Turning Point

Hancox Close

Inspection report

7-8 Hancox Close
Weston Under Wetherley
Leamington Spa
Warwickshire
CV33 9GD

Tel: 01926633548
Website: www.turning-point.co.uk

Date of inspection visit:
06 October 2017

Date of publication:
30 October 2017

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 carried out an announced inspection of Hancox Close on 6 October 2017. We gave the provider 24 hours' notice so we could be sure people would be available to speak with us.

The service provides accommodation and support for up to six people with learning difficulties. There were six people living at Hancox Close when we visited.

At the last inspection in October 2015, the service was rated as good. At this inspection we found the service remained good.

There was a registered manager in post. 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.

There was a relaxed atmosphere in the home and people responded positively when approached by staff. The relationship between staff and the people who lived in the home was respectful, friendly and good humoured. Staff treated each person as an individual and adapted their approach accordingly.

There were enough staff to respond to people's needs without rushing and to spend time with people on an individual basis. Staff were well supported through a system of induction, training and supervision by senior staff. The provider's recruitment procedures ensured staff were of a suitable character to work with people who lived at Hancox Close.

Risks relating to people's care had been identified and assessed according to their individual needs and abilities. Staff knew how to keep people safe and to report any concerns they had about people's health or wellbeing.

Care plans provided staff with detailed person centred information about how people preferred their care and support to be delivered. Staff knew people well and had a good insight into people's personal routines and how they wanted to live their life.

The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff supported people to make and communicate their choices and respected the decisions they made. Where people did not have capacity to make decisions, staff worked in their best interests.

People were encouraged to have enough to eat and drink and referred to other healthcare professionals when a need was identified. People were given their medicines by staff who had been trained to give them safely.

The provider carried out regular checks to ensure people received safe care that met their individual needs. Staff felt valued and spoke positively about the management of the service. They were encouraged to share learning to improve outcomes for people living in the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Hancox Close

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 checked 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 visit took place on 6 October 2017 and was conducted by one inspector. It was a comprehensive, announced inspection. We gave the registered manager 24 hours notice of our visit because Hancox Close is a small service and we wanted to be sure people and staff would be at home to talk with us.

Prior to our visit we reviewed information received about the service, for example the statutory notifications the provider had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. We also contacted the local authority commissioners to find out their views of the service provided. These are people who contract care and support services paid for by the local authority. They had no concerns about the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the PIR reflected the service.

Most of the people who lived at the home had limited or no verbal communication and were not able to tell us about their support plans because of their complex needs. However, we observed how care and support were delivered in the communal areas and reviewed two people's care plans to see how their care and treatment was planned and delivered.

During the inspection visit we spoke with the registered manager, the team leader and three care staff. We spoke with one relative by telephone.

We looked at other records related to people's care and how the service operated, including medicine records and the provider's quality assurance records.

Good

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and the rating continues to be Good.

There was a relaxed atmosphere and people responded positively when approached by staff. This demonstrated people felt comfortable and confident with staff. A relative was assured their family member was safe because, "[Person] is happy in them self so they feel safe there." One person needed a specific object with them to help them feel safe. They had the object with them at all times.

Staff understood their role in keeping people safe and reporting any concerns about their physical health or emotional wellbeing. As staff knew people well, they were able to identify if they were unhappy or worried. Staff told us they would report any concerns to the team leader or registered manager without delay.

There were enough staff to respond to people's needs without rushing and staff had time to spend with people on an individual basis. Staffing levels were flexible to accommodate people's activities and appointments. For example, on the day of our visit, an extra member of staff was on duty because one person wanted to go out for breakfast. The registered manager continued to review people's needs to inform staffing levels. They had planned to liaise with one person's social worker to consider whether the person needed extra support hours at certain times of the day.

Recruitment processes were safe and relevant checks were completed before staff worked in the home. These checks included references and a Disclosure and Barring Service (DBS) check. DBS checks were renewed every three years to ensure staff continued to be safe to work with people.

The provider had systems for assessing and managing risks both at home and in the community. People's care records contained risk assessments which identified risks and what support was needed to reduce and manage the risks. One person was at risk of seizures. To manage the risks outside the home, staff always had the person's rescue medication and a mobile phone in case urgent assistance was required. Staff were mindful of risks to people. One person needed their drinks thickened because they were at risk of choking. Staff ensured 'normal' drinks were not within the person's reach.

People received their medicines as prescribed. Medicines were securely stored and staff were trained in administering medicines; their competence to do this safely was assessed regularly. Some people were prescribed medicines to be given 'as required'. These were to be administered when people needed them for medical emergencies such as seizures, pain relief or to reduce anxiety. There were clear guidelines for staff to follow to ensure these medicines were given safely and consistently.

Some people were prescribed medicines that had to be given 30 minutes before food or other medicines. There was a clear procedure to ensure they were given in accordance with the administration instructions. Where people were given pain relief via skin patches, processes ensured they were applied appropriately to maximise their efficiency and reduce the risks of skin damage.

Some handwritten amendments had been made to the Medicine Administration Records (MARs). These had not been signed or countersigned by a second member of staff to ensure their accuracy in accordance with best practice. One person's ear drops were only being applied twice a day, when the MAR said they should be given at least three times a day. The team leader took immediate action when we brought these issues to their attention.

Staff received training in health and safety, first aid and fire safety, to ensure they knew what actions to take in an emergency. The registered manager had identified the support people would need to exit the premises promptly in the event of an emergency.

Good

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill and understanding to enable them to meet people's needs effectively, as we found at our previous inspection. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

Staff were confident the training they received gave them the knowledge and skills to meet people's needs effectively. New staff completed an induction to ensure they understood their role and responsibilities. The induction included training in essential areas and a period of working alongside more experienced staff. Staff then continued to have regular refresher training to ensure their knowledge remained up to date.

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA.

Care plans contained mental capacity assessments which were decision specific and individual to the person. One person frequently refused medicines, but was assessed as not having capacity to understand medicines were vital to maintain their health. A decision had been made in the person's best interests, by the GP and those people closest to them, that medicines should be given in drinks.

Throughout our visit we saw staff supported people to make and communicate their choices. People were shown food and drink choices as a visual prompt to support their decision making. People were able to point to their preference. Staff respected the decisions people made. One person stayed in bed all morning and a staff member explained this was the person's choice. A visiting healthcare professional had recently provided the following feedback: "Staff are always giving individuals choices and talking to them."

Staff sought people's consent before assisting them. One staff member asked a person, "Shall I move your chair in a little bit so you can reach the table." They waited for the person to respond before helping to move their chair forward. Another staff member asked a person, "I am just going to give you a paracetamo,l is that okay?"

Each person living at the home had been assessed as not having capacity to consent to their care arrangements. They also needed to be accompanied when outside the home to ensure they were safe. The registered manager had submitted applications to the appropriate authorities as this level of supervision amounted to a deprivation of people's liberties.

People were encouraged to have plenty to eat and drink during the day. Staff had a good knowledge of people's individual risks around what they should eat and drink and how they should have their food prepared. All the staff we spoke with knew who had their food blended and which person needed their drinks thickened to minimise the risks of choking. Some people had special equipment to support them to eat and drink independently. For example, one person had a special mug and their care plan stated staff

should ensure the handle was placed in the person's left hand. We saw staff gave the person a drink in accordance with the instructions within the care plan.

Each person was supported to have regular health checks and referred to other healthcare professionals. One person had lost weight. They had been referred to the GP and were now prescribed fortified drinks to increase their calorific intake.

Whilst we were confident medical advice had been sought and implemented, we found it had not always been recorded consistently in people's records. The registered manager assured us this would be addressed in staff meetings and through the communication book.

Good

Is the service caring?

Our findings

At this visit we found staff provided the same level of caring support as at our last inspection visit. The rating continues to be Good.

A relative described the home as very caring and told us, "You can see that as soon as you walk in. they (staff) are very caring and really thoughtful. It is great and very friendly."

During our visit we saw the relationship between staff and the people who lived in the home was respectful, friendly and good humoured. Staff had a caring attitude and were kind and compassionate. Staff treated each person as an individual and adapted their approach accordingly. For example, one person enjoyed being with staff, talking and joking with them. Another person was much quieter, and we saw staff approached this person gently and spoke in a quieter tone of voice.

Staff told us they valued their role in caring for people and ensured they had the best quality of life possible. Comments included: "I think it is absolutely brilliant. It is like family and you feel really homely here", "I look at our service users as our extended family and you do forge relationships with them. All the staff do" and, "It feels like home. Everybody is so friendly and so warm."

Staff took time to listen to people and understand what they were trying to communicate. One person was slightly frustrated trying to remember a television programme. A member of staff gave them a television guide to see if that would help them remember. This person could become anxious about their favourite television programme and during our visit they regularly asked what time it was going to start. Staff responded patiently each time they asked, and used the clock as a visual prompt to help the person understand how long they had to wait.

One person was very anxious and upset because they were feeling unwell. Staff provided physical reassurance by sitting beside the person, stroking their hand and gently encouraging them to take some pain relief. A member of staff took the person out on a one to one basis to help calm and distract the person from their anxieties.

Where possible, staff involved people in tasks and jobs around the home to encourage them to maintain their everyday living skills. One person was able to make their own drinks with support and carried their plate into the kitchen after breakfast.

Staff understood the importance of treating people with dignity and respect. Each person had their own bedroom which was decorated and furnished to their taste. Staff respected people's bedrooms as their personal space and knocked on doors before entering. One staff member was changing a person's bed clothes. They asked the person which bed linen they would like on their bed because they recognised this gave the person ownership of their room. People were able to be private in their own room when they wished and staff respected this.

Good

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.

People received consistent personalised care and support because routine was a very important part of some people's lives. Care plans provided staff with detailed person centred information about how people preferred their care and support to be delivered. Our observations showed staff had a good insight into people's personal routines. For example, one person liked to have a cup of tea and toast in bed in the morning and then some fruit when they were brought to the lounge. Staff met this person's preferred routine on the day of our visit.

A relative told us their family member's care needs were discussed with them and we saw care plans were regularly reviewed to ensure they met people's changing needs.

Staff monitored people so they could respond appropriately to changes in their moods and behaviours. For example, one person could sometimes become anxious which could escalate into behaviours that could be challenging to them and those around them. Staff completed charts to understand how to support the person during these periods. The team leader explained they had identified a potential trigger, which was when staff finished their shift and said goodbye. Staff had started to leave by a side entrance to alleviate the anxiety this caused to the person.

Some people suffered from seizures. Staff were able to tell us the signs that might indicate they were about to have a seizure so they could respond appropriately to keep the person safe.

Staff told us communication in the home was good. Any changes in people's health or wellbeing were shared when new staff arrived for their shift and recorded in a communications book.

Activities were led by people's own preferences and choices. For example, some people preferred to stay at home surrounded by things they were familiar with. However, one person liked to be busier and they went out with staff twice during our inspection visit. Three other people enjoyed a therapeutic massage by a visiting healthcare professional. Staff told us about trips out and entertainment in the home and explained how they supported people to go on holidays of their choosing.

The provider had a complaints procedure should anyone wish to make a complaint. Information on how to make a complaint was available in a suitable format for people who lived there. A relative we spoke with told us they had not had any reason to complain, but felt able to raise any concerns with the staff or registered manager. They told us, "I haven't got any concerns or worries at all." No complaints had been received since our last inspection visit.

Good

Is the service well-led?

Our findings

At this inspection, we found the service and staff continued to be as well-led as we had found during the previous inspection. A relative told us, "I think it is very well-led. I think [name] is a very good manager and it is a well-run team." The rating continues to be Good.

The registered manager worked at the home two to three days each week, and was available to support staff by telephone the rest of the time. In their absence a team leader supported staff. All the staff told us the registered manager and team leader were supportive and approachable. Comments included: "I think [registered manager] is a really good manager. She is approachable, fair and she is always there if we need her. [Team leader] is just the same" and, "If you have a problem they get on top of it really quickly."

The registered manager and team leader were encouraging and appreciative of their staff team. In turn, staff told us they enjoyed their work, understood what was expected of them and were motivated to provide people with positive outcomes. One staff member told us, "I love it here. I am very passionate about this place."

Staff were supported through regular team and one to one meetings. These meetings gave staff an opportunity to discuss the service in general, people in particular and share suggestions and good practice. For example, a person had recently moved into the home who used their own individualised form of sign language to assist their communication. A staff member who used sign language had worked with the person and was going to share their knowledge with the rest of the staff team to ensure the person received the best support possible.

Feedback was sought from people, families, and healthcare professionals in order to enhance the service. This was done informally through monthly keyworker reviews and more formally through questionnaires. In a recent questionnaire one healthcare professional had commented, "Hancox Close is one of the nicest and friendliest homes I visit. It's always clean and welcoming. Staff and individuals are happy and friendly."

There had only been one accident at the home in the last 12 months. The registered manager had taken immediate action and put measures in place to ensure it was not likely to happen again.

There was a quality assurance system to ensure people received a safe, effective and responsive standard of care. The provider monitored the service through a series of checks and audits. This included unannounced visits to check the day to day running of the home by managers from other homes within the provider group. The registered manager received feedback from the provider with any required actions to improve the service.