

## 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

An unannounced inspection visit took place on 1 May 2018. The Cedars provides accommodation, personal care and support for up to four people, with physical and / or learning disabilities. At the time of this inspection, four people lived at the home. Each person had their own bedroom and there was a shared lounge, bathrooms and a dining room area that people used.

People in care homes receive accommodation and nursing and/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.

There was a registered manager in post at the time of our visit. 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.

At our last comprehensive inspection in December 2015, we rated the service as Good overall. 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 on-going 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 registered manager and staff assessed risks to people's health and welfare and care plans provided accurate information for staff to minimise the identified risks. Staff and people had lived and worked at the home for a number of years and were familiar around each other's company which helped people be relaxed with staff. We were confident staff knew people well and they continued to support and encourage people's independence.

Staff knew how to keep people safe from the risk of abuse. There continued to be enough staff to meet people's health needs and there continued to be flexibility in staffing levels, to make sure people received a safe, effective and responsive service.

People's medicines were managed, stored and administered safely by trained and competent staff.

People continued to be cared for and supported by kind and compassionate staff. Staff understood people's needs and abilities and they had the skills, training and experiences to do this effectively.

People were supported to have continued choice where possible, given their lack of capacity to make decisions. Staff offered people visual choice to stimulate and encourage people to make decisions. Staff respected people's lack of capacity to make verbal decisions and always supported xxx (remove gap) them in the least restrictive way possible. Staff worked with each person to understand and improve their

individual communication abilities.

Staff ensured people received support from other health professionals to maintain their physical and mental health and people were involved in how their care was delivered. Relatives were involved in care decisions with their family members and staff encouraged links with families.

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. The quality monitoring system demonstrated their systems continued to be effective and support good outcomes for people in their care. The provider, registered manager and staff's focus was always to drive improvements within the service

Further information is in the detailed findings below.

## 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 remained safe.

### Is the service effective?

Good ●

The service remained effective.

### Is the service caring?

Good ●

The service remained caring.

### Is the service responsive?

Good ●

The service remained responsive.

### Is the service well-led?

Good ●

The service remained well led.

# 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.

This unannounced inspection took place on 1 May 2018. The inspection was carried out by one inspector.

During this inspection, we asked the registered manager to provide us with information that showed how they managed the service effectively. We also asked for evidence to show what they were proud of, and what improvements they had identified and when they planned to address them.

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. They had no additional support to share with us that we were not already aware of.

We were unable to speak with people because people could not talk with us due to their health conditions. From our observations with how people communicated with staff, this gave us an insight into their experiences of living at the home. The report does not contain any quotes from people, but does report how well they responded to those who cared for them which we could see by their gestures and expressions. During our visit we spoke with the registered manager, a deputy manager and three care staff directly involved in providing care and support.

We reviewed two 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

At this inspection, we found there were sufficient staff to provide safe care and staff continued to manage risks so people remained protected from harm. People continued to be kept safe as they were during the previous inspection. The rating continues to be Good.

People were cared for by a consistent and experienced staff team who knew people well. Staff told us staffing levels continued to meet people's needs. One staff member said, "If people go out we have additional staff here to make sure people are still kept safe in the home." The registered manager and deputy manager were in addition to the three care staff on duty throughout the day. They were confident staff levels continued to meet people's needs and this was under continual review.

People's medicines continued to be administered safely by trained and competent staff. Medicines were stored securely and within safe temperature ranges. Regular checks of medicines stocks ensured any errors were kept to a minimum and action was taken when an issue was identified. Time critical medicines were given when required and for medicines given 'as and when' needed, protocols ensured staff administered these safely.

We found staff continued to keep people safe and protected from poor practice. Staff knew the actions they should take if they had any concerns about people's safety. One staff member said, "I would report it to you (CQC), the police or whistle blow." Staff knew who to contact and were confident any concerns raised, would result in actions to keep people safe. The provider had submitted notifications to us when they believed people were at risk and had taken the appropriate actions to ensure people remained safe.

Risks associated with people's individual health and well-being had been assessed and risk assessments were in place which explained the risks for each person. Because the four people had been living at the home for many years, the staff members who supported them had an excellent knowledge of people's risks and what to do to minimise those risks. For example, risk assessments provided information to staff such as how to move people safely, how to provide food and drinks safely for people at risk of choking, and risks had been considered when people were transported by staff in their own vehicles. Other risks were known and managed, such as when people used the kitchen and those who went outside the home into the community. Staff spoken with knew about these risks and what to do.

The premises suited the needs of the people living at the home. People could move around the home, with staff support, with unrestricted access. Floors were level so there was no limitations from accessing one room to another and people could access the garden area without restriction, such as steps.

Regular fire safety checks were completed and an up to date fire risk assessment provided important information for staff in the event of an emergency. Staff told us they knew what to do if an emergency happened. People who used the service had Personal Emergency Evacuation Plans (PEEPs). PEEP's are for people requiring special provision to ensure staff and the emergency services know what assistance they need to ensure their safety in the event of an emergency.

On call management support was provided in case of emergency outside of daytime hours.

Maintenance issues arose and these were fixed by the provider and landlords within short timescales. We found no maintenance issues during our visit. People's rooms were clean, furnished and decorated in line with their choices. During our visit we saw no infection control risks that caused us concern. Staff understood how to reduce the risks of cross infection. For example, when they prepared meals, staff used designated coloured chopping boards to prepare, vegetables, raw meat and fish. For cleaning, different mops were used for different communal areas to reduce the risk of cross contamination.

## Is the service effective?

### Our findings

At this inspection, we found staff were as effective in supporting people's needs as they were during the previous inspection. The rating continues to be Good.

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 individually. Staff recognised changes in how people communicated and what could work well. One staff member said they identified one person responded well to music. They told us they used music and sounds to communicate with this person so sound could be associated with a type of activity or experience. Using this method, staff said they wanted to explore and develop this type of communication more as it proved beneficial to the person.

People were encouraged to maintain regular stimulation, to meet friends and family and to seek medical support when required. People continued to receive support from other healthcare professionals such as the GP, occupational therapists, opticians and a speech and language therapist (SALT). Because staff knew people so well they were alerted to changes in people and how this could affect their overall health. Staff said they supported people to make their appointments and took people to those appointments if away from the home.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). All four people who lived at the home lacked capacity to make their own decisions about all aspects of their lives. Staff were aware of what decisions people could make with the right visual prompts, such as holding up items of clothing, or showing menu cards at meal times. Staff enabled people to make choices as much as possible. At the time of this visit, all four people had an approved DoLS that placed some restrictions on their freedoms or liberties. For example, a locked door or 'in room' video monitoring helped people remain safe. When DoLS applications approached their expiry date, further applications were submitted to ensure restrictions were not unnecessary.

Staff said their training remained effective and updated to ensure they continued to provide care and support in line with current guidance and good practice. Staff said they were encouraged to seek new training opportunities and these were regularly discussed at one to one meetings and annual appraisals. The registered manager and managers from the providers other homes, completed observed practice that helped ensure, staff provided care and support in line with their training. Training was in line with the Care Certificate which is a nationally recognised set of standards to ensure staff have the right skills, knowledge and behaviours. An on-going training programme ensured care staff kept their skills up to date and remained effective in their role.

People continued to be supported to eat and drink enough to maintain a balanced diet. Where people had specific dietary requirements these were met. Where people were at risk of weight loss their weight was



monitored, in some cases this could be more frequently to ensure their received the right levels of foods and fluids to maintain their weight. Weight loss was reviewed regularly and other interventions, such as dietician or speech and language therapist (SALT) were sought, especially for people who needed foods and drinks prepared differently due to risks of choking.

# Is the service caring?

## Our findings

At this inspection, we found staff were as caring towards those people they supported as they were during the previous inspection. The rating continues to be Good.

People had lived at The Cedars for a number of years and the staff knew their needs well. From speaking with staff, it was clear they cared about the people they supported. Staff told us about the qualities that made a 'good carer'. "Patience, listening, empathy and wanting to make a difference" were skills staff said they had that made a difference in how they enriched people's lives at The Cedars. It was clear from our conversations with staff they enjoyed working at the home. Some staff had worked at the service 10 years or more and said they worked well as a team. One staff member said they enjoyed working at the home. They said, "The people are lovely here, their face lights up when I walk in. Every day is different. "

One staff member said they wanted to learn, "How I can make it easier for them to communicate with me." Staff recognised people's communication difficulties but did not see this as barrier to involving them. Staff used different communication techniques for people and tried alternative ways to engage people. Staff used visual cues, object references (touch) and sound to communicate with people. One staff member told us how they helped one person who made particular noises as a way of communicating. They said, "I look at [name] and listen to what their face is telling me." They said they could tell from the person's facial expression and noises what they wanted or if they liked or disliked something. They told us, "Speak to them in a way that matches their ability."

Staff involved people in how the home was decorated and the care they received so the service became more personalised to their needs. Staff decorated people's rooms in line with their preferences and sought people's views in how they wanted their room and communal areas furnished and decorated. In the hall there was a chart of paint colours for people to choose their preferred colour of certain rooms. One person went out with staff during our visit to choose a colour for their bedroom walls. This person's windows were decorated with a picture scene which is what they wanted to look at when they spent time in their room.

Staff helped stimulate people's sensory awareness and they were looking at ways to introduce smells to associate with different activities, such as soap, aftershave or fragrances for personal care. A therapist visited on a regular basis to provide massages and relaxation therapies to people. They told us staff gave them information so they knew how people were feeling and what would work well on that visit. The therapist said this was helpful as they could provide alternative therapies to better support people's health, such as not using essential oils to aggravate known conditions or that could interfere with certain medicines.

Some people needed time on their own during the day for relaxation. Staff understood how personal monitoring (using sensor equipment in people's room) could impact on people's privacy, however they understood the right balance between respecting people's privacy and safety.

Staff reviewed people's care information to ensure it remained accurate and relevant. Family members or advocates were involved in ensuring any care decisions respected people's wishes. Staff told us how they

protected people's privacy and dignity as much as possible, when providing personal care. Staff made sure all doors were locked so other staff or visitors did not interrupt people when personal needs were being supported. Staff said curtains were closed to prevent people outside of the home from seeing people.

## Is the service responsive?

### Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

The staff knew people's personal histories, their likes, dislikes and preferences. This was because they had known them for many years. Care records recorded important information about each person, their lives and experiences before moving to The Cedars and family connections and backgrounds. These records included information about how people wanted to spend their time each day, preferred routines and what help they needed from staff. These records were regularly reviewed and updated. Key workers (designated staff member) were responsible for updating the care plans which they did with people's involvement if they wanted to be involved. The registered manager ensured reviews were completed and updated so people's records continued to match their support needs.

Changes in people's care and support needs were communicated to staff by a handover at the start of each shift. 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. Staff continued to respond to people's needs when changes had occurred. We were told about one person who was on a fork mashable diet had improved over time with their eating, so staff were seeking further advice from a SALT as to whether they could have a normal diet again.

People continued to be encouraged to take part in activities which supported their interests. For example, people were supported to go shopping, go out for meals in local restaurants and participate in activities in their local community. Each person living at the home had their own transportation and made decisions about where they went each day, and who accompanied them. The registered manager told us they had spent time researching financial grants for mobility vehicles and as a result of their research, this helped one person retain their own vehicle. Without the registered manager's support, this could not have been achieved. This showed us the staff team continued to be responsive in meeting people's needs. The registered manager told us, "[Person] hadn't got the finances so with the Trust and advocacy, we managed to get the grant. It makes such a difference to [name]." The registered manager also helped another person get their own vehicle earlier than planned as she knew it was important to them.

Staff told us people would be unable to make a complaint, however a staff member told us, "We would know if people were unhappy." One staff member said a 'nonverbal complaint' was made which was addressed and said, "It is for us (staff) to police each other. We challenge staff on their behalf." They gave us an example when another healthcare professional did something the person did not like. They said, "We challenged it, got advocacy involved but now they have what they need."

## Is the service well-led?

### Our findings

At the last inspection we rated this area as Good. At this inspection, we found the provider's governance systems continued to support and demonstrate good outcomes for people and there was a culture that learnt from past events to drive improvements.

The provider and registered manager had a clear set of values and principles for supporting people in their care. They believed in people having the right to determine their own lives and to be as independent as possible. They wanted people to have the best quality of life they could provide and staff helped people achieve this. For example, the registered manager supported people at the home to continue to have their own transportation by, accessing grants to help people financially who would not be in a position to do this for themselves.

There continued to be an effective governance system in place. This included 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, fire safety, infection control and health and safety. 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. Other audits for 'out of hours' and quarterly home manager audits were completed by other managers from within the organisation. The registered manager said these audits were good because it gave an extra level of assurance of the service they provided. They said this also gave them ideas about what worked well at similar homes. Regional managers completed their own audits and checks to make sure actions were taken when improvements were identified. The provider analysed action plans and periodically, their internal risk and assurance teams also completed checks to ensure actions and improvements had been made and sustained. Some of these audits matched our key areas so the provider knew how they supported and demonstrated good outcomes against these key themes.

The staff team were complimentary of the registered manager. Staff felt listened to, supported and said the registered manager was approachable and effective in taking action to improve. People's feedback was encouraged, such as inviting people to tell staff what colours they wanted internal areas of the home to be painted. Regular reviews with people and family continually sought people's feedback on the service they received.

The registered manager was proud of their 'consistent' staff team. The registered manager had improved the frequency of one to one staff meetings and said this was good for reflective practice. They recognised the staff were, "Not afraid to move the boundaries for people with autism." They said trying new techniques and approaches had positives and negatives but said staff were willing to try to improve people's quality of life and if it did not work, they reverted back to what did.

People's personal and sensitive information was managed appropriately. Records were kept securely in the staff office, so that only those staff who needed it could access those records. This meant people could be assured their records were kept confidential.

The provider understood their legal responsibility for submitting statutory notifications to the CQC, such as incidents that affected the service or people who used the service. A copy of their rating poster was displayed in line with the legal responsibility.