

Turning Point

# Turning Point - Clarence House

## 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	

### Overall summary

Turning Point – Clarence House provides 24 hours care and support for one person with a learning disability in their own home.

We visited the offices of Clarence House on 12 October 2015. We were told the person receiving care had communication difficulties and would not be able to tell us about their experiences of care. On 15 October 2015 we were invited to visit the person in their own home.

We last visited the service in February 2014. After that inspection we asked the provider to take action to

# Summary of findings

improve the training care workers received to ensure they had the necessary skills to provide effective care. At this inspection we found the provider had taken the required action.

The service has 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.

When we visited the person in their home we saw warm and friendly relationships between them and the care workers providing their care and support. All the care workers had worked with this person for many years which meant the person was supported by care workers who knew them well, understood their needs and knew how to keep them safe.

Care workers were trained in safeguarding adults and understood how to protect them from abuse. There were processes to minimise risks to people's safety; these included procedures to manage identified risks with people's care and for managing people's medicines safely. Checks were carried out prior to care workers starting work to ensure their suitability to work with people.

The provider and registered manager understood their responsibilities under the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS). This ensured 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.

Care was delivered on a one to one basis from a consistent and established staff team. Care workers received a programme of training and support that ensured they felt confident in their role.

Care plans and risk assessments contained relevant information for care workers to help them provide personalised care to people. Changes in health were acted upon quickly and referred to external healthcare professionals.

Information about making a complaint was available, but independent advocacy help was sought when a need was identified.

There was a registered manager in post and care workers told us they felt well supported. Care workers were confident they could raise any concerns or issues with the provider and registered manager, knowing they would be listened to and acted on.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

There were enough suitably experienced care workers to provide one to one support. Care workers understood their responsibility to keep people safe and report any suspected abuse. There were procedures for managing risks associated with people's care, a thorough staff recruitment process and a safe procedure for handling medicines.

Good



### Is the service effective?

The service was effective.

Care workers had training and supervision to support them in carrying out their roles. The service acted in line with legislation and guidance in terms of assessing people's capacity to make decisions about their care and support.

Good



### Is the service caring?

The service was caring.

There were warm, friendly relationships between care workers and the person they supported. Care workers enjoyed their roles and understood the service's values in terms of a person centred approach.

Good



### Is the service responsive?

The service was responsive.

Care workers provided personalised care and were responsive to social needs. Care workers referred any issues to an independent advocate to advocate on the person's behalf.

Good



### Is the service well-led?

The service was well-led.

There was a registered manager in post who staff told us was very supportive of their practice. There were systems in place to support the service to deliver good quality care.

Good



# Turning Point - Clarence House

## 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 12 and 15 October 2015 and was unannounced. The inspection was undertaken by one inspector.

As part of our inspection we asked the provider to complete a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Our inspection visit confirmed the information contained within the PIR.

We reviewed the information we held about the service. We looked at information received from external bodies and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We visited the person receiving care from the service in their 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 an independent advocate.

We spoke with the registered manager and two staff members. We reviewed one person's care plans and daily 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

One person used the service and received 24 hour care and support from a team of five care workers. All the care workers had worked with this person for a number of years. The registered manager explained they occasionally used one of the provider's "bank" care workers to cover a shift, but never used agency care workers because of the particular needs of the person. This meant the person was supported by care workers who knew them well, understood their needs and knew how to keep them safe. The independent advocate who was a regular visitor to the person said, "I think [person] is very happy, they always seem content. They (staff) are always very careful about them."

The provider had recruitment procedures to ensure care workers who worked for the service were of a suitable character to work with people in their own homes. Although no care workers had been recruited for over eight years, we were told the provider's recruitment policy was that any new staff 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 showed the provider continually assessed whether care workers were safe and suitable. For example, care workers had to apply for a new DBS every four years to confirm they had not been convicted of any offences in the intervening period.

Care workers had received training in keeping people safe and understood their obligations to report any concerns they had about people's physical or emotional wellbeing. One care worker told us, "I would report it to the manager. I wouldn't think twice. [Person] is vulnerable and it is up to us to look after them." Although care workers were confident the registered manager would take the appropriate action, they told us they would not hesitate to

take further action if they felt their concern had not been listened to. One care worker explained, "Turning Point have a whistleblowing helpline so if I thought the manager wasn't doing something, I would go above her."

Assessments identified any potential risks to people and detailed plans informed care workers how those risks should be managed to keep people and others safe. One care worker told us, "If there is an identified risk we would set up a support plan and guidelines. We would assess and identify the risk and see what steps we can take to minimise the risk without limiting what [person] can do." Records demonstrated that care workers were involved in discussing how risks could be managed. For example, care worker's views had been listened to when deciding how many staff were required to keep the person safe on holiday. Risk management plans enabled the person to be actively involved safely in the community.

Care workers we spoke with said they were confident administering medicines because they had received training, and were regularly observed to make sure they were competent to administer medicines safely. One care worker told us, "It is something they are very strict on." Care workers checked medicines during the handover between their shifts. This ensured there were twice daily checks which would identify if medicines had not been given or any errors made. Where there were any risks around prescribed medicines, there was a risk assessment in place so care workers could be aware of potential side effects. Administration records showed that medicines had been given as prescribed.

There were systems to record any incidents or accidents, but there had been none since our previous visit.

Emergency plans and a service continuity plan were in place to ensure safe, consistent care continued to be provided in an emergency; for example in the event of bad weather that could prevent staff arriving at work.

# Is the service effective?

## Our findings

When we visited Clarence House in February 2014 we found there was a breach of Regulation 14 of the Health and Social Care Act 2008 and associated Regulations because staff had not been provided with regular training to ensure that they had the correct skills to be able to carry out their role. At this visit we saw staff had received the training considered essential to meeting people's needs safely and effectively.

Although no new care workers had been recruited to the service for a number of years, the provider had an induction process in place. This included training in all areas considered essential and a period of shadowing and working alongside more experienced care workers. This induction was linked to the new Care Certificate which provides care workers with the fundamental skills they need to provide quality care. Existing care workers were also working through some modules of the Care Certificate that had not been covered when they were inducted to the service.

There was a programme of training available to care workers and care workers told us they received the necessary training to meet people's needs effectively; for example, first aid, health and safety and fire safety. One care worker told us, "It (training) is quite good. We are updated with all of it." Another care worker told us, "I have worked for two other care providers and Turning Point are brilliant on training."

The knowledge and learning of care workers was monitored through a system of supervision meetings. Care workers told us regular meetings with the registered manager provided an opportunity for them to discuss personal development and training requirements. One care worker said, "We have them every month. You talk about your job role, identify your strengths and weaknesses as well as discuss if there is anything you would like to access or try. I was talking to [registered manager] about getting

some training for end of life care." Another care worker confirmed, "When we have our one to ones we can bring up any training we want." Regular meetings also enabled the registered manager to monitor the performance of care workers and discuss performance issues.

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected. This includes decisions about depriving people of their liberty so they get the care and treatment they need where there is no less restrictive way of achieving this. DoLS require providers to submit applications to a 'Supervisory Body', the appropriate local authority, for authority to do so.

We found that the service had complied with the requirements of the MCA and DoLS. Where required, mental capacity assessments had been undertaken for specific decisions that needed to be made. Where necessary, DoLS applications had been submitted to the local authority and the provider was waiting for the outcome of those applications at the time of our visit.

Care workers were vigilant for any signs that could signal a decline in health. One care worker told us, "I noticed [person] had slowed down a bit so we took them to the doctors." A Health Action Plan (HAP) set out clear information about the person's health needs and the professionals who supported those needs. People were assisted to manage their health conditions and access health professionals when required.

Care workers had a good understanding of people's dietary needs and how they needed to have their food prepared. When the person invited us to visit them in their home, we saw they were supported to have drinks of their choosing. Records we looked at demonstrated their nutritional needs had been assessed, and guidance had been provided to staff on specific support requirements.

# Is the service caring?

## Our findings

When we visited the person in their home we saw warm and friendly relationships between them and the care workers providing their care and support. Care workers demonstrated an understanding and respect for the person from working with them for a number of years. The person benefited from having consistent support from care workers they knew well and who had a good understanding of their emotional needs. As one care worker explained, “Anyone who is working with [person] has worked with them from eight to 30 years. Staff have known them a long, long time.” The independent advocate told us, “I am amazed how stable they are with the staff group.”

We asked the care workers how they provided “caring” support. One responded, “I think it is making sure everything you do is in their best interests.” The other responded, “I think it is putting someone at the centre of what they do and focusing on their needs and helping them achieve what they want. You have to take time to get to know their different ways. You have to build trust.” From our observations during our visit, we saw care workers were clearly implementing this into their practice and understood the importance of treating people with dignity and respect. It was clear care workers enjoyed their roles

and understood the service’s values in terms of a person centred approach. The independent advocate told us, “I think they (care workers) are very in tune with [the person’s] needs and wishes. I think they demonstrate it in their every day care.”

The person was able to make everyday decisions themselves, which helped them to maintain their independence. Care workers told us that an important aspect of their caring role was to involve the person in making as many decisions as possible. One explained, “We take [person] into the kitchen and I put out a choice of three items, perhaps swede, cabbage and a cauliflower.” Staff also used pictures and photographs to help the person make choices.

We spoke with an advocate who told us they visited the service regularly. 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 financial management, health and care requirements which could help people maintain their independence.

Care workers supported visits with family and friends which helped ensure that relationships with those who were important to the person were maintained.

# Is the service responsive?

## Our findings

Staff understood the importance of responding to people's social needs and supporting them to follow their interests and hobbies. Staff explained that the person enjoyed being part of their local community and attending and supporting events in the locality. To encourage the person's community links, staff supported them to visit the local barbers, shops, doctors and opticians. The person regularly attended coffee mornings and enjoyed visits to the cinema and theatre. One care worker told us, "[Person] chooses what they want to do, so they take part in activities in the village." Twice a year staff supported the person to go on short break holidays, sometimes with a family member. We were invited to look at the person's photographic diary. This showed them enjoying trips out in the local community and further afield.

The care plan we looked at was person centred and showed the person's likes and dislikes and how they wanted to receive care. We saw care plans included

personal photographs and a life history and were tailored to meet the needs of the individual according to their support requirements and preferences. They recorded what the person could do independently, and when they required support. Care plans were reviewed regularly to ensure they continued to meet any changing needs. The support that care workers delivered matched the information in care records.

There was information in an easy read format in care records about who people could talk to if they had a complaint or were worried. Staff told us they were watchful for signs that people with limited communication were unhappy with any aspect of their care. They were able to tell us exactly what signs the person would show if they were unhappy or distressed. Records showed that care workers had sought the assistance of the person's independent advocate to advocate on their behalf in respect of a maintenance issue in their home. The service had not received any complaints since our last visit.



# Is the service well-led?

## Our findings

Care workers were positive about the service they provided. One care worker said, “I love my job and I like caring for [person]. They get excellent one to one care.”

The registered manager understood their responsibilities and the requirements of their registration. For example, they had completed the Provider Information Return (PIR) which is required by Regulations. We found the information in the PIR was an accurate assessment of how the service operated.

The PIR stated: “Good leadership can be demonstrated through the manager’s involvement in the delivery of care support. This means that they are demonstrating good practice for their staff team and gives them an opportunity to identify any issues in the staff teams.” The registered manager explained that they sometimes covered shifts so they understood the demands on care workers. Care workers confirmed they felt supported by the registered manager to carry out their roles. One care worker said, “Honestly, I feel really supported. [Registered manager] is a very good manager. She is down to earth.”

Care workers told us they had regular meetings to discuss people’s care needs, issues at the home and to gather

views about any changes that may be required. Care workers told us they found the meetings useful and minutes demonstrated that they were encouraged to share their views.

The management operated an on call system to enable care workers to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised.

The PIR stated further: “There is an open, transparent and fair culture and strong links into the community from the service. Staff are supported to question practice. Whistle blowers are supported following the Providers policy”. Care workers confirmed they would feel confident about reporting concerns or poor practice to the registered manager or the provider. They were certain any concerns they raised would be listened to and acted on.

There was a system of internal audits and checks completed to ensure the quality of service was maintained. This included an internal quality assessment tool against the five key questions asked by us under our inspection methodology.

The registered manager told us they received support from their immediate line manager and was able to share good practice and improvements with other registered managers from homes within the provider group.