

## Turning Point

# Turning Point - Cumbria Learning Disabilities Supported Living

### Inspection report

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Date of inspection visit:  
29 November 2022  
05 December 2022  
12 December 2022

Date of publication:  
08 February 2023

### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Turning Point Cumbria Learning Disabilities Supported Living Service provides personal care to people. At the time of the inspection the service was supporting 30 people with personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

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.

### Right Support:

Records did not always demonstrate care was provided in the right way, including medicines records and consent records. Risk assessments were not always completed to assess known risks to people. People said they were encouraged to be as independent as possible. There had been improvements to the essential training of regular staff, but it was not clear if agency staff were sufficiently trained.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice but there were not always records in place to demonstrate this.

### Right Care:

The service made sure there were enough regular and agency staff to support people and keep them safe. Regular staff knew people well and knew the most effective ways to communicate with people. Care was provided in a person-centred way although records did not always reflect outcomes for people. People said staff treated them with care and kindness and supported them to take part in their individually preferred activities and to follow their own lifestyles.

### Right Culture:

The culture at the service was positive. People, relatives and staff said there had been improvements to the stability of the management of the service. Staff were complimentary about the values they share with their colleagues and the supportive team culture this created. The provider needed to improve record-keeping across a number of areas and to review quality assurance systems to support this going forward.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 27 August 2021) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made and the provider was no longer in breach of regulations but further improvements were needed to records.

This service has been rated requires improvement for the last three consecutive inspections.

### Why we inspected

We carried out an unannounced inspection of this service on 25 June 2021. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve staff training and skills.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions Safe and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Turning Point Cumbria Learning Disabilities Supported Living Service on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Recommendations

We have made a recommendation about medicines records, consent and best interest records and ensuring identified actions are completed.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

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## **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

The inspection was carried out by an inspector and an Expert by Experience. 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 5 '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

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

## Notice of inspection

This inspection was unannounced.

## What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, care professionals and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

## During the inspection

We spoke with 8 people who use the service. We spoke with 11 relatives and contacted 7 more by email. We spoke with 8 staff including the registered manager, service managers, team leaders and support staff.

We reviewed a range of records. This included 6 people's care records and medicine records. We looked at 3 staff files in relation to recruitment. We also viewed a variety of records relating to the management of the service, including audits, policies and procedures.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant there was limited assurance about the safety of some aspects of the service.

At the last inspection staff had not always completed essential training and few were drivers. The lack of trained and skilled staff was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvements had been made and the provider was no longer in breach but further improvements were needed.

### Staffing and recruitment

- The provider had rotas in place to ensure individual people received their correct number of support hours. Support times were arranged, where possible, around people's individual lifestyles and interests.
- The registered manager described the difficulties of recruiting staff due to staffing difficulties in the care sector. The provider had actively promoted the service to attract new recruits and new staff were being employed. Appropriate checks were carried out during the recruitment process to assess an applicant's suitability for their role and the service benefited from the organisation's HR department.
- People, relatives and some staff members were concerned about the reliance on agency staff as they were not always familiar with people's needs. However, senior staff stated the service would be unable to operate without them. One senior told us, "We have excellent bank staff and really good support from agency staff."
- Training for regular staff had improved since the last inspection. Senior staff said agency staff were provided with an induction safety briefing but there were no records to demonstrate this had taken place. Also, it was not clear whether agency staff had completed training in learning disabilities and autism.

We recommend records are kept of agency induction briefings and evidence is sought of their training in learning disabilities and autism before they work at the service.

### Using medicines safely

- The provider had a system for safely managing people's medicines. However, across the different locations, staff did not always consistently follow the same recording practices and there were not always clear protocols for supporting people who managed or shared responsibility for their own medicines. Recording shortfalls made auditing difficult.
- Records of 'when required' medicines were not always completed or did not always show the outcome. Inconsistent codes were used for 'when required' medicines were not given, which was unnecessary and contrary to best practice guidance. Records to show the countdown tally of medicines were sometimes incorrect and there were frequent gaps in the recording of the ambient storage temperature of people's medicines.
- Agency staff were not trained in medicines management. This meant when only agency staff were on duty

overnight, an on-call officer would have to travel to the location to administer 'when required' medicines such as pain relief.

We recommend the provider puts a more robust audit system in place to ensure consistent recording of medicines.

#### Assessing risk, safety monitoring and management

- The provider had a system to assess risks to the safety of people before undertaking their care. However, in a small number of cases, there were no risk assessments in place to show why some safety measures were necessary. These were addressed during the inspection.
- The service had an electronic management system to record accidents and incidents. These were reviewed by management staff as well as the provider's health and safety team. The system meant managers could identify any trends of incidents.

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 MCA 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 Mental Capacity Act (MCA).

- Overall, we found the service was working within the principles of the MCA. However, there was limited recorded evidence that people or relevant others had been involved in agreements about restrictions to their privacy. For example, there were no best interest records showing the rationale for the use of sound monitors in the bedrooms of some people.
- Some records did not always evidence people consented to their support or were undated and unsigned. These included, for example, arrangements where people permitted staff to manage their medicines due to their physical disability.
- People and relatives said they were involved in decision-making. Their comments included, "My relative is able to make his own decisions and also is given help to access the options. I feel confident I would be brought in about important decisions."

We recommend a review of 'consent' records and best interests decisions to ensure these accurately reflect people's capacity to consent to specific areas of support or that action has been taken following fully the requirements of the MCA.

#### Preventing and controlling infection

- The provider had made sure infection prevention and control systems were in place.
- Staff had clear, up to date guidance about how to protect against COVID-19. Staff received regular competency checks to make sure they understood their responsibilities relating to PPE. Staff had access to supplies of personal protective equipment (PPE).
- People said staff had been careful to wear PPE and use sanitisers.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had safeguarding systems in place. Staff received training in safeguarding and understood their responsibilities to report any concerns.



- People told us they felt 'safe' at the service. Their comments included, "I'm very happy [with the service] and would speak with [keyworker] if I had any problems." A relative told us, "My family member does feel safe and I feel that they are physically safe."
- Lessons were learnt when things went wrong. Incidents were monitored to check whether actions put in place were successful in reducing the risk of recurrence.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the service did not always operate in a consistent manner and improvements had not always been identified.

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

- The provider had made improvements to the stability and experience of management since the last inspection. People, some relatives and staff had more confidence in the way the service was run. One person commented, "It's much more settled now and we have better people in charge."
- The provider had a system of audits and checks to monitor the quality and safety of the service. However, some recording shortfalls had not been identified by the audit. Where actions had been identified and given a completion date, these had not always been completed.
- In some locations, care records were not well-completed. For example, there were several weeks-worth of gaps in people's support plan daily records, several daily care records were meaningless and provided no indication of outcomes for the person. Some records were undated and unsigned. The registered manager stated a new recording system was going to be introduced in the new year which would address this.

We recommend the provider improves their governance system to include a review of records and actions taken to ensure completeness and sustained improvements.

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

- People told us they were "happy" with the service. One person commented that regular staff went "above and beyond" to support them. One person told us, "Moving here was the best thing I've done and it's made me more independent."
- Staff at one location commented positively on the 'family-like' culture between people and staff. They felt the support from the management team for people and staff had improved over the last year. Relatives told us regular staff were "friendly and caring".
- Staff occasionally used some infantilising terminology which did not support a culture where people were fully empowered. For example, there were references in support plans to 'baby monitors' instead of sound monitors, which could affect the way staff perceived the people they supported. The registered manager agreed to address this as a learning point for staff.

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; Continuous learning and improving care

- The provider and registered manager understood their duty of candour responsibilities.
- People and staff described the management team as open and approachable.

- The provider had an action plan in place to improve the safety and quality of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider sought the views of relevant people. Some people were involved in a self-advocacy group and relatives were sent an annual questionnaire. .
- People felt there had been improvements to communication with the management team. One person told us, "I can talk with [local manager] any day and she's very nice." Some people said they wanted to restart Tenants' meetings which had paused during the pandemic but may need support to get these started.
- Relatives had mixed views about communication with the service. Their comments included, "I am not kept informed by management of issues" and "I can usually get in touch with management by phone or email."
- The service worked with other health and social care professionals who were involved in people's care.