Amber Care (East Anglia) Ltd

Woody Point

Inspection report

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Date of inspection visit: 11 March 2015
Date of publication: 04/06/2015

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

Overall summary

We inspected on 11 March 2015. Woody Point provides accommodation and personal care for up to 5 people with a learning disability. There were 5 people using the service when we visited.

A manager was in post at the time of our inspection, and they were in the process of registering. 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.

People were kept safe and their needs were met as there were enough suitably qualified, trained and supported staff available.

There were arrangements in place to protect people from avoidable harm and abuse, and staff were aware of these arrangements. People's medications were stored and administered safely.

Summary of findings

People were protected from the risks of receiving inappropriate or unsafe care because staff received sufficient training and support to carry out their role.

Staff had a knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and told us how they applied this in their caring role. This protected people from the risk of having their liberty unlawfully restricted. The service was adhering to the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to make choices about what they ate, participate in the preparation of their meals and were supported by staff to eat and drink sufficient amounts.

Staff knew the people they cared for well, and interactions between staff and people were caring, kind and empowering. Staff treated people with dignity and respect.

Relatives were given the opportunity to participate in care planning, provide feed back on the service and were supported to know how they could make complaints.

Care plans for people contained individualised information about their needs. Staff responded to people's needs in a timely manner and people were supported to enjoy activities throughout the inspection.

A complaints procedure was in place and people's advocates knew how to make complaints. The service had not received any complaints at the time of our inspection.

The management had in place a robust quality assurance process that identified issues in service provision. The management of the service promoted a positive and open culture with care staff and was visible at all levels. They showed a commitment towards the continual improvement of the service and had plans in place to further develop the skills of the staff team.

Summary of findings

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 was safe.

There were enough staff to meet people's needs.

Medications were administered and stored safely.

Appropriate arrangements were in place to minimise the risk of people coming to harm.

Good

Is the service effective?
The service was effective.

The service adhered to the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Staff had the knowledge, skills and support to carry out their role.

People were supported to eat and drink sufficient amounts.

Good

Is the service caring?
The service was caring.

The relationships between staff and people were caring and appropriate. People and their representatives were involved in making decisions about their care.

Good

Is the service responsive?
The service was responsive.

Staff had access to sufficient information about people in order to deliver personalised care which met people's needs.

People were given the opportunity to feed back on the service and their views were acted on.

Good

Is the service well-led?
The service was well-led.

The management of the service had a clear vision for the future of the service, and promoted an open, transparent and fair culture.

Quality assurance processes were robust enough to identify shortfalls in service provision, and these shortfalls were acted on.

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 was planned to check 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 inspection took place on 11 March 2015 and was unannounced. The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

People using the service were unable to verbally communicate with us, so we spent time observing people using 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 spoke with the relatives of three people and the social worker for two people. After our inspection visit, we spoke with two health professionals who shared their views of working with the service.

We looked at the care records for five people. We spoke with four members of care staff, and the manager of the service. We looked at the management of the service, staff recruitment and training records, and the systems in place for monitoring the quality of the service.

Good

Is the service safe?

Our findings

Relatives told us that there were enough staff available to support people when they visited. One said "The staffing level is high in my opinion, there is always at least one staff member to one person so they get their own private time." Another said "There is always enough staff, people don't go without." This supported our observations that there were enough staff to support each person individually and to meet their needs. Care staff told us that the staffing level was appropriate, and that where people's needs changed the manager was quick to reassess the staffing level. They told us that there were always extra staff available to take people out in the community and support them with activities and outings. Health professionals told us there were enough staff to support people. One said "My impression is that there are definitely enough staff. [Person] gets one on one care and benefits from the contact with [person's] regular carer [care staff]."

The service had in place robust recruitment procedures to ensure that people were cared for by staff who had the appropriate background, skills and knowledge for the role. The manager demonstrated the process they were currently taking to employ new care staff, such as ensuring staff had the appropriate level of experience to work with people with behaviours that may challenge. This protected people from the risk of harm.

People were protected from avoidable harm because staff understood the risks to them as individuals and how they could minimise these risks. Staff told us about how they kept people safe without restricting their independence. For example, one staff member told us how people were supported to take part in meal preparation and making hot drinks despite the risks associated with being in the kitchen. These risks were assessed and staff told us they supported people to ensure they knew how to keep safe while performing these tasks.

Staff were clear on their responsibilities with regard to protecting people from abuse and knew who to report safeguarding concerns to. Thorough investigations were carried out where concerns were raised, and plans were put into place to minimise the risk to people. One person communicated with us non-verbally to say they felt safe. A relative told us "I have no concerns about [person]. I know they're safe and it's a weight off my mind." Another relative said "I don't have to worry about [person], I know they will be OK and won't come to harm." Health professionals told us that they felt people living in the service were safe from abuse and avoidable harm.

There were contingency plans in place for unexpected events such as fire or power cuts. Staff were aware of these plans and told us about how they would ensure everyone was kept safe in case of emergency.

The service ensured the safety of household appliances and the communal minibus because these were serviced regularly. Staff told us they were aware of what signs to look out for that may indicate these were defective or not safe for use.

People were protected from potential harm because the environment of the service was kept safe through regular maintenance checks. These checks identified issues such as items in people's bedrooms which they could harm themselves with. Issues identified were resolved quickly to protect people from harm.

People were kept safe because their medicines were stored safely and were administered by staff competent in medicines administration. Staff recorded when they had administered medications on a medications administration record. They told us that they had regular training in administering medicines and that they felt confident that they could administer people's medicines safely. Medicines administration records were audited regularly by the manager of the service and the area manager so issues could be identified.

Good

Is the service effective?

Our findings

Relatives said they felt staff were skilled enough to care for people, one said "They're all so experienced in what they do." Staff told us they felt that the training they received was good, and that they always had opportunities to attend extra training. One staff member told us how the manager was supporting them to achieve a higher level qualification in delivering care. They said they could suggest training they would benefit from and the manager would always try and source the training where possible. This demonstrated that the management of the service were promoting best practice, development and on-going learning for staff. A health professional told us "[Person] has made such an improvement since moving to [service]. They are clearly very content and it is a credit to the staff how well [person] is doing." The manager said that staff competencies was regularly assessed and monitored through observations of practice, and that this ensured the quality of care provided. Staff we observed were suitably trained to carry out their role. A relative told us "The staff are very knowledgeable, they help me to better understand my [relative] and how I can help them when they visit."

Staff told us that they felt supported by the manager of the service. They said they were comfortable raising concerns at any time and voicing their views. These were taken into account and acted on. This demonstrated that the manager listened to what staff told them and involved staff in making plans for people.

Staff told us they had one to one supervision with their manager regularly and that these were used to identify training and development needs, and to talk through any issues or concerns they had. Staff said they also attended regular group meetings with their manager, where they discussed individuals and changes to people's needs. They said these were also used as an opportunity to voice their views and make suggestions. Staff confirmed that they found these useful.

Staff had received training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS), and were able to tell us in detail how this affected the people they cared for. Observations confirmed that the staff were acting in accordance with the principles of MCA. For example, we saw staff encouraging people to make decisions and complete tasks independently.

The management of the service were aware of recent changes to legislation with regard to DoLS and had made the appropriate referrals for people where risks were identified. People's capacity was assessed and best interests decisions were made in line with legislation.

We were shown menus which people could choose their meals from. We saw that there were varying choices each day, and people were supported to take part in the preparation of their meals. We observed people preparing for their evening meal and making themselves drinks before it was served. One person made their way very quickly to the table when their meal was being served, and we concluded that they were looking forward to their meal.

People were provided with the support they needed from staff to eat their meals. Staff supported people in a way which promoted their independence, and ensured that they did as much as possible on their own. This reduced the risk of staff over supporting people.

The meal time atmosphere was pleasant, and people had positive contact with staff during this time. People's meals were well presented and our observations demonstrated that people enjoyed their meal and were supported to eat and drink sufficient amounts.

People's nutritional needs were assessed by staff, and used to inform their care plans. Care plans clearly identified any specific support needs or dietary requirements, and documented people's likes and dislikes. People were protected from the risks of poor nutrition as their weight was monitored for changes and referrals were made to nutritional specialists where appropriate.

People had access to food and drinks in the kitchen at all times to boost their nutritional intake, and could help themselves to these independently. People were supported to make drinks and snacks when they wished.

Staff told us how they supported people to access other healthcare services in the community, such as doctors and dentists. The manager said that people would go to healthcare services in the community in order to promote their independence, but that they occasionally asked chiropodists to visit people in their own home. Care records contained information about when people should be taken to the dentist, what signs they may display when unwell

Good

Is the service effective?

and when they might need to see the doctor. In addition, there were information grab sheets available to accompany people to hospital to inform hospital staff of their needs. This ensured people received consistent care.

Good

Is the service caring?

Our findings

We observed kind, caring and positive interactions between staff and people. A relative told us "[Person] has really bonded with [person's] carer. They really enjoy their company." People benefitted from having regular care staff who they formed positive relationships with. We saw that people enjoyed the company of these staff, and received one on one interaction with their carer at all times. People were comfortable with the care staff, and staff encouraged and empowered people during their day. A relative said "The staff have become like family, their support is so greatly received and we can see how happy [person] is in their presence."

Staff respected people's privacy and dignity. We observed that people were supported with personal care in private and were offered support with these tasks discreetly. People were encouraged to maintain their own dignity, for example, by ensuring they were fully clothed when not in their private bedrooms.

People were supported to be as independent as possible, and throughout the day we saw staff supporting people to carry out daily tasks independently. A relative said "[Person] has come on leaps and bounds since they moved to [service]. They can do so much more now than they could." Staff told us how they tried to promote people's abilities and build upon their life skills so they could gradually complete more tasks individually. The manager told us that the focus of people's care was on developing their abilities and life skills with the hope that they may be able to live more independently in future. Staff were aware of these aims and shared these goals, which demonstrated a commitment to people's on-going independence. A health professional told us one person had 'flourished' since moving to the service, and that the level of independence they displayed had increased with the support from staff.

Relatives told us that they felt their views and the views of the people using the service mattered. One relative said "They always ask us what we think. We know [person] can't say what they think, so they'll ask us." The manager told us how they assess people's happiness living in the service, saying that they used non verbal communication methods such as signing to ask people if they were happy. We observed the manager ask two people if they were happy, and both signed to say that they were. The manager told us that they would be able to identify via people's behaviour and non verbal cues if they were not happy, and that in these times the reason for their unhappiness was fully investigated. A relative told us "[Person] is very positive about their home."

Good

Is the service responsive?

Our findings

People and their relatives were given as much control over their care as possible. Although people were unable to voice their views on how they wanted their care delivered, the service had spent time with their relatives and other health professionals to ensure that care was planned in a way which met their needs and best reflected their wishes if they could communicate them. A relative told us "We are involved as much as possible in person's care planning, [staff] take into account our wishes too." The manager told us about how they supported one person to celebrate religious holidays, in accordance with the wishes of their family. We saw that there was information provided to staff around these religious holidays so they could support the person to enjoy them.

People's care planning was centred around them as an individual and included detailed information about the person, such as their medical history, information about their past life and their hobbies and interests. There was detailed information for staff about how people liked to start their day and their routines. Staff told us that people had particular ways of wanting things done, and that although they could not verbally communicate, staff knew if they did not want to participate in a task or if they didn't want help from staff. For example, staff told us that one person sometimes liked to carry out tasks for themselves but didn't wish to at other times, and that they knew how the person communicated their wishes in regard to this.

We observed that people were engaged in meaningful and purposeful activity throughout the day. Staff supported people to enjoy their hobbies and interests on an individual basis. We saw that each person was engaged in different tasks and always supported by a staff member. Most people were supported by staff to attend day centres, and we observed staff asking them what they wanted to do when they came home. People were clearly enjoying taking part in tasks with staff, one person was playing with a box of elastic bands, another person was watching their favourite programme on television and another person was painting. A staff member was speaking to one person about a planned shopping trip, and the person agreed that they were going to go shopping with the staff member to buy clothes, and they were happy about this. The manager showed us where they were planning to put a new vegetable patch as one person enjoyed gardening. We were shown records of people's activity plans for the week, which set out what options they had for entertainment on each day. We saw that these reflected people's interests, such as going swimming regularly. We were shown photographs of the last holiday people went on, and were told about the plans for this years holiday. A staff member was speaking to one person about what they had done the previous weekend, and the person was laughing and smiling which indicated they enjoyed it.

People were encouraged to maintain relationships with the people important to them, which reduced the risk of them becoming socially isolated. A relative said "[The manager] comes and picks us up from our house every week so we can see [relative]. It's out of her way and she really doesn't have to do it but it's so nice of [manager]." We were shown the cards and letters staff supported one person to send to their relatives who lived overseas, and how they supported the person to remember their family with photographs. We were told that three people did not have any relatives, but were told by staff how they supported people not to feel socially isolated, such as ensuring they received birthday and Christmas cards, and presents.

People's relatives and other health professionals involved in their care were supported to feed back their views on the service. A relative said "They always ask what we think. Even if they didn't I'd tell them, I'd feel able to." We were shown the results of the last survey, and the responses received were all positive. The manager told us a new survey had just been sent out to people's relatives and health professionals, and that they hoped to have some responses back soon. A health professional involved in one person's care said that they were always asked for their views by the service on a yearly basis, and that they thought this was a positive step in ensuring the best for people.

Relatives and health professionals told us they knew how to make complaints. There was a complaints procedure in place, but the service had not received any complaints.

Good

Is the service well-led?

Our findings

Relatives told us they thought the manager of the service was good, one said "The manager is so good. [Manager] really gets it and the service has improved no end since [manager] started." We observed that the manager was visible during our inspection, and spent time speaking to people, supporting them with tasks and speaking to staff. Staff told us the manager often carried out care shifts themselves, and worked alongside them to support people. Another relative commented "The manager has made so many positive changes, I couldn't fault the management as they care so much about the people." Health professionals told us that the manager of the service was effective, and that vast improvements had been made since they came into post.

Relatives told us that they felt their relatives mattered to the manager and the owners of the service. One said "I know their focus is on [relative] and what's best for them." The manager told us that their main focus and concern was the welfare and happiness of people and improving their lives. This demonstrated a commitment to developing a positive culture where people felt valued.

The manager told us about how they involved people and relatives in making decisions about their home, such as changes to the décor. They told us that they had wanted to change the colours of the walls when they started managing the service, as studies they had read had indicated that certain colours could impact negatively or positively on people with learning disabilities. They told us how they supported people to choose calmer colours for the walls. We were shown the bedrooms of three people, which we saw were all decorated individually and reflected their likes and dislikes. For example, the walls in one persons bedroom were painted different colours as they were the persons favourites. Relatives said that the management involved them in making decisions about the service, one relative said "When there are decisions to be made, or even simple things like new curtains, they always ask us what we think. It's always up to [person] though, they get what they want." Another relative said "[Person] is spoiled by the staff, in a good way. [Person] has a lovely bedroom, decorated just the way they like, better than what they had at home.

The manager showed us how they had purchased new items for people's bedrooms which they had asked for. The manager spoke to one person about how they had asked for a new television, and the person agreed that they had asked for one and that they liked their new television. The manager spoke to another person about a new item of furniture, and they agreed they liked their new furniture and nodded when the manager said they needed to buy some more things to put in it. This demonstrated a commitment to addressing people's wishes and suggestions.

Staff members told us that the manager was supportive of them, and that they could go and talk to the manager any time if they had concerns. Staff meetings were held regularly, and gave staff an opportunity to feed back and reflect on the previous month. Staff told us that changes to people's needs were discussed at the meetings, as well as any issues that had arisen and what action had been taken. They said that meetings were used as opportunities for group learning and development discussions. This promoted shared learning and accountability within the staff team.

The manager of the service had a clear vision and ambition for the future of the service. They told us about planned updates to the interior of the home, as well as changes to the garden to make it more engaging in the summer months. Their main ambition and goal was to work towards achieving accreditation from the National Autistic society (NAS). The manager said that this would mean they would provide a 'gold standard' of specialist autistic care and would be subject to regular quality assurance checks by the NAS. This demonstrated a clear commitment to improving the care people received.

The management of the service told us about the system they had in place for monitoring the quality of the service. We were shown records of checks which were carried out to ensure the safety of the environment and the safety and quality of the care received by people. We saw that these checks were robust enough to identify issues. Action plans were put in place where issues were identified to ensure the continual improvement of the care delivered to people. In addition, we looked at the system in place for analysing safeguarding concerns and incidents. These systems identified trends which allowed the service to put in place plans to minimise the risks to people in the future. We were

Good

Is the service well-led?

also shown records of the audit carried out by the regional manager, which identified areas for improvement and put in place actions. We saw that actions recommended by the previous audit had been completed by the manager.