good ●

### Is the service caring?

The service remains good.

Good ●

### Is the service responsive?

The service remains good.

Good ●

### Is the service well-led?

The service remains good.

Good ●

# Woody Point

## **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 was carried out by one inspector on 14 July 2017 and was unannounced. Further information requested as part of this inspection was reviewed by us on 7 August 2017.

Prior to the inspection we reviewed the contents of notifications received from the service.

People using the service were unable to verbally communicate their views to us. To assess the care they received we carried out observations and spoke with four professionals involved in people's care. We spoke with two care staff, the deputy manager and the registered manager.

We reviewed the care records for three people, three staff personnel files and records relating to the management of the service.

## Is the service safe?

### Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

The service continued to protect people from avoidable harm and abuse. Professionals involved in people's care told us that people were safe living in the service. One professional said, "I've no concerns about the safety of the home." Another told us, "I've no concern's about [person's] welfare." People received support from staff who demonstrated to us that they understood how to enable people to remain safe. This included how to recognise and report abuse.

The service continued to manage risks to people well and staff were proactive in reducing risks and protecting people from harm. Records we reviewed demonstrated that there were comprehensive risk assessments in place for people. These set out the measures in place to reduce the risk. The service was mindful of ensuring that prevention of risk did not restrict people's right to freedom and independence.

Professionals we spoke with told us they felt there were enough staff available to support people. One professional said, "The staffing level seems appropriate and I can't see any need for more at present." Another told us, "[Person] gets the interaction and one to one time [they] need from the staff."

Staff told us that the number of staff available to support people continued to be appropriate to the needs of the people using the service. Staff and the manager said the staffing level was under constant review dependent on the needs of people using the service. Staff told us that there were always enough staff to cover shifts where other staff were unavailable and that there were enough staff to support with activities such as holidays.

The service continued to carry out appropriate checks on prospective staff to ensure they were of good character.

Medicines continued to be stored, managed and administered safely. People's care records set out what support they required with their medicines. Protocols were in place where people were prescribed 'as and when' (PRN) medicines.

## Is the service effective?

### Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

Professionals told us they were happy with the knowledge of the staff team. One said, "The staff are very good with [person] and know how to keep them happy and calm."

Staff told us that they were happy with the training and support received and felt this enabled them to carry out their role effectively. Records demonstrated that staff received appropriate supervision and appraisal. These sessions were focused around developing the skills and knowledge of the staff team. Staff told us they felt able to make suggestions about extra training or raise concerns during these sessions.

Records demonstrated that supervision sessions were used as a way to address practice issues and ensure that staff worked in accordance with the policies in place at the service.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. DoLS applications had been made to the local authority and authorised where appropriate.

Staff continued to demonstrate they understood the MCA and DoLS and how this applied to the people they supported. We observed that staff continued to encourage people to make choices independently based on their ability. We observed that staff used a number of different methods of communication to enable those who did not communicate verbally to make choices.

The support people required to maintain healthy nutrition and hydration was set out in detail within their care records. Observations supported that people were given the practical support they needed to prepare and eat their meals. Care was taken to ensure people's independence at meal times was encouraged.

There were menu's in place with pictures of the food to help people with limited verbal communication to make choices. We observed people being supported to make choices about their meals during our visit.

The service continued to support people to maintain good health. Health professionals told us people were supported to attend appointments such as at the dentist and GP. One professional said, "[Person] is able to attend appointments outside of the home with staff support." Another told us, "Referrals to us are made as we would expect." The manager and care staff continued to have a good working relationship with external health professionals such as psychiatrists, GP's and dentists. Records demonstrated that they were proactive in obtaining advice or support from health professionals when they had concerns about a person's wellbeing.

## Is the service caring?

### Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

Professionals we spoke with told us the staff were kind and caring towards people. One said, "The staff are very caring towards [person] and it is clear that [person] is relaxed in their company." Another told us, "[Person] has a good relationship with staff, particularly with [person's] key worker." This was confirmed by our observations of the way staff interacted with people.

Professionals told us that they continued to be involved in the planning of people's care. They confirmed they were involved in meetings regarding people's care and in reviewing their care records when appropriate. They also confirmed they were involved in the process of making best interest decisions which the person was unable to make for themselves. Records we reviewed supported this.

We observed that staff continued to respect people's right to space and privacy. People's care records included information about when people should be supported to spend time alone and have privacy from staff and other people using the service. Plans were put in place to control risks whilst upholding the people's rights to privacy and time alone.

We observed that people were encouraged by staff to remain as independent as possible and participate in tasks such as making drinks or preparing meals. Care records made clear what tasks people needed support with and what they could do for themselves. This reduced the risk of people being over supported which could have a negative impact on their independence and retention of life skills.

## Is the service responsive?

### Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

Professionals told us staff and the managers knew people well. One professional told us, "Staff seem to know people well and the managers accompany people to appointments to keep abreast of our discussions." This was supported by our observations and speaking with staff and the managers about people's needs.

The service continued to ensure that people's care records were personalised to include information about them, such as their hobbies, interests, preferences and life history. This information enabled staff to better communicate with people and to support them to engage in meaningful activities they enjoyed. People's records also included a document to accompany them if they needed to be admitted to hospital. This ensured that hospital staff would have the information they needed to understand people's complex needs.

The service continued to support people to engage in meaningful activities and to reduce the risk of under stimulation. The support people required to access activities both within the service and the community was assessed so that there were always enough staff available to support people with activities. Records clearly stated the activities people liked and those that they did not enjoy. This meant that people were enabled to follow their individual interests.

People's records clearly set out the ways in which they communicated and what behaviours or non verbal cues might mean about how they felt. Staff we spoke with were able to tell us about how they were able to ascertain the satisfaction of people using the service who did not verbally communicate.

## Is the service well-led?

### Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

There was a registered manager working at the service. 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. Statutory notifications received showed us that the registered manager understood their registration requirements.

The registered manager continued to promote a positive, open and friendly atmosphere within the service. They actively sought the feedback of staff, relatives and professionals involved in people's care. Staff told us they felt able to discuss anything they wished with the deputy manager or registered manager and felt their comments would be taken seriously. Records demonstrated that where staff had raised concerns about the practice of other staff members, prompt action had been taken to ensure people were protected from harm.

The service continued to maintain good links with the community and other care services in the local area. The service is part of a group of similar services owned by the same provider. The managers of these services regularly meet to discuss best practice and share experience. The registered manager also attended other externally organised meetings, such as on infection control to ensure they kept up to date with best practice.

The service continued to encourage professionals to feedback on the service. Professionals told us they felt able to raise concerns or make comment about the service and that they felt they would be listened to.

The registered manager and deputy manager continued to carry out a regular programme of audits to assess the quality of the service and identify issues. These included audits on medicine records, staff training and care records. We saw that these audits were capable of identifying shortfalls which needed to be addressed. Where shortfalls were identified, records demonstrated that these were acted upon promptly.

The provider visited the service on a regular basis to check the quality of the service and ensure people were receiving the care they required. We saw that these checks identified issues that needed rectifying and that issues identified were acted on promptly.

The manager told us about improvements they intended to make to the service in future. For example, upskilling other staff to undertake audits or management duties. This demonstrated to us that the registered manager was committed to continual change and improvement. Plans were also in place to support people to go on holidays or to partake in trips as they wished.