

Turning Point

# Turning Point - Sybden

## Inspection report

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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

About the service:

Turning Point – Sybden is a residential care home for people with learning disabilities and autistic spectrum disorders. Turning Point – Sybden can accommodate six people. At the time of our inspection there were six people using the service.

The service was working in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service:

People were safeguarded from the risk of abuse. Staff were aware of what actions to take to ensure people were safe. Risks associated with people's care and support had been identified and plans were in place to help minimise these risks.

Sufficient staff were available to meet people's needs and to ensure they could go out when they wanted to. Trained staff supported people to manage their prescribed medicines.

Accidents and incidents were monitored to identify trends and patterns and the registered manager and provider took action to minimise incidents from re-occurring.

People received support from staff who were trained and supported to carry out their role. People were supported to maintain a healthy diet which catered for their likes and dislikes. People had access to health care professionals as required.

Policies and systems were in place that supported people's maximum choice and control of their lives. Staff supported them in the least restrictive way possible.

Staff and people had a good rapport with each other. Staff were kind and caring in their approach. Staff maintained people's privacy and dignity and were respectful of their home.

People received personalised care which was responsive to their needs and preferences. Support plans were detailed and provided guidance to staff on how people liked their care.

The provider had a complaints procedure and people felt at ease to raise concerns. No complaints had been received since our last inspection.

The service was well led and had a registered manager and a staff team who were dedicated to providing high-quality care which promoted an open and fair culture. Audits were in place to measure the performance of the service and to action any concerns as they arose.

Rating at last inspection:

The service was rated Good (report published in June 2016).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor all intelligence received about this service to ensure that the next planned inspection is scheduled accordingly.

## 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

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring

Details are in our Caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive

Details are in our Responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led

Details are in our Well-Led findings below.

**Good** ●

# Turning Point - Sybden

## Detailed findings

### Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

Turning Point - Sybden is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Turning Point - Sybden accommodates up to six people in one adapted building.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was announced because the service is small, and people spend a lot of time undertaking activities in the community. We needed to be sure that they would be in.

What we did:

Before the inspection we reviewed information that we had received about the service since the last inspection in March 2016. This included information that the service is required to provide us annually in a provider information return. This gives us information about what the service does well and improvements that are planned. We also contacted the local authority commissioners and safeguarding team for their

views about the service.

In addition to speaking with three people living at Turning Point - Sybden, we spent time observing staff working with and supporting people in communal areas during the inspection. We spoke with three care staff, the deputy manager and the locality manager.

We reviewed a range of records. This included two people's care plans, medication records, audits and quality assurance reports, menus, records of activities, and compliments, staff training records and minutes of staff meetings.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People told us they were confident care staff kept them safe and secure. One person told us, "Oh yes I feel very safe. Staff are always around."
- Systems and processes were in place to ensure people were protected from abuse.
- Staff confirmed that they had received training in safeguarding and told us they would report any concerns immediately. Staff were confident that the registered manager/provider would take appropriate actions to keep people safe from harm.

Assessing risk, safety monitoring and management.

- Risks associated with people's care and support had been identified. Plans were in place to ensure these risks were reduced. Positive risk management was evident as this was focused on people's needs, choices, wishes and abilities and approached in the least restrictive way possible.
- Risk assessments were thorough and detailed how to minimise risk whilst ensuring people's freedoms were not unnecessarily restricted.
- The environment was checked regularly to ensure that it was safe and well maintained.
- There were plans in place for emergency situations such as fire evacuation and these were personalised and provided staff with details how to move people to safety.

Staffing.

- There were systems in place to plan staffing levels according to individuals' needs. Staffing levels were flexible to support people's activities and needs; for example, people had support from staff when they needed to go out or attend appointments.
- The provider followed safe recruitment procedures which included undertaking police checks and taking up references to ensure that staff were suitable to work at the service

Using medicines safely.

- Medicines were safely managed, and accurate records were maintained of medicines received into the service, administered and disposed of. Staff were trained and their competency to administer medicines was regularly assessed.
- Clear and comprehensive protocols were in place for medicines that were prescribed to be administered on an 'as required' basis.
- Systems were in place to regularly audit medicines. Audits were undertaken by staff and by the pharmacy

who supplied the medicines.

Preventing and controlling infection.

- The service was clean.
- Infection prevention and control training had been received by staff and personal protective equipment, to prevent the spread of infection, was available for staff to use.

Learning lessons when things go wrong.

- The provider had a system in place to monitor and record accidents and incidents.
- There was a process to identify where any mistakes were made and action plans to mitigate future occurrences were put in place. People, relatives and staff were consulted throughout and informed of any actions.



# 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.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were comprehensively assessed. These included the outcomes people hoped to achieve, so staff could support them effectively.
- The registered manager/provider supported staff to deliver care and support in line with best practice guidance. For example, around positive behaviour support and guidance? on supporting people living with autism. Information was available and included in people's care plans to enable staff to provide appropriate and person-centred support according to their individual needs.
- Assessments of people's needs were supported and informed by advice from other professionals.
- People's care plans showed their care needs were supported and they were involved in the assessment process.
- Staff knew people well and could explain people's needs and how they supported them.

Staff skills, knowledge and experience.

- Staff had the skills, knowledge and experience to carry out their roles and responsibilities. One staff member told us, "The training is very good. It has helped me understand the people I work with. Another member of staff told us, "We get lots of training and can always suggest other training if we think it will be useful."
- Staff told us they completed a thorough induction which included mandatory training and shadowing experienced staff.
- Staff told us they were well supported and had regular supervision meetings with the registered manager
- Staff confirmed that the registered manager operated an open-door policy for informal discussion and guidance when needed.

Supporting people to eat and drink enough with choice in a balanced diet.

- People could choose what they wanted to eat, and menus were discussed during the weekly meetings.
- People were supported and encouraged to assist with the preparation of meals to develop their independence.
- People were supported to maintain a healthy balanced diet. One person who was on a weight reducing diet told us of the foods and drinks that they had cut down on to assist with their weight loss.
- People who had complex needs in relation to eating and drinking received support from speech and language therapy professionals when it was required. Any guidance was then incorporated into their care plans which staff members followed.

- Care plans were in place to support people with specific dietary requirements.

Staff providing consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- When people had been unwell or their needs had changed referrals had been made to relevant health professionals. For example, when there were concerns that one person may be at increased risk of choking
- Everyone had a hospital passport which were used to inform healthcare professionals about their conditions and how they liked to be supported. People's care plans showed that health care professionals had been involved in people's care when appropriate.
- Advice from health care professionals was taken seriously and entered in people's care plans and actioned by staff.

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

- People's rooms were personalised and contained belongings and items that were important to them.
- The service was decorated and furnished in a homely style. When redecoration had taken place, people had been consulted about the changes. One person told us that the kitchen cupboards were due to be changed and they had been involved in the decisions about this.
- Communal space was available for people who wanted to spend time with others.
- Outside space which was accessible to people who used the service. One person told us how they had their own space in the garden for them to plant flowers and vegetables. They were very proud of this area.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 people lack mental capacity to take 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).

- Staff understood the importance of gaining consent before providing support. They supported people in the least restrictive way possible and the policies and systems in the service supported this practice.
- People were actively encouraged to make decisions for themselves and there was a strong emphasis on involving people as much as possible. Peoples support plans had an assessment of their ability to give their consent and capacity.
- Where people did not have capacity, decisions had been made in their best interests involving relatives and other health professionals where appropriate.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported.

- We observed people being treated with kindness and respect by staff. Staff took time to talk with people, which people enjoyed.
- People who used the service indicated they liked the staff and got along well with them. One person said, "I like living here, the staff help me."
- People were supported and treated with dignity and respect; they were involved in making decisions about their support.

Supporting people to express their views and be involved in making decisions about their care.

- People were allocated a keyworker to help them express their views and check they were happy with the support they were receiving. A keyworker is a member of staff who has responsibility for a person's care plan, well-being and progress.
- People's views were sought daily, and they had choice and control in their daily lives.

Respecting and promoting people's privacy, dignity and independence.

- People told us that staff respected their privacy and that no one entered their room without knocking first and being invited in. Some people chose to spend periods of time alone in their bedrooms. One staff member said, "I always knock before entering someone's room and check that it is ok to go in."
- People were encouraged to become independent. Care plans included information about how much a person could do for themselves.
- Special occasions were celebrated with people, including their birthdays.
- There were no restrictions on visiting times and family members were free to visit at any time.
- People were supported to maintain important relationships.
- Staff were seen to support people in a calm and measured way when they became anxious.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs.

Good: People's needs were met through good organisation and delivery.

Personalised care.

- Care plans were clear, concise and detailed the support people required whilst ensuring they captured people's preferences.
- People were supported by staff who knew them well and helped them to plan for things they wanted to do.
- Activities were planned throughout the week and staffing levels were planned around them.
- Staff told us how they got to know people they supported by talking with them, reading their care plans and by taking an interest in their lives. People's care plans included easy read versions of information. This included information about what a person could do independently and what they enjoyed doing.
- People were also supported to plan holidays. Staff told us that people enjoyed holidays they had been on and were looking forward to going again.

Accessible information.

We looked at how the service ensured compliance with the Accessible Information Standard (2016). The Accessible Information Standard requires staff to identify record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it.

- Policies and procedures were in place. People's communication needs were assessed, and support plans were in place to help staff meet people's needs.

Improving care quality in response to complaints or concerns.

- There was a complaints procedure in place. However there had been no complaints since our last inspection.
- People who could communicate told us they knew what to do if they had a complaint, and the people they could speak with about this.
- The complaints policy was available to people in a pictorial format. People who were unable to communicate using speech had the opportunity to use pictorial facial expression to demonstrate how they were feeling.

End of life care and support.

- At the time of this inspection no one was requiring end of life support.
- The deputy manager said that staff would support people to remain at the service at the end of their life should this be their choice.

# 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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility.

- There were established processes and procedures in place to ensure people received care and support they wanted.
- Management and staff were clear about their roles, and understood quality performance, risks and regulatory requirements.
- We received notifications about important events so that we could check that appropriate action had been taken.
- There was a positive atmosphere at the service. We saw people and staff interacting with each other throughout the day and enjoying each other's company.
- The staff team understood their roles and responsibilities and knew when to escalate things to the next level.

Engaging and involving people using the service, the public and staff.

- People were engaged in the service and were asked their opinions. The service operated an open-door policy where people, relatives and staff could give their opinions about the service and share their views at any time.
- Staff knew about the rating and findings from previous inspections. The rating and a copy of the report was on display in the service.
- Minutes of meetings with people and staff showed people were consulted on how the service ran. Staff were encouraged to make suggestions about improvements that could be made to both the environment and the support that was being provided. One member of staff said, "We can make suggestions at any time if we think it will be a benefit to the service."

Continuous learning and improving care.

- Auditing systems were in place which was used to check that the service was operating to the providers expected standard.
- Audits were carried out on areas such as medicines management, care and support records, health and safety and the environment. Following audits an action plan was devised to address any concerns raised.
- The staff team were all motivated and keen to develop and learn.

## Working in partnership with others

There were good relationships with local health and social care professionals, community centres and social groups.