

Turning Point

Turning Point - The Cedars

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

We conducted an unannounced inspection of Turning Point - The Cedars on 11 December 2015. The service provides care and support for up to four people with learning disabilities. There were four people using the service when we visited. Each person had their own bedroom and there was a shared lounge and dining room area at the home.

The service had a registered manager in post. 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. We refer to the registered manager as the manager in the body of this report.

During the day there were four members of staff on duty which meant people received one to one support with their individual needs. Staff told us the staffing levels enabled them to spend time with people inside and outside the home, and respond to requests for assistance without delay.

Staff had received training in safeguarding adults and were able to explain the correct procedure to follow if they had concerns. All necessary checks had been completed before new staff started work at the home to make sure, as far as possible, they were safe to work with the people who lived there. Risk assessments around the provision of care and support had been carried out and action taken to reduce any identified risks. There were systems to ensure that medicines were stored and administered safely.

New staff completed a thorough induction programme when they started work. Staff received training and had regular supervision and appraisal meetings in which their performance and development was discussed.

The provider understood their responsibilities under the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS) to ensure people were looked after in a way that did not inappropriately restrict their freedom. The provider had made applications to the local authority in accordance with the DoLS and at the time of our visit was awaiting the outcome of those applications.

People were encouraged to eat a varied diet that took account of their preferences and where necessary, their nutritional needs were monitored. People were supported effectively with their health needs and had access to a range of healthcare professionals.

People were supported in a range of activities, both inside and outside the home. Activities outside the home enabled people to be part of their local community and to take regular holidays.

Staff were caring and encouraged people to be involved in decisions about their life and their support

needs. People were supported to make decisions about their environment and choose how their room was decorated.

Each person had a care and support plan with detailed information and guidance personal to them. Care plans included information on maintaining the person's health, their daily routines and preferences.

Staff told us they felt supported by the management team and by each other. Both staff and people were given opportunities to make suggestions on how the service was run. The service carried out regular audits to monitor the quality of the service and to plan improvements. Where concerns were identified, action plans were put in place to rectify these.

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 was safe.

Staff knew the procedures to follow if they suspected abuse had occurred. Staff identified risks to people who used the service and took appropriate action to manage these and keep people safe. Staff had been recruited safely and there were enough staff available to meet people's needs.

Is the service effective?

Good ●

The service was effective.

Staff received induction and training that supported them to meet the needs of people effectively. People were supported to access healthcare services to maintain and promote their health and wellbeing. The provider was meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring.

Staff were friendly and people appeared comfortable in their company. Relatives spoke positively about the care and support received by their family member. People were supported to maintain relationships that were important to them.

Is the service responsive?

Good ●

The service was responsive.

People were encouraged to take part in activities and follow their interests. Care plans provided staff with the information they needed to respond to people's physical and emotional needs. Relatives were involved in the development of care plans.

Is the service well-led?

Good ●

The service was well led.

Staff had a good understanding of the aims of the service and

were positive about the support they received from the management team. There were systems in place, so people who lived in the home could share their views about how the home was run. Checks were carried out to ensure the quality of the service was maintained.

Turning Point - The Cedars

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. The inspection took place on 11 December 2015 and was unannounced. The inspection was undertaken by one inspector.

We spoke with all the people who lived in the home and spent time observing how they were cared for and how staff interacted with them so we could get a view of the care they received. We also spoke with two relatives.

We looked at information received from statutory notifications the provider had sent to us and commissioners of the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are representatives from the local authority who provide support for people living at the home.

We spoke with the registered manager and three staff members. We reviewed three people's care records to see how their support was planned and delivered. We reviewed records of the checks the staff and management team made to assure themselves people received a quality service.

Is the service safe?

Our findings

There was a relaxed and calm atmosphere in the home and the relationship between people and the staff who cared for them was friendly. People did not hesitate to go to staff when they wanted support and assistance. This indicated they felt safe around staff members. A relative we spoke with told us, "[Name] has wonderful care and is safe there." Although people had limited communication, they confirmed to us with hand gestures and expressions they felt safe when we asked them.

There were enough staff to meet people's care and welfare needs and provide the supervision and support they needed to keep them safe at home and in the community. During the day there were five members of staff on duty which meant people received one to one support, and there was always an additional staff member available to assist people if they wanted to go out. Staff told us the staffing levels enabled them to spend time with people and respond to requests for assistance without delay. One staff member told us, "There are always enough staff here to support people with anything they want to do." They added, "We don't need to use agency or temporary staff, because we have a team of staff who have been here a long time and we don't have any vacancies."

People were supported by staff who understood their needs and how to keep people safe. Staff attended safeguarding training regularly which included information on how staff could raise issues with the provider. Staff told us the training assisted them in identifying different types of abuse and they would not hesitate to inform the manager if they had any concerns about anyone. One staff member said, "The manager is always reminding us about safeguarding procedures, I'm really confident people are safe here." Another member of staff said, "I wouldn't hesitate to raise a safeguarding if I was unhappy about anything, and I know the manager would look into things properly."

The provider protected people against the risk of abuse and safeguarded people from harm. The provider notified us when they made referrals to the local authority safeguarding team where an investigation was required. They kept us informed with the outcome of the referral and actions they had taken.

The provider had recruitment procedures to ensure staff who worked at the home were of a suitable character to work with people who lived there. Staff told us they had to have their Disclosure and Barring Service (DBS) checks and references in place before they started. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. Records confirmed what staff had told us.

The manager had identified potential risks relating to each person who used the service, and care plans had been written to instruct staff how to manage and reduce potential risks to each person. Risk assessments were detailed, and reviewed regularly. Risk assessments gave staff clear instructions on how to minimise risks to people's health and wellbeing. For example, one person was at risk of falling, and could injure themselves. There were plans which informed staff how the person should be assisted to move around, and what equipment should be in place to minimise the risk of them falling. Staff confirmed they referred to the information in risk assessments and care records to manage any risks to people. We were given consistent,

detailed information by all staff members on the risks facing individuals.

Medicines were stored safely and securely. Administration records showed people received their medicines as prescribed. Some people required medicines to be administered on an "as required" basis. There were detailed protocols for the administration of these medicines to make sure they were given safely and consistently. Daily medication audits were in place to ensure medicines were managed safely and people received their prescribed medicine.

Staff completed training before they were able to administer medicines and had regular checks to ensure they remained competent to do so. This ensured staff continued to manage medicines to the required standards.

The provider had systems to minimise risks in the environment, such as regular safety checks. Emergency plans were in place if the building had to be evacuated, for example in the event of a fire. There was a service continuity plan should people be unable to return to the home which made sure they continued to receive safe, consistent care.

Is the service effective?

Our findings

People could not tell us themselves whether they believed the staff who cared for and supported them had the right skills to do so. However, we saw that staff communicated with people effectively and understood their individual needs. One relative told us, "The (staff) are really good."

Staff told us they received an induction when they started work which included working alongside an experienced member of staff, and training courses tailored to meet the needs of people who lived at the home. The induction was linked to the new Care Certificate which provides staff with the fundamental skills they need to provide quality care. Staff told us in addition to completing the induction programme; they had a lengthy probationary period to check they had the right skills and attitudes for the people they supported. Existing staff were also working through some modules of the Care Certificate that had not been covered when they were first inducted to the home.

Staff told us the manager encouraged them to keep their training and skills up to date. The manager maintained a record of staff training, so they could identify when staff needed to refresh their skills. Staff told us that each member of staff received an individual training programme tailored to their specific job role. For example, staff who administered medicines had specialist training in that area. One member of staff told us, "Yes, the training is really good and we have the skills we need." Another member of staff told us, "If we want any further training in something we just ask, and it's organised for us." Staff told us the provider also invested in their personal development, as they were supported to achieve nationally recognised qualifications.

Staff used their skills to assist people at the home effectively. For example, staff used appropriate moving and handling equipment and techniques when they assisted people during our inspection. Staff explained to people what they were intending to do, and offered them reassurance. People's privacy was maintained, and transfers were completed safely.

Staff told us they had regular supervision meetings with their manager where they were able to discuss their performance and identify any training required to improve their practice. They also participated in yearly appraisal meetings where they were set objectives for the following 12 months and their development plans were discussed. Staff told us they found supervision helpful with one staff member explaining, "I can discuss my training needs, and anything else that I want to." They added, "The communication here between the manager and the staff is really good."

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes 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. The manager was able to explain to us the principles of MCA and DoLS, which showed they had a good understanding of the legislation. Mental capacity assessments were completed when people could not make decisions for themselves. Staff demonstrated they understood the principles of the MCA and DoLS. They gave examples of applying these principles to protect people's rights, for example, asking people for their consent and respecting people's decisions to refuse care where they had the capacity to do so. Where people could not make decisions for themselves, records confirmed important decisions had been made in their 'best interests' in consultation with health professionals.

The manager reviewed each person's care needs to assess whether people were being deprived of their liberties. Where people required a DoLS application to be made, the manager had made the appropriate applications to the local authority and at the time of our visit was awaiting the outcome of those applications. This meant the manager understood their responsibility to comply with the requirements of the Act.

Staff knew the dietary needs of people who lived at the home and ensured they were given meals which met those needs. For example, some people were on a soft food diet. One relative told us, "The staff are very careful with [Name] and ensure they only have food which is 'soft', they are really good at managing this."

People had access to food and drink throughout the day and staff supported them when required. A daily menu of the food on offer was displayed on the notice board at the home, so that people could choose each day what they wanted to eat. People were able to choose from a range of options and staff asked people for their food choices before their meal was prepared. Where people were unable to make decisions themselves, staff made choices based on the individual's likes and dislikes, which were recorded in their care records. We saw people could choose alternative foods if they did not like what was on offer at the mealtime. The manager confirmed, "If people don't like the food, we can offer them other options."

Each person had a health action plan that identified their health needs and the support they required to maintain their emotional and physical well-being. This helped staff ensure that people had access to the relevant health and social care professionals. Records showed people had regular health checks with their GP throughout the year and were referred to other healthcare professionals when a change in their health was identified. One relative told us, "[Name] goes to their GP regularly, we are also invited to attend consultations and be involved in healthcare plans." We found where health professionals had made recommendations about people's health needs, these had been transferred to care records to ensure staff had the information they needed to meet those needs.

Is the service caring?

Our findings

Relatives spoke positively about the care and support received by their family member. When we asked whether staff were caring, responses included, "[Name] is happy there," "I do, very caring, they are lovely." We observed the interaction between the staff members and the people for whom they provided care and support. We saw staff treated people in a kind and respectful way and they knew the people they cared for well. People seemed content and one staff member said, "The people we support are happy, and I love my job." We observed one person cheerfully greeted a member of staff when they arrived for their shift.

We asked staff whether they thought the home provided a caring environment for people. All the staff told us they thought it was caring with one explaining, "Yes, because the person is always at the forefront of what we do." Another member of staff said, "We really care about the people here, we are passionate about providing really good care."

People were able to spend time where they wished, and were encouraged to make choices about their day to day lives. Staff respected decisions people made. For example, we saw some people were up when we arrived, and other people were still in bed.

Staff told us they involved people as much as possible in making daily choices and decisions. This included what they would like to wear, what food and drink they wanted and what activities they would like to take part in. One staff member explained, "The choice is theirs. Our values include involving people as much as possible in decision making." People had been encouraged to make their rooms at the home their own personal space. There were ornaments and photographs of family and friends, personal furniture and their own pictures on the walls. They had been involved in choosing the colour schemes, decoration and furniture.

People had communication plans in place, to assist them in showing staff how they wanted to be supported with their care. Communication plans included pictures and information that people could refer to where they had limited verbal communication skills. This helped people to maintain their involvement in making their own decisions.

We saw people's privacy was respected. Staff knocked on people's bedroom doors before announcing themselves. People were offered care and support discretely when needed. People had access to areas where they could meet their family in private or spend time alone. Staff supported people to maintain relationships with those closest to them and celebrate family events. One relative told us, "The staff pick me up and take me to visit [Name] at the home. The last time we visited we had a party." Relatives confirmed they could visit when they wished to and always felt welcomed into the home.

People were supported to access advocacy services. Most people had a relative they could ask for support from, however, where people did not, the manager provided access to advocacy services. We saw advocacy services were advertised and promoted in prominent places around the home. An advocate is a designated person who works as an independent advisor in another's best interest. Advocacy services support people in

making decisions, for example, about their finances which could help people maintain their independence.

Is the service responsive?

Our findings

People were encouraged to participate in activities inside and outside the home according to their personal wishes. For example, people were supported to go shopping, go out for meals in local restaurants and participate in activities in their local community. The manager explained that most people at the home chose to go out individually, rather than with other people at The Cedars. Three of the people at the home had their own transportation, and made decisions about where they went each day, and who accompanied them. Another person at the home used public transport. Everyone had activities arranged according to their personal preferences. For example, one person showed us a record of the activities they had taken part in over the last few months. Staff had encouraged them to keep a record of the things they enjoyed, and this included pictures and photographs of places they had visited, and family and friends. We saw the person had been on regular day trips and an annual holiday, which they enjoyed. One relative confirmed, "They support people to go on holiday when they want to, and go on trips out and about. They can't do enough for [Name]."

Each person had a care and support plan with detailed information and guidance personal to them. Care plans included information on maintaining the person's health, their daily routines and preferences. The plans also identified how staff should support people emotionally, particularly if they became anxious or agitated. This information meant staff had the necessary knowledge to ensure the person was at the centre of the care and support they received. People's care plans were reviewed regularly and each month there was a review of what the person had done and achieved over the previous four weeks. Relatives told us they were involved in making decisions about their family member's care and how support was delivered.

There were systems in place for staff to share information through a handover at the start of each shift and a handover and communication book. This, along with comprehensive and up to date care records, ensured staff had the information they needed so they could respond to changes in people's physical and emotional needs. One member of staff told us, "The paperwork is thorough, and gives us all the information we need."

People had information in an easy read format in their care records about who they could talk to if they had a complaint or were worried. We asked one person what they would do if they were unhappy or had any concerns. Relatives told us they would not hesitate to raise any concerns if they had any. One relative told us, "I would raise things with the staff or the manager if I needed to, but I haven't had an occasion to." Staff told us they would support people to share any concerns they had. One staff member told us, "I would follow up things if people seemed unhappy, and try to find out what was concerning people." They added, "Everyone seems happy though." There had not been any complaints since our last inspection.

Is the service well-led?

Our findings

We asked people if they enjoyed living at The Cedars. They responded with smiles and hand gestures that indicated they enjoyed living at the home. One relative told us, "The home is lovely." They added, "The manager is very good, and I have no concerns at all."

The service had a registered manager in post. The three staff members we spoke with told us the manager was approachable and they felt well supported. One staff member said, "The manager is really supportive. If we have any concerns they will get us the information we need, or have a meeting with us to discuss any issues that arise." Staff told us the provider and manager were always available to offer them support and advice when needed. The management team operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised.

The manager told us the provider was supportive and offered regular feedback and assistance to support them in their role and their professional development. For example, the provider visited the service every two weeks to hold meetings with the manager, and discuss issues around quality assurance procedures and areas for improvement at the home. The manager told us they were able to share good practice and improvements with other registered managers from homes within the provider group. The manager said, "The provider is really supportive, and will discuss anything I ask for to improve the home."

Staff told us the provider was supportive of their work, and encouraged open communication between staff and people who used the service. One member of staff said, "We have an involvement charter, which supports us to engage with stakeholders and people who use the service. Our values are great, and people who live here have been involved in developing them too."

There were systems in place so people who lived in the home, their relatives, and staff could share their views about how the home was managed. People took part in regular meetings where they were able to discuss what activities they would like to take part in and what food they would like. Staff were involved in regular meetings where their feedback was sought. The provider conducted yearly satisfaction surveys with stakeholders. We found the provider acted on the feedback they received to improve the quality of the service. For example, we saw people had provided feedback on how the décor at the home could be improved. The provider was decorating some of the communal areas of the home in response to the feedback.

There was a system of internal audits and checks completed within the home to ensure the safety and quality of service was maintained. For example, regular audits in medicines management and health and safety. The manager recorded incidents and accidents and submitted these to the provider. These were analysed to identify any patterns or trends so appropriate action could be taken. The provider also carried out periodic audits throughout the year from which action plans had been generated where a need for improvement had been identified. These checks ensured the service continuously improved.