

Turning Point

Turning Point - Willes Road

Inspection report

26 Willes Road
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13 February 2019

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Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

Turning Point - Willes Road is a care home registered for a maximum of five people with learning disabilities and autism.

The home was registered with the CQC prior to the CQC's publication of 'Registering the Right Support' guidance for homes for people with learning disabilities and autism. However, the service provided at Willes Road is in-line with best practice identified in our publication. Four people lived at the home at the time of our inspection visit.

At our last inspection we rated the service as 'good'. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service continued to be safe. Staff understood the risks to people's health and wellbeing and took action to lessen each risk. There were enough staff on duty to meet people's needs; and checks had been made on staff before working for the service to make sure they were safe to work with people. People received their medicines as prescribed. The home was clean and tidy.

The service continued to be effective. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The principles of the Mental Capacity Act (MCA) were followed. People had access to different health and social care professionals. People received food they enjoyed, and were supported to have nutritious diets. Staff had received the training they needed to provide effective care.

The service continued to be caring. People received care from staff who were kind, and treated them with dignity and respected their privacy. Staff had developed positive relationships with the people they supported, they understood people's needs, preferences, and what was important to them. The service supported people to maintain relationships with their family.

The service continued to be responsive. People's needs were assessed and planned for with the involvement of the person or their family. Care plans helped staff understand people's care and support needs. People had daily opportunities to pursue their interests and hobbies. There was a complaint procedure although no complaints had been made to the service since our last inspection.

The service continued to be well-led. The registered manager and team leader worked hard to ensure a good quality of service was maintained. Staff and people received good support from the management team. Checks were made to ensure the service met its obligations to provide safe accommodation to people and to deliver care and support which met people's individual needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Turning Point - Willes Road

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 was a comprehensive inspection. It took place on 13 February 2019. We contacted the provider two hours before our visit to ensure people would be at home during the inspection. One inspector undertook this inspection.

Before our inspection visit we contacted the local authority commissioner. They had no information of concern about the service. We also looked at information we had received from people who shared their experience; and from notifications of events we had received from the provider.

We also looked at the Provider Information Return sent to us by the provider. This is a form that asks the provider to give some key information about the service, including what they do well and improvements they plan to make.

During our visit we spoke with the registered manager, team leader, operations manager, one member of support staff, and a visiting relative. We spent time in the company of people who lived at the home to gain an insight into people's lived experience, and spoke with other support staff during this time. We checked medication administration; looked at one person's care record; one staff member's recruitment record; and a sample of health and safety records.

After our visit, we were sent on request, a sample of management audits undertaken by the service.

Is the service safe?

Our findings

Staff had a good understanding of people's needs and knew how to keep people safe.

Staff understood how to safeguard people from harm. They had received training to safeguard people from abuse, and were aware of their responsibilities to report any concerns to their manager. The registered manager had also demonstrated their commitment to keeping people safe from harm by referring safeguarding concerns to the appropriate authorities for further investigation; and to inform the Care Quality Commission of such concerns.

There were enough staff on duty throughout the day and night to meet people's needs. At our last visit the service was using a lot of agency staff hours to ensure there were sufficient staff on duty to meet people's needs. At this visit we found the use of agency staff had significantly reduced, and the agency staff used were familiar with people at Willes Road.

Lessons were learned and improvements made when things went wrong. Previously there had been issues with newly recruited staff not staying in employment with the service for long. This meant people were not receiving continuity of care from familiar staff, which led to a change in their behaviours.

Recruitment practices were changed to make sure, before new staff started at the home, they had a much greater understanding of the challenges of working at the service. The registered manager told us that since then, the staff group had become more stable, and consequently people who lived at the home had become more at ease.

Risks to people's health and well-being had been assessed, and support plans had been put in place to reduce or remove those risks. For example, one person required the support of two people in the community to keep them safe from harm.

The provider's recruitment practice ensured that no new staff started work until their work and/or character references had been received, and criminal checks had been completed. This reduced the risks of employing staff unsuitable to work in care.

People received their medicines as prescribed. Staff who administered medicines were trained to do so, and their practice was checked by the registered manager to make sure they continued to administer medicines correctly.

The premises were kept safe with regular premises checks. These included checks to ensure fire equipment was fully functioning and water temperatures were tested to ensure safety. Written guidance was available for emergency services to inform them of people's needs if people ever required evacuation from the premises.

The home was generally clean and tidy, although the carpet on the first-floor landing looked worn and dirty,

and the flooring and grouting by the bath in one of the bathrooms looked in need of replacing. We were informed that a request had been sent to the landlord to fix and replace the areas mentioned, but the provider was still waiting for the landlord to take action.

Staff had received training to understand how to reduce the risk of infection being transmitted from one person to another. They were aware of the need to use gloves and aprons when providing personal care.

Is the service effective?

Our findings

Staff had the skills and knowledge to deliver effective care and support. Staff told us they had undertaken regular training to support them in their roles. Some of this training was face-to-face, and other training was undertaken on-line. Training included understanding autism, equality and diversity and infection control. The provider had recently added further training for staff to complete, including STOMP (Stopping over-medication of people with learning disabilities and autism).

People's needs were assessed, and care and support delivered in line with evidence based guidance for people with learning disabilities and autism.

Staff understood people's food and drink, likes and dislikes. People's favourite meals were incorporated into menu planning. We were told there were always vegetables and salad available for people at each meal, to help with nutrition. New meal ideas such as hummus had been introduced and enjoyed by people. On the day of our visit people were having veggie burgers and potato wedges for tea.

Appropriate healthcare professionals were contacted when concerns had been noted about people's risks in relation to eating and drinking.

People received health care from different healthcare professionals such as the GP and dentist when required.

The home is an old house which had not been designed specifically to support people with learning disabilities and autism. However, the provider had tried their best to make sure the premises reflected people's needs. People had large bedrooms with double beds and furniture to sit on and relax. All bedrooms were reflective, where possible, of people's interests and personalities. There was a separate lounge and dining room, although the dining room was also used as a lounge and this was the 'hub' of the home. Both rooms were large and provided people with sufficient space to move around freely and for staff to support them.

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 Act 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found they were.

Is the service caring?

Our findings

People were treated with kindness and respect. People were not able to communicate through words how they felt about living at the home, but we could see from their engagement with staff, that they were content with where they lived. A relative visited their loved-one on the day of our inspection. They told us they were happy with the service, that their relation had settled well into the home and they were well looked after.

People had their privacy, dignity and independence promoted. Staff had received training about privacy and dignity; they knew how to protect people's privacy when providing personal care. We saw that staff knocked on people's bedroom doors before entering their room.

During our visit we saw people made decisions about their care and support. They decided when they wanted to be in their rooms, when they wanted to be with other people, and what they wanted to do with their day.

Throughout our inspection, we saw staff being sensitive to people's behaviours. For example, staff knew not to let one person know too early in the day there was a disco that evening, because the person would find it challenging to wait a long time once they were aware of it.

Visitors were welcomed in the home at any time. The service preferred to be informed of the visit to ensure the person was available to see them and not out in the community. To aid visitors and to support those who lived at the home have positive visits from others; there was written information available about each person. For example, one said, "If I am in a happy mood and I am sat on my sofa, please feel free to come and sit next to me... If I do not know you, please do not enter my personal space as I may become anxious."

Is the service responsive?

Our findings

People received care that was responsive to their needs. Care records provided detailed information about their physical, social, emotional and mental health needs; as well as providing staff with information about people's likes, dislikes and interests. People had key workers who supported them communicate if they wanted to change any aspect of their care or support.

During our visit we saw staff provide the support people wanted to live their lives in the way they preferred. People received either 'one to one' support or 'two to one' support from staff which enabled them opportunities to leave the home and undertake activities outside of their home environment. On the day of our visit, one person had been to Coventry with a member of staff to see their family, and another enjoyed a visit to the local park. All were getting excited because they were going to a disco that night. One person had been having aromatherapy and this had enhanced their sense of well-being.

Since our last visit, one person had moved from the home to one of the provider's supported living services to further their independence. The service had provided the person with good support during the transitional period, and they had settled well in their new home.

People received information in accessible formats and the registered manager knew about and was meeting the Accessible Information Standard. All organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. Staff were very knowledgeable about the ways in which people who lived in the home communicated, and each person had a 'communication passport' which informed staff how to communicate effectively with the person.

The complaints procedure was in easy read format. However, staff had a good understanding of the people they supported and quickly identified and rectified if there were any issues or concerns. There had been no complaints from relatives or professionals involved in people's care.

Each person had an end of life plan where they and/or their families had made choices and decisions about their end of life care when their time came. The service had recently started to provide staff with e-learning on 'end of life' care to further support staff knowledge in this area.

Is the service well-led?

Our findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was the same person who managed the service at our last inspection visit.

The registered manager, managed two of the provider's care services. They were supported by a team leader who worked at the home on a full-time basis. The registered manager and staff were committed to providing a warm and caring environment for people who lived at the home, and to support people have the best lives' possible. The culture of the service was centred around the individual needs of the people who lived there.

Management operated an open-door policy. During our visit we saw both staff and people felt comfortable coming in to the office and chatting with the management team.

Staff meetings took place monthly. We looked at the minutes of the last meeting and saw they covered a range of issues; and demonstrated that management had identified and acted on issues that impacted on people's care.

Staff received support through more formal individual supervision and appraisal sessions, as well as informal support. For example, on the day of our visit, management responded well to a request by a member of staff for a confidential chat.

The provider had a framework of checks and audits to ensure the service met its legal obligations, and provided safe, responsive and effective care to people. We checked a sample of audits undertaken by the provider and was satisfied they identified shortfalls in the service, and when action was required to put them right.

Staff worked in partnership with other agencies such as occupational health, learning disability nurses and psychiatric services. Information was shared appropriately so that people got the support they required. For example, staff were currently working with occupational health to see whether a weighted jacket would help reduce the anxiety a person who lived with autism, had when out in the community.

The registered manager has a legal obligation to notify us of certain events which happen in the home. We found they had notified us of all events as required. The provider also has a legal obligation to send us a Provider Information Return (PIR) when requested by the CQC. The provider sent us a PIR, and we found it reflected what we saw during our inspection visit.

The latest CQC inspection report rating was on display at the home. Prior to our visit, we looked at the provider's website. Unlike the rest of the provider's services, this service was not on the website. We

informed the provider of this, who were not aware this was the case. They rectified this as soon as they could, to ensure both the information about the service, and the previous rating was displayed. The display of the rating is a legal requirement, to inform people who live at the home, those seeking information about the service and visitors, of our judgments.