

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

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Ambercare East Anglia Limited
Registered Manager	Miss Michelle Davidson
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

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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'.

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Summary of this inspection

Why we carried out this inspection

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.

How we carried out this inspection

We reviewed all the information we have gathered about Woody Point, looked at the personal care or treatment records of people who use the service, carried out a visit on 26 November 2012 and observed how people were being cared for. We checked how people were cared for at each stage of their treatment and care, talked with people who use the service and talked with staff.

What people told us and what we found

We met the four people who used the service and spent time observing their morning routine while they were preparing to attend their day centres. Two people communicated with us verbally and by using their preferred methods signs and gestures. Two people answered, "Yes," when we asked if they liked living in the service.

One person showed us their bedroom, the laundry and the bathrooms. They told us that they preferred to use the bath rather than the shower. With the assistance of a staff member they told us about the television programmes that they enjoyed.

Another person told us, "I like the food," and, "I like to cook cakes." We saw that the staff offered people choices of what they wanted to eat and drink during our visit.

One person chose not to attend their day centre and this was respected.

We looked at the care records of four people who used the service and found that they experienced care, treatment and support that met their needs and protected their rights.

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

More information about the provider

Please see our website 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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We saw that before people received any care or treatment they were asked for their consent and the staff acted in accordance with their wishes. People's choices about attendance to their day centre, what was on television and what they had for breakfast were respected. Staff encouraged people to express their choices. One person chose not to attend their day centre and this was respected.

We saw the care records of four people who used the service. The records were written in a person centred way and identified people's preferences about how they wanted to be cared for and supported, how they made choices in their daily living and their likes and dislikes.

People were provided with a choice of bathing facilities and one person told us that they preferred to use the bath.

One person showed us their bedroom and we saw the other bedrooms in the service. The bedrooms reflected people's individuality. This meant that people's choices about how they kept their personal space were respected.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We met the four people who used the service and spent time observing their morning routine while they were preparing to attend their day centres. Two people communicated with us verbally and by using their preferred methods signs and gestures. Two people answered, "Yes," when we asked if they liked living in the service.

With the assistance of a staff member one person told us about the television programmes that they enjoyed.

Another person told us, "I like the food," and, "I like to cook cakes." We saw that the staff offered people choices of what they wanted to eat and drink during our visit.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the care records of four people who used the service. The records held care plans which identified the care and support that people required and preferred to meet their assessed needs. This included support with their personal care and behaviours.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Peoples care records included risk assessments which identified how the risks in their daily living were minimised. This included risks associated with their behaviours and inside and outside the environment.

The care plans and risk assessments were reviewed on an annual basis and when required to identify people's changing needs and preferences. Key workers also completed a weekly report which identified any changes required in the care records.

The acting manager told us that they were in the process of reviewing all the care records in the service to ensure that they were accurate and up to date. They told us about how people's diverse cultural needs were met which told us that their diversity was taken into account when planning their care and support. However, their care records did not reflect this area of good practice. The acting manager told us that they would address this immediately.

We saw the shift reports which identified the care and support provided to people on a

daily basis. Where there were concerns about people's wellbeing there was evidence in place which showed that the staff acted to ensure their needs were met. This included seeking advice and guidance from health care professionals. This told us that people's physical and mental health care needs were met.

We saw records of incidents which provided information about how people were supported with their behaviours. The acting manager told us that they intended to ensure that these records included information about how incidents were followed up and people were supported following incidents.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We spoke with people who used the service, their feedback did not relate to this standard.

We saw how medicines were kept safely in the service. We spoke with a staff member and looked at records which showed that appropriate arrangements were in place in relation to obtaining medicine and medicines were disposed of appropriately.

We looked at four people's medication administration records (MAR). The records were appropriately completed which showed that people took their medication at the prescribed times.

There were guidelines in place for the administration of 'as required' (PRN) medication. The MAR charts identified when PRN medication had been administered and the reasons for administering the medication. We were able to track the administration of the medication with the incident reports. This meant that people were protected from the inappropriate use of PRN medication.

We saw training records which showed that staff who were responsible for administering medication were trained to do so safely. One staff member told us that they had not been provided with medication training and they could not administer medication until they had been trained.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spoke with people who used the service, their feedback did not relate to this standard. During our inspection we saw that the staff interacted with people in a caring, respectful and professional manner. They encouraged people to make choices and they listened to what they wanted.

Staff received appropriate professional development. Three staff members told us that they felt that they were provided with the training that they needed to meet the needs of the people who used the service. We looked at staff training records which confirmed what we had been told. Staff were provided with training in subjects such as safeguarding vulnerable adults from abuse, moving and handling, oral health, first aid, communication and non abusive psychological and physical intervention (NAPPI). Staff had been provided with an induction course which incorporated the Common Induction Standards.

Staff were able, from time to time, to obtain further relevant qualifications. The training records seen showed that staff were supported to undertake an industry recognised qualification, such as a National Vocational Qualification (NVQ).

The acting manager told us that they were working on an action plan which they had completed to ensure that staff were provided with regular one to one supervision meetings. These meetings had not been provided to people as often as they had planned.

Staff told us that they felt supported in their role. We looked at the personnel records of three staff members which showed that staff were provided with the opportunity to discuss the way that they worked and to receive feedback about their performance in one to one supervision and annual appraisal meetings. We saw the minutes from bi monthly staff meetings which provided staff with the opportunity to discuss the care and support provided to people who used the service.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We spoke with people who used the service, their feedback did not relate to this standard.

We saw the service's records of complaints which showed that the provider took account of complaints and comments to improve the service.

We saw the satisfaction questionnaires which had been completed by professionals involved in people's service provision. The last one had been completed October 2011. The acting manager told us that they were planning to undertake a further quality assurance exercise for 2012. We discussed how they could gain the views of people who used the service. The acting manager told us that they would ensure that methods of how they could gain information about people's satisfaction about the service would be considered.

We saw the reports of the provider's monitoring visits which showed that the provider had an effective system to regularly assess and monitor the quality of service that people receive. The acting manager showed us an action plan which they had completed to improve the service provision.

We saw the personnel records of three staff members which showed that they had been observed in their usual working routine. This told us that staff performance was monitored.

We looked at health and safety related records including fire safety checks and water temperature checks. This meant that the provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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