Turning Point

1a North Court

Inspection report

1a North Court
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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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 17 March 2017 and was unannounced. At our previous inspection in January 2015 we had concerns that not all unexplained injuries to people were investigated. At this inspection we found that improvements had been made in this area. However we had concerns that the provider was not following their own recruitment policy and the service was not consistently safe and well led.

1A North Court provides personal care for up to eight people with learning and physical disabilities in their own homes. At the time of the inspection eight people were using the service.

There was a registered manager in post, however they were absent on the day of the inspection. 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 provider did not ensure themselves that agency staff working at the service were fit and of good character.

Risks of harm to people were assessed and minimised through the effective use of risk assessments.

People were receiving their medicines from trained staff when required.

There were sufficient numbers of suitably trained staff to meet people's needs safely. Permanent staff were recruited through safe procedures.

People were safeguarded from abuse as staff and the management knew what to do when they suspected potential abuse. The local safeguarding procedures were being followed.

People were receiving care from staff that felt supported and had received training to be effective in their roles.

The principles of the Mental Capacity Act 2005 were being followed to ensure that people's human rights were being upheld and that they were consenting to their care at the service.

People were supported to eat and drink sufficient amounts of food and drink of their liking and in a way that met their individual needs. Staff knew what to do if people became unwell or their health needs changed and they responded accordingly.

People were treated with dignity and respect. People's right to privacy was upheld and they were encouraged to be as independent as they were able to be.

People were receiving care that met their individual assessed needs and preferences and their care was regularly reviewed with them and their representatives.

People were supported to participate in hobbies and interests of their liking within their home and local community.

The provider had a complaints procedure. Relatives felt confident that issues and concerns would be addressed.

The provider had systems in place to monitor and improve the service. An action plan had been developed which had identified areas of improvement and these were being addressed.

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 not consistently safe.

The provider was not following robust procedures to ensure agency staff working at the service were fit and of good character.

People's risk assessments were being followed to ensure people were safe from harm.

People were safeguarded from abuse and the risk of abuse as staff and the management followed the local safeguarding procedures if they suspected potential abuse.

People's medicines were administered by trained staff.

Is the service effective?

Good

The service was effective.

The provider was following the principles of the MCA 2005 to ensure people's human rights were upheld.

Staff received training and support to be effective in their roles.

People were supported to maintain a healthy diet and their health care needs were met.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

People were encouraged to be independent and their right to privacy was upheld.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs and

reflected their individual preferences.

The provider had a complaints procedure and relatives knew how to complain if they needed to.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The provider was not ensuring that the agency were supplying staff that were fit and of good character.

The registered manager was absent at the time of the inspection and the area manager was managing the service.

There were systems in place to monitor and improve the quality of the service.

1a North Court

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 inspection took place on 17 March 2017 and was unannounced. It was undertaken by one inspector.

We looked at the information we held about the service. This included notifications the home had sent us and the previous inspection report. A notification is information about important events which the provider is required to send us by law. We gained information from the quality assurance officer at the local authority.

We met with five people who used the service. People were unable to share their experiences of their care and support at the service due to their learning disabilities. We spoke with one relative. We spoke with two support workers, a team leader and the area manager.

We looked at the care records for four people who used the service. We looked at the recruitment files for two members of staff, training records and the systems the provider had in place to monitor the quality of the service.

Good

Is the service safe?

Our findings

Previously we had concerns that people who used the service were not always protected from the risk of abuse as staff had found and recorded injuries to people on body maps but had not reported them to the management team to investigate. At this inspection staff we spoke with told us that if they found any unexplained injuries to people they would record on a body map and report to a senior member of staff. One member of staff told us; "If I saw anything I would report it, you've got to put people first". We saw evidence that bruising found on one person had been discussed with the local safeguarding team. This meant that staff knew what to do if they suspected potential abuse and the local safeguarding procedures were being followed.

There were sufficient numbers of staff to be able to support people. Most people had a one to one staff member available at all times. Some people had been assessed as being able to spend short periods of time alone in their flats. We looked at rosters and staff told us that there was always sufficient numbers of staff available to keep people safe.

We looked to see if new staff were employed using safe recruitment procedures to ensure that they were fit and of good character. We found that permanent staff were subject to checks before commencing employment at the service. These checks included disclosure and barring service (DBS) checks for staff. DBS checks are made against the police national computer to see if there are any convictions, cautions, warnings or reprimands listed for the applicant.

Risks of harm to people were assessed and risk assessments were put in place informing staff how to keep people safe. We saw that some people had 'dysphagia'. Dysphagia is the medical term for swallowing difficulties. People with dysphagia often have to have a soft or pureed diet. We saw that a plan was in place which meant that a member of staff had to check their colleague had prepared the pureed or soft diet as required to ensure it was the correct consistency. Staff we spoke with knew people's individual risks and new how to keep people safe.

We saw some people required equipment such as hoists and wheelchairs and we saw these were maintained to ensure they were safe for use. We saw one person was at risk of sore skin and they had a risk assessment which informed staff how to support the person to prevent sore skin. The person's relative told us: "[Person's name]'s skin is healing, they have a wonderful diet which helps with the skin and the staff make sure they have the equipment they need. I feel they are safe".

We looked to see if people's medicines were managed safely. People's medicines were stored in each person's flat. All staff had been trained to administer each person's medication and the training was individual to each person's specific needs. All staff had to be observed 10 times administering each person's medication before being deemed competent to complete this alone. We saw that medicines were audited by a senior member of staff and action was taken if there was an error or missed medicines.

Good

Is the service effective?

Our findings

People's capacity to consent to their care had been assessed and we found that people who used the service had been assessed as lacking the mental capacity to agree to their care at the service. The provider followed the principles of The Mental Capacity Act 2005 (MCA) by ensuring that people were being supported by their representatives to consent to their care. The 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. Staff we spoke with knew to seek people's consent before supporting them with their care. One staff member told us: "I would always ask before doing anything".

We saw that it had been recognised that some people may be being deprived of their liberty. 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The management had been in discussions with the local authority to ascertain whether an authorisation from the court of protection was necessary to ensure no one was being unlawfully deprived of their liberty.

Staff told us that they received regular support and training to be effective in their roles. Training was arranged dependent on people's individual assessed needs including 'dysphagia, epilepsy and percutaneous endoscopic gastrostomy (PEG). PEG is an endoscopic medical procedure in which a tube is passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate (for example, because of dysphagia or sedation). A new member of staff told us: "I have not had my PEG training yet so I can't support people with PEG feeding, I won't do anything I'm not trained to do".

People were supported to maintain a healthy diet with food and drink of their liking. When people's dietary needs changed or they had difficulty in eating of drinking, health advice was sought such as referrals to a dietician and the speech and language therapist (SALT). Staff we spoke with told us they knew people well and knew what people liked to eat and drink. Staff had received training in 'Food and Hygiene' and in how to puree and mash food for people with dysphagia and they knew how to prepare people's food and drink safely.

People were supported with their health care needs and when their needs changed or they became unwell, health advice was sought. One person had been showing signs of distress and had been harming themselves. Staff had supported the person on medical appointments to try and ascertain what was causing the distress. After several appointments a consultant had recommended a medical procedure and this had been agreed through the principles of the MCA as a best interest decision. The person had been supported through the procedure by staff and was now well and enjoying a healthier quality of life. People had access to a wide range of health care agencies and staff at the service worked closely with the other agencies to monitor people's health care needs.

Good

Is the service caring?

Our findings

People were treated with dignity and respect. A relative told us: "The staff are all very caring". We observed that staff spoke to people in a kind and caring manner. Staff we spoke with demonstrated that they cared about people. One staff member told us: "My proudest achievement is being able to help [person's name] with having their operation, it had made such a difference to their life, it's so rewarding".

People's right to privacy was maintained. Staff knocked on people's doors before entering and we saw that there were signs on the front doors if people were busy and did not wish to be disturbed, for example; if they were having their personal care needs met. Staff told us that they protected people's dignity when supporting them with their personal care. One staff member said: "I talk to people throughout as it's the most personal thing you can do helping someone with their intimate care, it's so important to protect people's privacy and dignity".

People were encouraged to be as independent as they were able. Care plans we looked at were written in such a way that they promoted people's independence. We saw that plans outlined 'what people could do for themselves'. Some people supported staff with household tasks and some people had been assessed as spending short periods of time alone. One person required 'bed rest' during the afternoon so a sensor alarm was put in place so the person could be left alone in private to rest. The alarm would sound if the person significantly moved whilst in bed and staff would return to support them.

People were supported to maintain their friendships and relationships with their families. Several people had resided together in a previous establishment for many years. A member of staff told us: "We take people out for lunch or bowling together like they used to as they are familiar with each other". Another person was supported to lay flowers on their relative's grave and staff told us they kept in contact with people's relations as much as they were able to.

There were meetings for people and their relatives to offer them the opportunity to discuss how the service was run. One relative told us: "I'm always kept informed with what's going on, I have a good relationship with the staff".

Good

Is the service responsive?

Our findings

People's care reflected their individual needs and preferences. Each person had an assessment of their needs and a plan of care had been put in place to support staff to care for people. Care plans were clear and comprehensive and we saw the care plans contained people's preferences such as detailed routines around what support the person required in the morning and evening, communication needs and likes and dislikes. We saw that a life history had been completed to help staff understand people's past lives and how this may impact on people.

Staff supporting people knew people's needs and preferences. There was a core team of staff who supported each person to ensure there was a consistent approach to people's needs. One staff member told us: "We have core team meetings with the staff and the person to discuss their care and how it's going".

People's care was kept under regular review and when people's needs changed action was taken to respond to those needs. One person had been experiencing heightened anxiety which had meant an increase in their behaviour that challenged. We saw that the staff had responded by recording all incidents of anxiety and challenging behaviour and they were liaising with the intensive support team to find ways of best meeting this person's needs and reducing their anxiety.

People were supported to engage in hobbies and activities of their liking. A relative told us: "My relative goes out all the time". Some people had their own vehicles which staff drove to take them out. There was a range of activities which people were involved in including, eating out, swimming, shopping and bowling. People were also encouraged to participate in activities within their own flats and communal areas. A member of staff told us: "We have weekly take away nights if people like and we join up in the communal areas. People don't have to join. For example, one person doesn't like a lot of noise so they would prefer to stay in their flat". We saw that this person's flat door had a sign to say please knock and don't ring the door bell and there was a quiet closure on the front door which meant it wouldn't bag shut. This showed that the staff recognised and responded to people's individual needs.

The provider had a complaints procedure. This was available in an 'easy read' format within each person's care plan. The manager told us that there were no recent recorded complaints. A relative told us: "If I had any concerns I'm sure that the staff would deal with them". The area manager told us that there had been no recent complaints to formally investigate.

Requires Improvement

Is the service well-led?

Our findings

We found that the provider did not ensure that agency staff working at the service had their fitness to work with people checked by the agency before working with people in their own home. A senior member of staff and the area manager confirmed that they did not have evidence of the agency staff's DBS checks and they had been contacting the agency to ask for clarification of the individual agency staff's DBS disclosure numbers.

There was a registered manager, however, they were absent at the time of the inspection and the area manager was overseeing the day to day management. The area manager showed us that they had identified some areas that required improvement and they had developed an action plan to address these issues.

Audits and checks of people's individual care were undertaken on a weekly and monthly basis. These checks included medication, financial and people's care record checks. When issues were found action was taken to address them, for example; one person had not been administered their medicine and we saw that this was addressed with the staff member involved. This meant that the improvements were made to the quality of service when areas of service delivery had failed.

There were regular meetings for staff, people who used the service and their relatives. Staff at the service worked closely with other health and social care agencies to ensure a holistic approach to people's care. This showed that the provider was open and transparent in the way they supported people and ensured that the relevant people were involved in people's care.

Permanent staff received regular support, supervision and training to ensure that they provided good quality care. Staff we spoke with told us that management team were approachable and supportive. The provider had an on call system which was available to staff 24 hours a day.

The provider understood their responsibilities of their registration and were notifying us (CQC) of significant events as they are required to, such as safeguarding's incidents and serious injuries.