Turning Point

Turning Point - West Lane

Inspection report

15-17 West Lane
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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

The inspection took place on 14 March 2018 and was unannounced. This was the service's first inspection since the care provider changed in 2016. Turning Point – West Lane is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Turning Point – West Lane accommodates 12 people in one adapted building. The building is split into two units, each accommodating six people. On the day of the inspection 12 people were living in the home.

The service was currently transitioning from a nursing home to a supported living model of care. This demonstrated the service was being developed and redesigned in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

A registered manager was in place. 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.

Overall, people were protected from abuse living in the home. Systems were in place in order for concerns to be raised and investigated to help keep people safe. We made a recommendation regarding the creation of personal spending plans to help ensure there was a clear evidence that spending decisions were made in people's best interests.

Risks to people's health and safety were assessed and clear and detailed care plans created to help ensure staff provided safe care. Staff were knowledgeable about the people they supported and how to keep them safe. Incidents and accidents were reported, investigated and lessons learnt to improve safety.

People received their medicines when they needed them and appropriate records were kept to demonstrate safe systems were in place.

The premises was clean and tidy and suitable for its intended purpose. The building was well maintained.

There were enough staff deployed to ensure people received timely support. Staff were recruited safely to help ensure they were of suitable character to work with vulnerable people. Staff received a range of training and support relevant to their role, caring for people with learning disabilities.

People's nutritional needs were assessed and plans of care put in place to help ensure their needs were met. People had access to a range of food and drink in line with their preferences and needs.

The service was compliant with the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity, the principals of the Mental Capacity Act (MCA) were followed and decisions were made in people's best interests. The service involved people in decision making to the maximum extent possible.

The service worked with a range of health professionals to help ensure people's healthcare needs were met. Technology was used by the service to help meet people's needs.

Staff were kind and caring and treated people with a high level of dignity and respect. Staff knew people well and were dedicated in providing personalised care and support.

Staff used individual techniques to communicate with people. This included interpreting body language and using pictures to help people make choices.

People's care needs were assessed and a range of clear and person centred care plans put in place. These were regularly reviewed to ensure people's support goals were current and relevant.

People received a good range of activities which met their individual needs and preferences. People's feedback about activities was regularly sought.

A system was in place to log, record and learn from any complaints received about the service.

We found a visible and person centred culture within the home, with staff dedicated to ensuring people's support needs were met. Staff worked well together and we found a pleasant atmosphere within the home.

A range of checks were undertaken by the service to ensure it was operating to a high standard. The findings of these checks were used to make further improvements to the service.

The service utilised internal and external specialists to ensure that they kept up-to-date with the latest best practice guidance. This helped ensure effective and appropriate support was provided.

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.

People were protected from abuse. Risks to people were assessed and plans put in place to help keep them safe.

Medicines were managed safely and people received them as prescribed.

There were enough staff deployed to ensure people received prompt and timely care. Staff were recruited safely.

Is the service effective?

Good

The service was effective.

Staff were knowledgeable about people and their individual needs. They received a range of training and support relevant to their role.

The service was acting within the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Decisions were made in people's best interests and people were involved to the maximum extent possible.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion by staff. Staff knew people well and demonstrated a dedication to providing highly personalised care.

People's views and opinions were sought using a variety of methods to help involve people in their care and support.

People's independence was promoted and encouraged where possible.

Is the service responsive?

Good

The service was responsive.

People's care needs were assessed and care plans put in place. Care met people's individual needs and was designed around their preferences.

People had access to a good range of activities and social opportunities.

A system was in place to log, record and respond to any complaints people may have.

Is the service well-led?

Good

The service was well led.

There was a positive and person centred culture within the home focused on meeting the needs of the people who used the service.

Checks were undertaken by the management team to ensure the service was operating in an effective way. The service was committed to continuous improvement.

People's feedback was valued and sought to help improve their care experiences.

Turning Point - West Lane

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 14 March 2018 and was unannounced. The inspection team consisted of two inspectors.

People could not communicate verbally with us so we observed care and support for extended periods in the home. We spoke with two relatives in the home and contacted a further three by telephone after the inspection visit. We also spoke with the area manager, deputy manager, registered nurse and five support workers. The registered manager was absent on the day of the inspection but we telephoned them afterwards to ask them further questions to help us make a judgement about the quality of the service provided.

We observed care and support, including the mealtime experience and looked around the home. We looked at three people's care records and other records such as medication records, meeting notes, accident and incident reports, training records and maintenance records.

Before visiting the home we reviewed the information we held about the service which included notifications sent to us by the provider. We contacted the local authority commissioning and safeguarding teams to ask for their views of the service. We spoke with one health professional who works with the service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Good

Is the service safe?

Our findings

Overall, people were protected from abuse. People were not able to tell us whether they felt safe but we observed staff were friendly and people appeared comfortable in their presence. People's care plans contained a section about how to keep each individual safe at home and how to make them feel safe and secure. For example, in one file it stated, 'I like you to tell me what is happening.' Staff told us they felt people were very safe at the home. We spoke with staff about their understanding of safeguarding and what they would do if they thought people who lived at the home were at risk. All of them told us they had received safeguarding training and would not hesitate to report any concerns to a team leader or one of the managers. We saw the registered manager had made appropriate referrals to the safeguarding team when this had been needed. Safeguarding was also discussed with staff at team meetings. This helped ensure staff understood and followed the correct processes to keep people safe.

The registered manager held money on behalf of service users. We saw records of transactions were maintained and receipts obtained for any purchases made. In one instance we saw support workers had withdrawn £500 from a person's bank account to help them buy Christmas presents. Whilst all money was accounted for, there was a lack of planning around how much it was appropriate for them to spend on Christmas presents. We discussed with the area manager about the need to have a spending plan in place, created in the person's best interests, to help ensure they were protected from financial abuse.

We recommend the provider ensures robust spending plans are in place where they are managing finances for people to help people plan their spending.

Risks to people's health and safety were assessed and well managed. Risk assessments were detailed and provided clear information to staff on how to keep people safe. These covered areas such as eating and drinking, any health conditions and moving and handling. Staff we spoke with were knowledgeable about people and how to reduce risk, giving us assurance that safe care was provided. People had individualised equipment for moving and handling to ensure it was appropriate for their individual needs.

Medicines were stored, managed and administered safely. Nurses or team leaders who were responsible for administering medicines had received training. Their competency had been checked to make sure they were following the correct procedures.

We saw medicines were stored in locked trolleys, cabinets or fridges. The nurse took responsibility for administering medicines on the day of our visit and we saw them doing this with patience and kindness. We looked at a sample of medication administration records (MARs) and saw people were being given medicines as prescribed. When medicines had been prescribed to be taken 'as required' there were detailed instructions for staff to follow. This helped to ensure these medicines were used effectively and consistently. Arrangements were in place to give topical medicines such as creams, although in one person's records we saw administration of these needed to be more consistently recorded. Following medicines errors, incident forms were completed and we saw evidence action was taken to prevent a re-occurrence.

The premises was safely managed. We saw a range of checks were made on the premises and equipment to help keep people safe. These included checks on the fire, electrical and gas systems. Personal emergency evacuation plans (PEEPS) were in place. We saw the fire alarm was tested weekly and fire drills were held. This meant staff knew what action to take should an emergency situation arise.

The home was clean, tidy and odour free and staff told us they had completed infection prevention training. We saw staff had access to personal protective equipment, such as gloves and aprons and were using these appropriately. We saw all of the necessary colour coded equipment was available in the cleaning cupboard.

Effective systems were in place to ensure food was being prepared and stored safely. The kitchen had been awarded five stars for hygiene by the food standards agency at the last inspection. This was the highest award that can be made.

Robust recruitment procedures were in place and we saw they were followed. Candidates were required to complete an application form and attend a competency based interview. People who used the service were involved in the interview process. Staff interaction with people was assessed and people's views were taking into account via their body language. Checks took place on new staff which including obtaining references and completing a Disclosure and Baring Service (DBS) check to help ensure staff were of suitable character to work with vulnerable people. Staff confirmed these checks had taken place.

There were enough staff deployed to ensure people's care needs were met. We observed staff were visible throughout the day of the inspection, appropriately supervising people and providing a good level of interaction. Staff we spoke with said staffing levels were safe and they had enough time to complete and support tasks. Rotas we reviewed showed staffing levels were maintained at a safe level, with agency staff used to cover any shortfalls.

At the time of the inspection, the service was transitioning from a nursing home to a supported living model of care. As a result of this, a nurse was not always on duty; however we saw safeguards were in place during this interim period to protect people. This included strong links with community nurses and use of a Telemedicines service provided by the local hospital, which provided 24 hours nursing consultations. Nursing staff worked in the home regularly in order to review people's care and support arrangements. Team leaders had also been recruited who worked when nursing staff did not and had received enhanced training in areas such as medicines, suction machines and tube feeding. Nursing staff told us this arrangement was working well. A visiting health professional also said they thought the transitional period was being well managed.

Incidents and accidents were recorded by the service and investigated. The registered manger had received training in root cause analysis to ensure they had the skills to robustly investigate and learn from adverse events. Incidents were recorded on an electronic risk management system, which allowed senior management and the 'Risk and Assurance' department to review incidents. We looked at a selection of incidents which showed they had been fully investigated and action taken to reduce the likelihood of a reoccurrence We saw lessons were learnt when things went wrong , for example following medicine errors.

Good

Is the service effective?

Our findings

We saw care needs were assessed and care was planned in line with recognised guidance. The service worked with health professionals and internal specialists within the provider to help ensure care was appropriate and followed best practice guidelines. We saw people had experienced positive outcomes as a result. The service accessed training provided by other health professionals in areas such as pressure area care, falls and epilepsy to help ensure the service worked to best practice guidance. A health professional told us they thought the service provided effective care guidance and were impressed by how one person they had been caring for had settled into the home. They said they found staff, "Confident and skilled."

Staff demonstrated to us they were knowledgeable about people and their individual needs. This gave us assurance that effective care was provided. Staff received a range of training and support relevant to their role. New staff received a full induction to the service, which included reading policies and procedures and shadowing experienced staff. New staff completed a four day induction course delivered by the provider's internal trainers which included a focus on the care of people with learning disabilities. New staff without previous experience completed the Care Certificate. In additional all existing staff had been asked to complete the Care Certificate to help ensure they had the same broad set of skills. The Care Certificate is a set of standards designed to equip social care and health workers with the knowledge and skills they need to provide safe, compassionate care.

Existing staff received regular training updates in subjects which included moving and handling, safeguarding and positive behaviour support. This was a mixture of computer based and classroom training. We looked at training records which showed training was mostly up-to-date with an overall compliance figure of 92%.

Staff told us they felt well supported. They received regular supervision and an annual appraisal which provided a support mechanism for staff. A staff member confirmed they had received supervision and appraisal had found this a good opportunity to discuss their development and any further training needs.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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. Three people had been granted DoLS authorisations. One had a condition attached to it which was being worked towards. Other applications had been made to the local authority and were waiting to be processed.

The service was acting within the Mental Capacity Act. People's capacity to consent to their care and support arrangements was assessed and where people lacked capacity best interest processes were followed. We saw best interest decisions had been made in areas such as overall medication and the provision of bed rails. We observed care workers asked for people's consent before offering any care and support and involved people to the maximum extent possible in decision making.

People received sufficient amounts to eat and drink. A four week cycle of menus were in place and staff provided meals which met each person's individual preferences, cultural and dietary needs.

Care plans contained information about people's individual dietary needs and what utensils and drinking cups they used. There was also detailed information about how fluids should be thickened to reduce the risks of people choking. Where people were nutritionally at risk, plans of care were created with the input of health professionals. These were detailed and person centred. We saw nutritional supplements were given as prescribed and food fortified and intake recorded to help people maintain a safe weight. Staff were familiar with these plans of care.

Pictorial menus were placed on the dining room tables which showed the choices available for meals with Halal and non-Halal options. A number of people needed to have soft or pureed diets and we saw recipes were available to show staff how to make these meals look attractive. Staff supported people to eat and drink with patience and kindness. Staff were aware of people's individual preferences, likes and dislikes.

The service worked with health professionals to help ensure people's healthcare needs were met. Each person had a health action plan in place. A health action plan is a document which supports people with learning disabilities to stay healthy, detailing the support they need from a variety of professionals. We saw these were kept up-to-date by the management team and demonstrated people's healthcare needs were monitored in a range of areas. Staff monitored people's health and supported them to attend appointments, visits to the GP and specialist appointments. The three care files we looked at contained information about any visits and advice from healthcare professionals. We saw, for example, people had been seen by GP's, opticians, dentists and speech and language therapists.

The service worked closely with a range of health professionals. We spoke with a visiting health professional therapist who told us they had a positive experience with the service. They explained staff supported people who used the service when an assessment was taking place and with any 'best interest' decisions. They added staff followed any instructions they were given and would also contact them if they needed more information. A Telemedicines system was in use at the service. This was a free system for care homes provided by the NHS and run exclusively from the local hospital. This helped ensure nursing guidance was available to staff 24 hours a day.

The premises were well maintained and spacious which allowed easy wheelchair access. They were adapted for the needs of the people who used the service. We saw one wheelchair user was easily propelling themselves around the home. A new call bell system had been installed which provided a number of very useful features. When staff went into a person's bedroom to deliver personal care they pressed the 'in attendance' button so other staff could see from the panel which room they were in. When they left the room the call was cancelled. Managers could look at the time staff were spending with people to deliver personal care and to see if night checks were being made in line with people's care plans. Epilepsy, roll and sensor mats were also in use to give staff early warning if people required assistance.

Good

Is the service caring?

Our findings

People who used the service could not communicate verbally with us. We therefore observed care and support and people's body language. People looked relaxed and comfortable in the company of staff. The atmosphere in the home was warm, welcoming, relaxed and friendly. From the moment people woke up, staff were engaged and dedicated towards giving people individualised care. Staff had time to spend with people and ensure they were provided with interaction and companionship. One staff member said, "We have lots of time to spend quality time with people; lovely to see." A health professional told us staff were engaging well with the person they had come to see. They added interactions were relaxed and the person was being given plenty of choice and new opportunities. This was confirmed by our observations.

One care worker said, "Hello, [name of person using the service]; is it alright if I sit here to write your notes?" and, "I like your new haircut, [name]." We saw staff explained care interventions to people and told them where they were going when they were leaving the room to reduce distress.

We observed staff were regularly including people in conversation and chatting to them as they undertook care and support tasks. This made for a friendly atmosphere. Staff had a good understanding of people's communication techniques, interpreting their body language effectively.

Extensive information on people's past lives, their likes, dislikes and preferences was recorded within care and support plans. This helped staff become familiar with people and their needs. Staff knew people very well and were able to tell us in detail about how people liked care and support to be developed.

People had assigned keyworkers. This was a member of staff who they developed a close relationship. We spoke with key workers who confirmed this role was meaningful. They told us they were responsive for reviewing their care monthly, helping them plan and achieve goals, and book any holidays they wanted to go on.

Staff supported people to be as independent as possible and involved them in day to day life in the service. People's care plans gave details of people's skills, for example, how they could help with their personal care. We saw one person had been involved in tidying their room and cupboard and the following report had been made, '[Name of staff member] came with me to sort out things in my room. I was smiling and laughing while we decided to keep and what to throw away. We hoovered my room and I laughed at Henry the hoover.'

People were cared for with dignity and respect. People looked well cared for, well-groomed and well dressed. This showed us staff had taken time to meet their personal care needs. One person was waiting for transport to take them to a day care centre. A care worker helped them to put on their coat; then asked if they would like to go to their bedroom to put on some of their new perfume. The person who used the service smiled in response and was then taken to their bedroom.

There was a culture of involving people in decisions relating to their care and support. We saw staff taking

the time to explain menu choices to people using pictures and interpreting their body language effectively. One person was looking through a brochure of theatre performances to choose an activity they wanted to attend. Two people who used the service were sitting in the dining room with two members of staff. The staff were talking about a barge trip which was being arranged. They included the two people sitting with them in the conversation, saying, "[Name]; you went last year didn't you? I think you went as well didn't you, [name]:?" There were various mechanisms for people's views to be aired, including individual meetings with key workers once a month, resident meetings and the People's Parliament, a provider wide meeting held to discuss how the service was operating.

We looked at how the service worked within the principles of the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under this legislation. We concluded the service worked within the principals of the Act. For example they had made adjustments to the food they provided to meet people's diverse needs.

The relatives we spoke with told us they were made to feel welcome when they visited.

Good

Is the service responsive?

Our findings

People received care and support which responded to their individual needs. Care and support plans were up to date and contained detailed guidance for staff to follow to ensure people's needs were met. Each care file started with 'What you need to know about me.' This gave a quick overview of each person's care and support needs and important information staff needed to know. Daily observations records showed people received appropriate care in line with their preferences. Staff demonstrated they knew people and their individualized plans of care well, assuring us appropriate care was provided.

Care plans were reviewed monthly and were a good reflection of people's current needs. In addition, each person's named keyworker completed a monthly review with the person which looked at their care and support arrangements as well as setting and evaluating goals. Detailed information was recorded showing the process was comprehensive. This helped ensure responsive and adaptable care that met people's individual needs.

We looked at what the service was doing to meet the Accessible Information Standard. Information was present within an easy read format to promote understanding. Each person had a clear communicate plan in place detailing how to support people and how to interpret their body language. Care workers had a good understanding of how people communicated their needs and responded appropriately. For example, they explained one person was usually smiling and happy. However, if they were upset there were a range of checks they made to make sure the problem was resolved quickly and staff were familiar with these.

End of life care plan documentation was available although some of this required more personalised information adding. At the time of our inspection, there was no one receiving end of life care. The area manager told us they would always try to care for people at the home, if that was their wish. Arrangements could be made if family wished to stay at the home and additional staff would be rostered on duty if families were not present so the person would not be left on their own.

Staff supported people with a range of activities which they enjoyed. For example, people went to drama classes, shopping, cinema, swimming, ten pin bowling, café visits, trips out and the theatre. Activities people had been involved in were recorded as well as an assessment of their mood through asking questions and/or interpreting body language. For example one person had been on a visit to a farm. The care worker had written a report on the visit as follows, 'I squealed with delight when I stroked a rabbit and laughed when the Meercats popped up. When we got back, [name of care worker] showed me the photos they had taken. I made positive vocal sounds and laughed, getting excited when I saw the animals and my happy face again.' We saw one person planning a trip to the theatre. During the day of the inspection staff sat and provided companionship with people to help meet their social needs. The service had developed links with the local community; for example, people attended coffee meetings at a local hall.

Complaints were managed appropriately by the service. A complaints policy and procedure was in place which was available in an easy read format to promote understanding. We saw people were asked if they had any complaints at residents meetings. Any complaints had been recorded together with the response

from the service. A relative told us they felt staff listened to what they had to say and felt they would be able to raise any concerns.

Good

Is the service well-led?

Our findings

A registered manager was in place, supported by a deputy manager. On the day of the inspection the registered manager was absent; however the deputy manager was present. They were knowledgeable about the people and topics we asked them about. This provided us with assurance that there was good oversight of the service. Staff said the management team were supportive, effective and demonstrated good leadership. One staff member said, "[Name of registered manager] is approachable and very person-centred." Two relatives told us they thought the service had improved since the current provider took over in November 2016. Staff said morale was good and they enjoyed working in the home. A visiting health professional told us communication within the service was good and information was disseminated to all staff.

There was a visible person-centred culture within the home. Care and support arrangements were centred on providing high quality care and support for people which met their individual preferences. Staff spent a lot of time with people, asking them what they wanted to do and making arrangements to ensure their support needs and goals were met. Staff praised the way the service operated. It was clear from speaking with them that they valued their time spent interacting with people and were very fond of the people that lived in the home.

Checks were undertaken by the management team to ensure the service worked effectively. These included medicine checks, building checks and a monthly manager's audit. These looked at a comprehensive range of areas to help provide assurance that care and support was high quality. Actions were sent by the registered manager to the team leaders following these audits to help drive improvement.

Audits were also undertaken by the senior management team and head office staff. This included an area manager audit every two months, visits from the health and safety team and the quality team. Following these audits, actions were sent to the registered manager to address. We saw evidence actions had been completed to achieve improvement of the service. External audits had been completed in infection control and medicines and the findings used to further improve the safety of the service.

We saw the minutes from the monthly staff meetings where a range of issues had been discussed to ensure the service was being run effectively. Staff told us they felt able to raise any issues and could add to the agenda and then they would be discussed.

People's views and feedback were sought by the service through various mechanisms. Residents meetings were held. There was a pictorial agenda and a series of questions staff asked about; for example, work, where you live, leisure and fun, menus and shopping. Staff recorded people's reaction to the questions to capture their views. For example, we saw staff recorded '[Name] smiled and laughed when asked if they were able to make choices and had support to do this.' This showed the service recognised the importance of people's views. In addition, people were supported to attend the 'People's Parliament', a regional meeting where people from various Turning Point services attended to share their views on how the service was operating. A number of people from the service had attended and minutes were brought back to the

home to inform others of things that were discussed. People also had monthly review meetings where their opinions could also be gathered on an individual basis.

The service worked closely with a range of other agencies to help ensure appropriate care was provided. This included ensuring clear information was provided on people's care and support needs should they be admitted to hospital. We saw the service was working closely with a range of agencies as part of the service's transition from a nursing home to a supported living model of care.