

Turning Point

Hilderstone Road

Inspection report

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19 July 2019

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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

About the service

Hilderstone road provides personal care for people who have a learning disability. At the time of this inspection the service was providing personal care to seven people with learning disabilities and other complex needs.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were supported by staff who knew them well. Staff were able to recognise potential signs of abuse and the registered manager was aware of their responsibilities should an allegation be made. People received support to receive their medicines when they needed them. Risks to people were assessed and plans were in place to help keep people safe.

People were protected from the risks of infection.

People had their needs and choices assessed and were supported by trained staff. The service ensured people had enough to eat and drink and catered for different dietary requirements. People were supported to access healthcare services when necessary and people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were enough staff to meet people's needs. Staff were well supported and trained. People and their relatives told us that staff were kind and were supported with respect and understanding.

There was a complaints procedure in place which was also available in an easy read format. Staff knew people well and were able to tell when someone was anxious or uncomfortable.

Regular audits of the service showed people received good outcomes and a safe and well managed service. The management team were approachable and worked to ensure the service met the needs of the people they supported. The service had good links within the community that promoted inclusion.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The service was rated Good at the last inspection in December 2016 (published January 2017).

Why we inspected:

This was a scheduled inspection based on the previous rating.

Follow up:

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

Hilderstone Road

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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

This service provides care and support to people living in a 'supported living' setting, 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.

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

This inspection was unannounced.

The inspection site visit took place on 4 July 2019, and a call to a relative took place on 19 July 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as allegations of abuse. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We met two people who used the service. Staff supported people to communicate their views with us, and we also received feedback from a relative following the inspection.

We spoke with two members of care staff, a team leader, the registered manager and the locality manager.

We reviewed a range of records. This included three people's care records and medication records. We looked at two 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the potential risk of abuse. Safeguarding referrals had been made where necessary.
- Staff were aware of the different types of abuse and the signs to look out for and who they would report their concerns to.
- One staff member told us they would report their concerns to the registered manager and were confident they would act upon the concerns.

Assessing risk, safety monitoring and management

- Staff told us how they assessed risks and records showed that assessments were undertaken, and action plans put in place to manage known risks safely.
- One person was asked if they felt safe when being supported by staff. Using their own preferred methods of communication they answered yes.
- Personalised care plans were in place for staff to follow in the event of an emergency. This meant staff could support people without causing additional distress.

Staffing and recruitment

- There were enough staff to support people to meet their needs. People received one to one support to enable them to lead full and active lives with the support they required.
- People had developed good relationships with staff and staff told us this meant they could offer safe and effective support.
- Staff confirmed, and records showed they had been through a recruitment process prior to starting work.

Using medicines safely

- People required support to manage their medicines to keep them safe. People's medicines were stored securely in their rooms, so they could be administered in private.
- Support plans were in place to identify individual support needs and records reflected when and how certain medicines were to be given.
- Staff were knowledgeable of their responsibilities when administering and recording medicines and training had been delivered as well as ongoing competency checks. Senior staff audited records and any errors were well managed.

Preventing and controlling infection

- Staff told us they had received training in relation to infection control and we saw that regular audits took

place to ensure processes were being followed.

- We saw personal protective equipment was available for use as required.

Learning lessons when things go wrong

- Lessons were learned when things had gone wrong. Accidents and incidents were analysed so any trends or patterns could be identified. Staff said that after any issues had occurred these were discussed in team meetings to ensure any improvements could be implemented.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Pre-assessments were completed before people started using the service. This helped ensure the service could meet the needs of people prior to admission. Where people were unable to be part of this process family members were involved to ensure people's needs were fully identified.
- Care plans were person centred and contained all aspects of their life that were important to them including any diverse needs.

Staff support: induction, training, skills and experience

- People were supported by staff who received ongoing training. Staff told us they received good training and was relevant to their role., with one staff member telling us, "We get loads of training and shadowing when we start and then this is updated yearly or when things change."
- Staff received training which enabled them to understand people and their behaviours and was tailored to the person being supported.
- New staff were supported by existing staff and a detailed induction programme was followed.
- Staff told us they felt supported by the management team. One staff member said, "We get supervisions which checks to see if we are supporting people properly, but also to check that we are ok."

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

- Staff understood people's individual dietary and nutritional support needs and assisted people to make informed choices about what they ate.
- Where people required a special diet, this was catered for and staff were aware of people's needs.

Staff working with other agencies to provide consistent, effective, timely care

- Records showed health and social care professionals had input in developing people's plans and reviewing care and support needs. Staff told us that visiting health professionals were responsive and meant staff were supported to care to keep people well in line with current best practice.

Adapting service, design, decoration to meet people's needs

- Due to the service type each person had their own flat but could access communal areas independently or with support as required.
- We saw that people had decorated their flats to reflect their individual taste and they enjoyed spending time in this space.

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

- People had access to health professionals to ensure they maintained good health.
- Staff knew people well and were able to recognise signs that a person was becoming unwell. They then sought appropriate support.
- Records reflected when people had seen healthcare professionals, and staff updated records following a visit.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can

authorise deprivations of 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.

- We found that the staff were working within the principles of the MCA. People did not always have capacity to make decisions, so relatives were involved to support them to ensure decisions could be made in the person's best interest.
- Staff had received training to assist them to support people with decision making when appropriate.
- Where restrictions were in place for a person the registered manager told us how they monitored these.

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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 told us staff supported them well. People were treated with kindness and we saw positive interactions between people who used the service and staff. For example, staff checking if people were comfortable or if they wanted more windows opening as it was a warm day.
- A relative told us they were happy with the support their relative received, they said, "The carers are absolutely lovely, the staff really do know [relative] well."
- We saw staff were patient and kind and gave people time to make decisions and do things for themselves where able.
- Staff were aware of people's cultural and social needs and these were reflected in care planning.

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

- We observed staff ask people to be involved in making decisions. As staff knew people well they could offer choices based on people's preferences.
- Where people were able to make some decisions, staff waited patiently for them to do so.
- We saw that accessible information was available. For example, the complaints procedure had been produced in an easy read format with pictures.
- Staff told us that some people displayed body language to show their feelings and supported people based on their knowledge of what these behaviours were known to mean.

Respecting and promoting people's privacy, dignity and independence

- Personal care was carried out in the privacy of people's flats and staff told us how they maintained people's dignity.
- Staff supported people to be as independent as possible. We saw staff encourage people to do things for themselves where able.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 personalised, one to one support meaning they could receive support based on their individual preferences.
- Some staff had worked with people for several years and knew people well. This meant when people were unable to express themselves fully that support could be focussed around likes and preferences.
- Care plans were in place and covered all aspects of people's care and support, including communication.
- Plans and risk assessments were reviewed and updated following incidents and changes were then made to maintain the correct level of support if needed.

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.

- Staff used a range of ways to communicate with people. We saw staff understood people's different ways to share information and communicate. They told us some people could respond to verbal communication, others relied on visual prompts.
- Staff closely observed people's communication methods and built up a knowledge of behaviours and what they meant, and we saw these were recorded in people's plans.

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 enjoyed a range of activities both at home and in the community based on their preferences.
- Staff worked flexibly to support people to live full and active lives. People had opportunities to attend social activities of their choice. One person had struggled to try new places but with staff support had been able to enjoy more activities outdoors.
- People were supported and encouraged to stay in touch with family and friends. Friends and relatives were invited to visit people at their home and they were made welcome.
- People had the choice of either a minibus or people carrier to enable them to access activities.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place, and an easy read version for people who used the service.
- Staff were responsive to changes in people's behaviour to know when they were not happy, and we saw known signs of this documented in care plans.

- Relatives told us they knew how to raise a concern if necessary. They shared with us concerns they had raised and how they had been addressed.

End of life care and support

- There was no one using the service who required end of life support and staff felt that people would not be able to actively engage in discussions about their end of life.
- Staff told us they would discuss with relatives and health and social care professionals should the need arise.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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.

- Staff told us they felt supported by the management team. One staff member told us, "The manager is very good, always on hand to listen to suggestions and offer support if we need it."
- A relative told us they felt the registered manager was approachable, they told us, "The manager keeps me informed of anything that's going on and I have previously approached the manager when there have been issues and they've always been sorted out."

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 management team were aware of their responsibility to be open and transparent with addressing issues, incidents and complaints. This was in accordance with the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

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

- The registered manager was clear about their role and responsibilities. They worked alongside the deputy manager and locality manager to assess risks, monitor staff performance and support staff. Records showed these checks took place and staff told us that they were supported to carry out their roles.
- Notifications of incidents, events or changes were sent to us as required by law. These included safeguarding referrals and notifications of serious injury.
- The provider had quality monitoring systems in place that identified any concerns relating to the safety and quality of the service.
- We saw that external audits had been acted upon. The locality manager shared details of their last visit with us. We saw they produced action plans following visits and checked they had been acted upon.
- Staff were involved in carrying out internal audits and checks were in place to ensure they had been completed. This meant quality could be maintained and demonstrated.

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

- Staff told us how they involved and consulted people in relation to how their support was delivered. Staff

had opportunities to make suggestions for improvements or raise issues and any changes were based on people's needs and wishes.

- People attended meetings with the staff that supported them most and we saw where issues or ideas had been raised staff had acted on these. People were involved as far as they were able to share views about the service.

Continuous learning and improving care

- Staff told us they were encouraged to share any ideas they had regarding improving the service.
- Incidents were reviewed and discussed in staff teams. Accidents and incidents were also reviewed by the senior management team. Actions plans were developed when necessary and used to drive improvement.
- Following incidents staff had opportunities to discuss the incident and make suggestions for changes and improvements if appropriate. Staff received refresher training at regular intervals to ensure their knowledge was up to date and reflected current best practice guidelines.

Working in partnership with others

- The manager worked in partnership with health and social care professionals to achieve good outcomes for the people who received a service. These included local GP's and social workers.