

Amber Care (East Anglia) Ltd

Woody Point

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Woody Point is a residential care home providing personal care to up to 6 people. The service provides support to adults with learning disabilities, autism, and mental and physical healthcare needs. At the time of our inspection there were 6 people using the service.

People's experience of using this service and what we found

The service was not able to fully demonstrate how they were meeting the underpinning principles of right support, right care, right culture, and best practice guidance. This meant people were at risk of not receiving the care and support that promoted their wellbeing and protected them from harm.

Right Support:

People were not always cared for and supported in a secure, clean, well-equipped, well-furnished, and well-maintained environment that met their sensory and physical needs. We identified concerns that had not been fully risk assessed and mitigated against which put people at risk of harm.

There were enough staff to meet people's needs. Staffing challenges including personnel changes, retention and recruitment had impacted on continuity of care and there were instances of people's routines being affected. To maintain safe staffing levels the registered manager had been covering care shifts instead of overseeing the service. The provider was taking action to address this through active recruitment and had recently employed two members of staff and had plans for further senior level support.

Overall people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; but there were inconsistencies in the policies and systems in the service to support this practice. Although the outcomes for people were appropriate the management team were not always confident in reflecting shared decision making and documenting best interest decisions. We signposted the registered manager to access support in this area.

Right Care:

There was a calm and relaxed atmosphere in the service. Staff were respectful and supportive in their interactions with people. Where people required support with personal care this was provided in a discreet way and promoted people's dignity and privacy.

Right Culture:

The provider's governance arrangements did not provide assurance the service was well led. Systems and processes to oversee the safety and quality of the service were not robust and effective. They had not identified the shortfalls we found during our inspection and regulatory requirements were not always being met.

The registered manager's responsibilities were too great and this had impacted on their oversight of the service. In addition to covering care shifts at Woody Point they supported the provider's other managers nearby, who were new to the role. The provider's representative were not based locally in the area and acknowledged that a more visible presence was needed to support the registered manager and had plans to address this.

The registered manager and provider's representative were open and honest about the shortfalls at the service. They engaged with the inspection positively and demonstrated a commitment to making any necessary improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Good (published 15 March 2019).

Why we inspected

We received concerns in relation to the care people were receiving. As a result, we undertook a focused inspection to review the key questions of safe, effective, and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from Good to Requires Improvement based on the findings of this inspection. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Woody Point on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to Regulation 12 that ensures people have safe care and treatment at all times and Regulation 17 relating to governance arrangements in the service.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress.

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led

Details are in our well-led findings below

Requires Improvement ●

Woody Point

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 4 inspectors.

Service and service type

Woody Point is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Woody Point is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We carried out two site visits to the service on 24 April 2023 and 20 July 2023. We spoke with 4 people who lived at the service. Not everyone was able to tell us about their experience of receiving care so we observed staff interacting and supporting people.

We spoke with 4 staff, the registered manager and the provider's nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a representative from the provider and a manager from another of the provider's services.

We reviewed 3 people's care records which included their support plans, risk assessments and medicine records. We reviewed 3 staff recruitment records and other documents related to the running of the service which included staff rotas, training information, audits, surveys, meetings, and quality assurance records.

After the site visits we received further documentation electronically, requested from the registered manager relating to the management of the service and environment. We spoke with a relative, and the local authority contracts team. We received electronic feedback from two members of staff and 2 health and social care professionals.

Inspection activity ended when we gave feedback on 2 August 2023 to the registered manager and a representative from the provider.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Preventing and controlling infection; Learning lessons when things go wrong

- We identified concerns with the external environment of the service. The outer perimeter of the service was not secure and was close to a railway line. Several exterior fence panels were missing, in need of repair or replacing. The gaps in the panels were big enough for an intruder to access the service.
- The service had not fully considered and mitigated the risks for 1 person that lived in the service who was at risk of leaving the service unsupervised and of climbing fence panels.
- People did not receive their care and support in a well-equipped, well-furnished, and well-maintained environment that met their sensory and physical needs. The wooden decking outside required attention, a discarded sofa had been left on the patio, the sandpit was in poor condition, an outside food store was damaged and not rodent proof. The garden was not fully accessible with a steep slope and the uneven drive was not suitable for wheelchair users.
- A large deep pond near the entrance of the service had not been risk assessed. During the second site visit we advised the registered manager to remove a broken wooden swing that was dangerous.
- Improvements were needed to people's care records. Whilst there were individual risk assessments in place identifying risks to people's safety and advising staff on how to mitigate the risks, there were inconsistencies in the documentation, not all had been recently reviewed to ensure they were current and fit for purpose.
- People's care records were cumbersome and difficult to navigate due to historical and duplicate information that needed archiving. We found a care plan that belonged to one person who used the service inside care records that belonged to another person. This meant the person was at risk of receiving the wrong support.
- There were shortfalls with the internal environment of the service. The floors in the corridor were being replaced at the time of the second site visit due to evidence of mold. However, no investigation into the cause of the mold in the service had been undertaken and we found black mold in another area of the service, on 1 person's bedroom wall. This placed people at risk of respiratory infections.
- We found concerns with the infection prevention and control arrangements in the service. The internal environment was tired in parts and required attention. Some remedial actions had been taken but we found a bathroom had bare wood and limescale on taps. Toilets in the service had evidence of limescale, unidentified stains and marks and the base of the taps were dirty. The sink in the staff toilet plug hole was rusty, grouting and sealants had come away on the bathroom wall and this put people at risk of cross contamination.
- Several wooden radiator covers showed signs of damage and a plastic table cloth used in the dining room

was threadbare in parts which made them difficult to clean and were unhygienic.

- Improvements were being made by the provider to identify concerns and learn lessons when things went wrong. For example, a debriefing tool for staff to undertake a 'reflective practice' approach to incidents was being developed. At the time of the inspection this was not in place. Existing systems did not support the registered manager and provider to easily identify any themes or trends to minimise concerns happening again and to seek the right support for people.

Whilst we found no evidence of harm the concerns, we identified had not been fully risk assessed and mitigated against to ensure people's safety. These concerns amounted to a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During inspection feedback the provider's representative and the registered manager confirmed that the perimeter of the service was now secure. The fence panels had either been repaired or replaced. The provider's representative gave assurances that significant investment was going into Woody Point and shared their service development plan. We saw that action had been taken to remove the discarded sofa and sandpit. An investigation into the mold had been commissioned and quotes to address the internal and external concerns sourced with further works planned.

Staffing and recruitment

- The provider had gaps in their staffing establishment and were actively recruiting to the vacancies. Shifts were covered to ensure minimum safe levels were reached by utilising the staff from nearby services of the provider and not using agency staff. This led to a better consistency of support for people as staff were familiar to their needs.
- Staffing turnover had at times disrupted the quality of the service people received. Staff shared examples of inconsistencies including being stretched which resulted in changes to people's routines and them having to wait longer for assistance.
- A member of staff said, "There's not always enough staff on each shift to the number of service users we care for, this is once again due to being short staffed even though [the provider has recently recruited] 2 new members. When they are new it's still hard because they don't know the job/ service users fully yet. It can have a big impact, from service users missing out on going out in the community, to even doing activities around the home/general house work and maintenance that needs to be provided."
- There were enough staff on shift during the inspection and we did not find evidence of people who used the service not being able to access the community/activities when they wanted. However, we did note the registered manager had been part of the care and support team to ensure safe staff levels. This had only recently reduced and had clearly impacted on their ability to carry out their managerial role.

Systems and processes to safeguard people from the risk of abuse; Visiting in care homes

- Systems were in place to help protect people from the risk of abuse. Staff had been provided with safeguarding training and had access to whistleblowing policies. They understood their responsibility to report any allegations of abuse.
- Staff told us they would have no hesitation in reporting any concerns to the registered manager or appropriate authorities and were confident that action would be taken to protect people.
- The provider was facilitating visits to people living in the service as per current guidance.

Using medicines safely

- Medicines were kept secure and administered safely by staff who were trained and had their competencies routinely checked.
- Written information about people's medicines was available for staff to refer to. This included details of

the prescribed medicine for people. Records showed people received their prescribed medicines as intended.

- When people were prescribed medicines on a when required basis (PRN), there were clear protocols for staff to follow.
- Medicines were regularly audited by the registered manager and provider.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection we rated this key question Good. At this inspection it has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Adapting service, design, decoration to meet people's needs

- We identified quality and safety concerns with the internal and external environment of the service and detailed this in the safe section of this report.
- The premises was tired, in need of repair, decorating and adapting to meet the needs of the people that lived there.
- As previously reported on, the service was not always visibly clean and hygienic throughout. The provider's representative confirmed the cleaning schedules and systems would be reviewed, a deep clean would take place and planned works would be taking place to address the environmental concerns raised.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported by staff who had received training in Mental Capacity Assessments and Deprivation of Liberty Safeguards (DoLS). Staff understood the importance of seeking consent before providing care and support to people and did this in line with people's specific communication needs.
- Staff supported people in the least restrictive way possible and in their best interests; but there were inconsistencies in the documentation to support this practice. Although the outcomes for people were appropriate, the management team were not always confident in how to reflect shared decision making and in documenting the best interest processes. We signposted the registered manager to access support from

the local authority in this area.

- The management team and staff were aware of what might constitute restrictive practice. They demonstrated a commitment to reducing such practices. DoLS referrals were made when required.

Staff support: induction, training, skills and experience

- Staff said the training they had received was relevant and helped them to appropriately care and support people. Specialist learning disability and autism training was provided. This included Non-Abusive Psychological and Physical Intervention (NAPPI) and The Oliver McGowan Mandatory Training on Learning disability and autism, which is the government's preferred and recommended training for health and social care staff.
- New staff received an induction which included training and accessed shadowing with more experienced colleagues and worked to achieve the Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sector.
- Some staff shared they had requested Makaton training to help them communicate with people living in the service. One staff member said, "Makaton training is one I do think should be done fairly early on in the job, due to having service users who are nonverbal, this has recently been arranged to do at the end of the year."
- There was mixed feedback from staff about supervision and the frequency. Several said they had at least one this year but were not sure when their next one would be or how often they would happen. One staff member said, "I feel I am supported at work. We do have a lot of group discussions; 1-1 discussions and supervisions are done whenever they are able to be done. We have been running short staffed for some time therefore [registered manager] has had to be working on the floor rather than in the office preventing them from doing supervisions as often as needed."
- Staff confirmed that the registered manager was visible in the service often supporting on care shifts and was available when needed. The registered manager advised there had been some slippage with staff supervisions and training due to the staffing shortages, but these were now planned and taking place.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- We observed that people who required assistance to eat and drink at lunch time were appropriately supported by staff. Specialist diets were in place for people to manage health conditions, or to reduce the risk of choking.
- People were regularly weighed and received healthcare reviews to ensure any changes in weight were identified and actions taken. For example, to increase a person's calorie intake to reduce the risk of further weight loss.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People's medical needs and associated risks were documented but their choices as to how they wished their care to be delivered were not consistently recorded in their care plans. The registered manager advised a new system was being implemented which would address these gaps.
- Management and staff told us they had a close and positive working relationships with other health and social care professionals. Where concerns were identified, for example with changes in people's care needs, referrals were made to specialist teams such as dieticians and speech and language therapists. Two professionals closely involved with the service confirmed timely referrals were made and advice acted on.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant that whilst service management was consistent, systems did not always support the delivery of a high-quality service that was consistently person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- Robust reporting and auditing systems were not in place to support effective oversight and governance and continuous learning in the service.
- The provider had failed to identify the concerns found on this inspection and to take mitigating measures. This included an unsafe environment, shortfalls with infection and control practice, and the management of risk. This put people at risk of harm.
- The registered manager had not been supported in their role to oversee the service and due to staffing challenges had prioritised covering care shifts to ensure safe staffing levels. This led to the shortfalls we found with staff training, supervisions, team meetings, care planning auditing and best interests' documentation.

We found no evidence people had been harmed. However, the provider did not have robust processes in place to monitor the safety and quality of the service. This demonstrated a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and the provider's representative were open and honest about the shortfalls at the service. They engaged with the inspection positively and we were encouraged by their commitment to making any necessary improvements. They submitted a robust action plan to CQC following the inspection feedback which took account of the concerns we identified and reflected that some progress had been made. This included reaching out for support from the local authority.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people, Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The environment of the service did not support a person centred, inclusive and enabling culture for the people that lived there. There were areas in the service that were not accessible to all and were tired and needed attention.
- Overall people's care needs and wishes were reflected in their care records. Where we found gaps, we discussed this with the registered manager. Following the inspection, they submitted revised templates they had developed to address the gaps. In addition, they advised they were working with the local authority to further develop the care records.
- Staff supervisions and team meetings were inconsistent and had slipped due to the staffing challenges the

service had experienced. Staff told us they felt supported, and the registered manager was visible in the service. One member of staff shared, "This type of job is not for everyone. But I love my job, I can't think of anything currently that could do with improvement other than the staffing situation."

- The provider was taking action to recruit more staff. This included initiatives to increase the care and support staff and at senior level. This would take the reliance off the registered manager in supporting the managers at the provider's other services.
- Feedback and systems showed that relatives were kept informed of any changes and involved in reviews. One relative confirmed, they "Felt consulted."
- Staff and the registered manager worked in partnership with health and social care professionals to ensure people had the care and support they needed to maintain their health and wellbeing. One professional said about the registered manager, "I have found them to be helpful, knowledgeable and open with queries."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager understood when to notify CQC of significant events and incidents, in line with their legal requirements and responsibilities. They were aware of the duty of candour and their responsibilities to be open and honest with people and their relatives in the event of something going wrong or a near miss.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks were not fully assessed and mitigated against to ensure people's safety and wellbeing.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have robust processes in place to monitor the safety and quality of the service.