Inspection Report

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: 11 October 2013

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

Care and welfare of people who use services	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard

Details about this location

Registered Provider	Ambercare East Anglia Limited
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'.

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 looked at the personal care or treatment records of people who use the service, carried out a visit on 11 October 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We saw the care plans for the four people using the service and saw that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for within a secure and homely environment that met their needs.

People's health, safety and welfare were protected when more than one provider was involved in their care and treatment. This was because the provider worked in co-operation with others.

People using the service were protected from the risk of abuse, because the provider had appropriate policies, practices and staff training in place to identify the possibility of abuse and prevent abuse from happening.

Effective recruitment and selection processes, with appropriate checks undertaken before new staff took up their appointments, ensured that people were cared for by suitable and appropriately skilled staff. This was confirmed by the records that we saw and in our conversations with the two care staff on duty.

We met three of the four people using the service. We observed that they had good relationships with the staff.

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

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

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.

Reasons for our judgement

People were cared for within a secure and homely environment that met their needs. We saw that people's bedrooms were personalised to reflect their interests while also providing a safe environment. We spoke with the two members of staff who were on duty. They described the range of events and activities that were undertaken to support people's interests and hobbies and to enrich their lives. A small fruit patch had enabled people to grow strawberries and other produce. Visits had been arranged, such as to sea life centres, the London Arena and a local fire station. We heard how people's religious and cultural backgrounds were acknowledged, for example with celebrations of religious festivals. People were helped to maintain contact with their families and to participate in the community, for example through shopping trips and regular visits to a local swimming pool. This meant that people were being supported in retaining a sense of their own identity and of being part of wider society.

We met three of the four people who were using the service at the time of our inspection. We observed their afternoon routine following their return from the day centre. Each person received one-to-one support and had a key worker. We saw that relationships were friendly, caring and professional. If a person became upset this was handled in a quiet and sensitive way. People were encouraged to help in daily tasks and to do as much as they could for themselves, for example by washing up and by doing their own laundry (with some assistance). This helped people to develop some independent living skills.

Each person's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Medical administration charts showed that medication had been given as prescribed. We looked at the care plans for all four of the people using the service. People's needs had been assessed in consultation with other health and social care professionals and, where possible, with family members. The care plans were clear and comprehensive, for example providing background histories, medical details and behavioural issues. They were written from the perspective of the people by staff who knew them well. Likes and dislikes were noted, together with preferences such as in

communication. One person's care plan noted that they liked people to speak slowly and clearly and to have cheerful expressions when working with them. While the people using the service had limited capacity to express their wishes, an effort was made to give them choices, for example by using picture symbols. This showed that the service tried to ensure that care and support was tailored to the needs and preferences of the individual.

We saw that shift reports were completed daily for each person. These gave clear information about the person's behaviour, activities, any medical issues, food and drink consumed and assistance with personal care during the shift. Night shift reports commented on the quality of sleep enjoyed by the person. We saw that daily notes were kept up to date in the care plans. There were formal reviews at least monthly, although the manager acknowledged that this was not always clearly recorded. Action was being taken to remedy this. By keeping information about each person regularly updated and reviewed the service was ensuring that support could be adjusted to meet changing needs.

Risk assessments identified risks to people's safety and welfare in their day to day living, and provided guidance on how these risks were to be reduced. A risk aware approach was taken that balanced the benefits of some activities, such as taking people for walks or cycle rides, with the potential risks. This meant that people did not miss out on experiences that they enjoyed. We saw evidence that all risk assessments were reviewed at least six-monthly, or when situations changed. This ensured that information about risks that could affect individuals' day to day lives, and guidance in how to reduce these risks, remained up to date and relevant.

Cooperating with other providers ✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare were protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

The care records of the four people who were using the service showed that the service worked in co-operation with others to assess people's needs and provide care and treatment. Involvement of health and social care professionals when people first started using the service meant that there was up to date information about the person and their needs on which plans to deliver safe and appropriate care were based. Each care plan included current details of other social and healthcare professionals involved in the person's care. This helped ensure that contact could be made quickly with the appropriate professional if a person was experiencing health problems or behavioural issues.

Prompt referrals to healthcare professions and medical services were evident from the care plans. For example, people were referred to their doctor or dentist when needed, with each person's key worker being responsible for arranging these visits. Healthcare professionals were called in to provide specific treatments, for example chiropodists were asked to visit if people had problems with their feet. To minimise stress, the services were brought to the people as far as possible, but if they had to go to a hospital they were accompanied by a carer who explained what was happening and reassured them. The visits were kept as short as possible. This approach helped to reduce anxiety and ensure that people's health, safety and wellbeing was protected when more than one service was involved.

On weekdays people who used the service went to a day centre run by the provider. They were accompanied on the minibus by day centre staff. There were brief hand-over conversations when people were collected and returned and the manager of the day centre alerted the service if a person had seemed unsettled, or if there had been any incidents or need to use 'as required' medication such as paracetamol. This liaison between staff providing care and support for people helped ensure that any issues could be monitored, with care and support tailored accordingly.

Any external social visits were carefully planned and based on the risk assessments for individual people, for example taking any phobias or behavioural tendencies into account. There was liaison with external organisations where appropriate, for example when

arranging a visit to the local hairdresser. This helped ensure that these trips went smoothly and provided people with enjoyable experiences.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People using the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

An appropriate policy for safeguarding vulnerable adults from abuse was in place, and had been recently reviewed. The two staff who were on duty during our inspection both confirmed that they had received training in protection of vulnerable adults. They told us that this training was part of the induction programme and was refreshed every two years. One of these staff had just had refresher training from a visiting manager, while the other was signed up to do online training on this topic. We looked at the service's training records and these confirmed that all staff had either done this training recently or were enrolled to do it in the near future. This meant that staff were aware of potential risks to the vulnerable people who used the service and knew what action to take if they had any concerns.

The manager outlined the action that would be taken if there were any safeguarding concerns. We could see from a recent example that these actions were carried out correctly in a sensitive and sensible manner. This showed that people were protected by the provider responding appropriately to any allegation of abuse.

We were told by the manager that staff were trained in non-abusive psychological and physical intervention (Nappi). This was confirmed by the staff who we talked with. They said they were trained in the use of restraint if this was needed to protect a person from harming themselves or others. However, their understanding of Nappi techniques meant that they had never had to use restraints.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for and supported by suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place with appropriate checks undertaken before new staff took up their appointments. The recruitment policy, which had been recently reviewed and updated, specified the checks that should be carried out to ensure that potential recruits were of good character and had suitable skills and attributes for working with vulnerable people. We saw that two references were required and that these were followed up prior to appointment. Documentary evidence of identity, place of residence and entitlement to work in the UK was obtained. Applicants were asked if they had any relevant disclosures to make and criminal record checks were carried out before anyone commenced their employment. Medical clearance forms were completed and checked and risk assessments were put in place if there were any issues. This showed that the provider was taking steps to ensure the safety of people using the service and of the staff caring for them.

The two members of staff who we talked with confirmed that they had been required to bring in the proofs of identity and any relevant certificates. We looked at the recruitment file for a new member of staff and all the specified checks had been carried out. This confirmed that the policy was being implemented to ensure that people were cared for by suitable and appropriately skilled staff.

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.

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.

Contact us

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