

Turning Point

Turning Point - Staffordshire Learning Disabilities Supported Living

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Turning Point- Staffordshire Learning Disabilities Supported Living is a supported living service. They were providing personal care to 39 people at the time of the inspection. The service supports adults with learning disabilities and autism.

People's experience of using this service and what we found

Right Support

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People's needs were assessed, and care plans were developed with their input and their relatives. Risks to people's safety were considered and clear guidance was put in place to support staff. People were supported by enough staff who had received training and were deemed competent to complete specific tasks. People were supported to have maximum choice and control over their lives. Staff supported people to maintain relationships that were important to them and engage in activities they enjoyed.

Right Care.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People's health needs were well supported, and people's medicine was safely managed. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs.

Staff had access to protective personal equipment (PPE) to limit the risk of infection. Staff knew how to ensure people had access to a healthy diet. People were protected from the risk of harm by staff who had been trained in recognising the signs of potential abuse.

Right culture

People, their relatives and staff were confident raising concerns. They were given the opportunity to comment on the organisation and told us they felt listened to. The provider could evidence that lessons were learnt when things went wrong. The provider also carried out regular audits and shared best practice amongst the staff team. Managers worked with outside agencies to support people to achieve their goals

and maintained good oversight of the progress people made.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for the service at the previous premises was good. (Published on 9 November 2019.)

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture. This was a planned comprehensive inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our well-Led findings below.

Turning Point - Staffordshire Learning Disabilities Supported Living

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

Two Inspectors, a member of the CQC medicines team and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in six 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

The service had a manager registered with the Care Quality Commission. This means that they and the

provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. We gave the provider time to discuss our visit with people to ensure their best interests were considered.

Inspection activity started on 21 June 2022 and ended on 22 June 2022. We visited the office location on 21 June 2022.

What we did before inspection

Before the inspection we reviewed the intelligence, we held on the service. We also gathered the contact details for staff and people's families to gain their feedback.

The provider was still in the process of completing the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

During the inspection

We communicated with 13 people who used the service and eight relatives about their experience of the care provided. We spoke with 17 members of staff including the registered manager, individual service managers, and support workers. We also liaised with five health professionals.

We reviewed a range of records. This included four people's care records and eight medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living where they did.
- People were supported by staff who had been trained in recognising the signs of abuse and potential harm. Each staff member told us they knew the provider's process and felt confident reporting concerns.
- Safeguarding information was available in communal spaces. This gave everyone access to the contact details for the provider, as well as outside agencies, with safeguarding responsibilities.

Assessing risk, safety monitoring and management

- Safety checks were carried out to ensure the building and any equipment used was safe. Checks were carried out by both the landlord and the provider and information was shared between both parties. For example, electrical appliance testing and legionella water testing.
- Fire risks were assessed, and evacuation plans were in place. We questioned the directives given to staff surrounding evacuation at night and linked the provider with the fire service to discuss further. Following their discussion amendments were made to the evacuation plans to ensure in the event of a fire at night, people only stayed in their flats after evacuation had been attempted.
- People had risk assessments in place which covered all of their assessed care needs and these were reviewed monthly or when something happened.

Staffing and recruitment

- People were supported by sufficient numbers of staff who they were familiar with and understood their needs. One relative told us, "[person's name] has their own care team but are actually very happy with any of the staff."
- New staff were recruited following the application of checks that examined their qualifications, character and background. Some relatives commented they would like it if more drivers could be recruited to support people going out more.

Using medicines safely

- Peoples' medicines were managed safely. Processes were in place for the timely ordering and supply of medicines. Medicine administration records showed people received their medicines as prescribed.
- Supporting information to assist staff in administering medicines that had been prescribed on a when required basis were in place. The information reviewed was person centred and was detailed enough to ensure these medicines were administered safely. Staff were also fully aware of the signs and triggers that would lead to the appropriate administration of the when required medicines.
- Medicines were reviewed regularly by healthcare professionals and the outcome of those reviews were well documented by the service.

- We found where people needed to have their medicines administered directly into their stomach through a tube the necessary information was in place to ensure these medicines were administered safely. There were detailed written protocols in place to inform staff on how to prepare and administer these medicines.
- People were supported to go out shopping and visit friends and family. The service had good procedures in place to account for the medicines whilst they were away from the service.

Preventing and controlling infection

- People were supported by staff who had been trained and understood infection and prevention controls.
- People lived in environments which were clean and tidy. One relative told us, "The property is immaculate; the entrance is always kept clean and tidy and [person's name] room is beautiful."
- Staff had access to enough personal protective equipment (PPE) and were using PPE in line with national guidance.
- Staff continued to take regular COVID-19 tests and visitors were invited to take a test whenever they visited. This was to try and prevent the virus coming into people's homes.
- Easy read information was available regarding COVID-19 to support people understand how they can help keep themselves safe.

Learning lessons when things go wrong

- Staff reported incidents and concerns, and these were reviewed by the provider on a regular basis. Where necessary detailed investigations were completed, and action taken as necessary.
- Where learning was identified this was shared with the staff during team meetings. We saw team meeting minutes and found concerns were outlined and good practice was reinforced.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to live healthier lives, access healthcare services and support

- The service demonstrated good practice when it came to managing people's health needs. The provider had created an easy read manual to support staff to understand how they were expected to implement health action plans and ensure health needs were appropriately monitored.
- People's health plans were detailed and updated when something changed but also reviewed in full every six months. Each health condition was tracked to see if there had been any improvement or deterioration and this helped focus the care and support people received.
- People received specialist support when needed and referrals were made in a timely manner. One health care professional told us, "The provider is prompt with referrals when people need support, possibly as they have so many managers who are qualified nurses."
- People attended their annual health check with the GP which is in line with national guidance.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to the provider commencing support. Detailed information was gathered to ensure staff knew how to support people correctly. One relative told us, "They had very little information about [person's name] but went to no end of trouble to find out every little thing about them and always involved me in everything."
- People had care plans for their individual needs and for areas which have been identified as best practice, such as oral health care.
- People's choices were clearly expressed in their care plans and goals and outcomes were set. This enabled people's progress to be effectively monitored.

Staff support: induction, training, skills and experience

- People were supported by staff who had been trained in a range of different subjects. We reviewed the training records and found staff were completing regular refresher courses and having their competency assessed when required.
- Staff received training from the provider, as well as external professionals. We spoke to one external agency who confirmed they frequently supported the provider with nutritional training.
- Staff told us the training they received was good, but they were looking forward to returning to more face to face training and reduce the amount of training completed online. One staff member said, "The training is good, but we like to be able to have discussions with each other and share ideas."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet and had access to food and drinks within their own

flat. People could access food and drinks at times which suited them.

- People were offered choices of known likes, as well as being encouraged to try new things. One relative told us, "They have got [person's name] drinking different drinks and trying new things."
- Staff had a good understanding of people's dietary needs and followed the guidance in place for anyone on a modified diet. Families were complimentary of the support given in this area.
- People's weight was monitored, and action was taken when it was identified that people needed to either lose or gain weight. One staff member told us, "We supported [person's name] to lose quite a lot of weight and they are so much healthier now."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. 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 had the appropriate legal authority and were being met.

- The principles of the MCA were being followed. We observed staff actively involving people in day to day decisions and assessing more formal decisions where necessary
- Within people's care plans we found staff were assessing people's capacity to agree to the range of care plans in place. As well as holding best interest meetings when it was deemed a person lacked capacity to make a certain decision.
- The provider worked alongside people's representatives to ensure the voice of the individual and the family was heard.
- The authorisations to deprive people of their liberty via the court of protection were in place for people who were relatively new to the service. However, the applications for several people who had been supported by the service for a long time, were still awaiting assessment. We saw clear evidence of managers actively monitoring this and reminding the relevant agencies there were authorisations outstanding.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who were passionate and committed to providing person centred care. Most of the management team and several staff have known people for a considerable number of years, having worked with them in various settings. They and the other staff delighted in sharing people's journey and the achievements people have made. One staff member told us, "Years ago we would never have thought people would have coped in their own flats, but it is amazing. People have thrived and seem happier than I have ever known them." Another staff member told us, "I have known [person's name] since they were a child and they came to the old hospital. I have watched them grow up; I know what they are capable of as we have done all sorts of activities over the years. [person's name] trusts me. Before COVID we had started visiting a local residential home to build up more community relationships. Some of the new staff were surprised but [person's name] absolutely loved it."
- Staff displayed genuine compassion when people were feeling distressed, anxious or unsure. We observed staff demonstrating exceptional knowledge of what was important to each person and working as a team to ensure the best outcomes were achieved. The provider had a clear no restraint policy which meant people who had previously been restrained no longer had that experience. Staff told us they had worked consistently with people, using proactive strategies to ensure situations could be de-escalated without the need for past strategies to be considered.
- Staff were all complimentary of the staff team and how well they worked together to provide people with seamless care. One staff member told us, "The team are fantastic, my colleague has supported someone to hospital today. I have been and hung out the washing they were doing so when they come back, they can focus on the person and not stress. I know my colleagues would do this for me. This is how we work." This view was supported by families. One relative told us, "The care staff are dedicated to the residents; you can see it. They all help each other out, they're a real team, it should be an example to other care providers."
- People's protected characteristics were recorded in their file and staff knew how to help them meet those characteristics. We met one person whose religious beliefs were very important to them. Staff understood what religious practices the person liked to engage in, what hymns they liked to sing at home and how to help them access their chosen place of worship.

Supporting people to express their views and be involved in making decisions about their care

- People were supported at every opportunity to direct their own care and support. The provider had worked with individuals across the organisation to produce a charter outlining five standards people could expect to be met regarding their involvement in decisions about their care.
- One of the standards was that people were supported to control the support they received, and we saw several examples of this happening. We observed one person insisting they carried out their own moving

and handling. We saw staff respect their wishes and monitor discreetly. The person then directed staff to get their next activity ready which they did.

- People were also supported to design the interior of their flat to suit their individual tastes and everyone's flat was completely different, reflecting true personalisation. We met one person who had recently changed flats as they knew they were going to need track hoisting in the future. They told us, "I liked my old flat, but I will be better here. I won't have to move again, and the garden is nice."
- People who had recently moved into the service told us they had chosen the service provider and been part of their transition planning. We met one person who had been waiting a long time for a vacancy to come up and was excited to have finally moved in. They told us, "I helped make the plans and I was involved in all the decisions."
- The provider actively engaged with people's relatives and supported people to access advocacy services when additional support was required.

Respecting and promoting people's privacy, dignity and independence

- People's rights were fundamental to the support they received. The culture the provider had created was centred around the individual and ensuring their life was meaningful to them and in line with their own aspirations.
- People were supported to develop their independence and gain new skills. One person told us, "It's scary being independent but I'm learning, my family are really proud of me." Another person told us, "I can be left on my own here and I like that, I don't always want staff with me."
- Staff always respected people's privacy. For example, staff were observed knocking on people's front door and announcing themselves before walking in. Staff instinctively knew when people did not wish to be disturbed and people's care plans were kept in their own flat and they were asked for their permission before these were shared with interested parties.
- Families confirmed people were treated with dignity. One relative told us, "Staff always watch out for [person's name], sometimes they will leave their toilet door open so staff will follow them and make sure it is closed for [person's name] dignity."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care which was person centred. People's flats were personalised to reflect their individual tastes and people's activities were planned around what they wanted to do. One person told us, "I do what I want, and the staff help me, I choose."
- We observed people engaged a range of different activities during our inspection. For example, baking and arts and craft.
- People were encouraged to maintain and develop their hobbies as well as try new activities. One staff member told us, "We started a mini gardening competition, and everyone has got on board and is enjoying developing their own private space and can admire their neighbours garden."
- Some people's relatives told us they were looking forward to community-based activities increasing following recent restrictions. One relative told us, "There were lots of activities before COVID and I think they're starting them up again." We spoke to one of the managers about community-based activities and they told us, "We are still nervous about the virus, but we are supporting people to get out more. Several people are back swimming and really enjoying it."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and understood by staff. One relative explained, "[Persons name] can't talk but the carers have learnt to understand them through their body language, they are very observant."
- Staff were observed using a range of communication methods which included object referencing and some basic Makaton.
- Easy read information was also available for individuals on a range of different subjects.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with family members. One relative told us, "I can't drive now so the carers come and pick me up and take me to visit [person's name] or we go out, then they drop me home again, which is wonderful'.
- Staff were able to describe who was important in people's lives and some people had been supported to rebuild family relationships since returning to the area.

- People's friendships with others were maintained wherever possible. One person showed us photographs of their friend and confirmed staff helped them meet up when they can.

Improving care quality in response to complaints or concerns

- People had access to a formal complaint's procedure. However, most people relied on families or the staff team to raise concerns and complaints on their behalf.
- People's relatives told us they were confident about raising concerns and most said they would go to the carers in the first instance, if the issue was not directly about the quality of care.
- The management team were responsive to complaints received and we saw examples of them going over and above to make amends. For example, there was a small fire in the garden of one property and the team arranged for the neighbour's windows to be cleaned and flowers to be sent. This action was appreciated and acknowledged.

End of life care and support

- No one was in receipt of end of life care at the time of inspection. However, we did read complimentary feedback from a family who's loved one had recently been supported through their later stages of life. The staff team were thanked for their kind and compassionate care.
- The provider had challenged some Do Not Attempt Cardiac Pulmonary Resuscitation (DNACPR) documents which had been implemented by a local hospital during the pandemic. For one person the decision had been reviewed and a detailed RESPECT form was put in place. This gave staff guidance on the person's immediate wishes should they become unwell and the treatment pathway that had been agreed to be in their best interest.
- People had information in their care files that outlined their wishes in the event of their death. These had been discussed with family. For person's new to the service we could see the conversations were ongoing with family and a sensitive approach was being taken.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were achieving good outcomes as a result of the support they received. One relative told us, "[person's name] was at their last place for 26 years and nobody likes change. I was very concerned, but they have done a fantastic job. If you'd asked me last year if [person's name] would have been capable of living in a flat, I'd have said 'no way', but [person's name] has proved me wrong, they've come on leaps and bounds."
- Staff were complimentary of their colleagues and how everyone worked as a team. One staff member explained, "We all pull together and work as a team. Even though we are allocated individuals to work with, we don't leave stuff for each other; we help each other out."
- The provider had national awards they gave out each year for people and staff. One person was nominated for the inspiring person of the year following a successful transition and surpassing expectations on how well they settled into their new home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood and acted upon their duty of candour when required. We saw several references to families being notified when something went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People's relatives were complimentary of the management team. Everyone we spoke to was aware of who the manager was and had contact details for them.
- The management team told us they worked well together and supported each other in their day to day roles to provide effective management cover. One manager said, "We all help each other and cover each other's service if someone on annual leave."
- Regular governance checks were in place and action plans were completed and monitored until actions had been completed. The provider had completed a full audit against the fundamental care standards which meant they could identify any areas requiring additional focus.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sent out quality assurance questionnaires on a regular basis to source the views of people, their families and the staff team. We reviewed the family feedback and found it was positive. One family

reported, "I have regular contact with the management and care staff. We work together to ensure my [relative] gets the best social, personal and medical care. It has been difficult during COVID-19 but the staff have managed brilliantly."

- The provider ran a people's parliament and people were encouraged to share their views on subjects which were important to them. The meeting was videoed so that the information was accessible to all.
- One family did tell us during our calls that there used to be regular meeting between family and management, and they said they would welcome the reintroduction of these.
- Staff had access to regular supervision and team meetings. As well as access to diversity and inclusion networks within the organisation.

Continuous learning and improving care

- The provider shared regular updates with staff about what was going on locally, with the organisation and the wider social care community. Newsletters were published and made available for all to read.

Working in partnership with others

- The provider worked in partnership with various other organisations. They were complimentary of organisations which they felt supported people well. For example, the Community Rapid Intervention Service (CRIS) where the joint work enabled many people to have their needs met in the community and avoid stressful admissions to hospital.