Turning Point

Turning Point Oxfordshire LD

Inspection report

Witney Business And Innovation Centre
Windrush House, Windrush Industrial Park, Burford Road,
Witney
Oxfordshire
OX29 7DX

Tel: 07920211629
Website: www.Turning-Point.co.uk

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Good** ●
Is the service effective?	**Good** ●
Is the service caring?	**Good** ●
Is the service responsive?	**Outstanding** ☆
Is the service well-led?	**Outstanding** ☆

Summary of findings

Overall summary

Turning Point Oxfordshire provides care and support to 67 people living in 25 '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. Not everyone using Turning Point receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

We inspected Turning Point Oxfordshire on 8 and 14 November 2017. We gave the service 48 hours' notice of the inspection to ensure the registered manager would be in the office. We also needed to let people know we wanted to visit them in their homes to review their support.

The service had a registered manager. 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.

People receiving support from Turning Point Oxfordshire received highly individualised person centred care. Support plans contained detailed and personalised care plans and we saw that many people had been supported to have a full and meaningful life enjoying interests and gaining employment. People benefited from a large range of activities and interests provided, to ensure they were kept occupied if they chose. There were many excellent opportunities to optimise people's social and stimulation requirements.

There was clear guidance for staff on how to meet people's individual needs and support them to achieve their goals. We saw that people were relaxed and staff demonstrated a caring attitude. The service had ensured people's communication was maximised which assisted an increased understanding and reduction of distress.

As the values and vision of the organisation and service had been integrated into everyday practice, people living with learning disabilities were able to achieve what they wanted in their lives and overcame obstacles to achieve positive outcomes.

People and their families, where appropriate, were fully involved in the development of their care planning along with health and social care professionals and Turning Point staff.

The service was outstandingly well-led. The service actively promoted a positive, inclusive and open culture. The structure of the service worked for people, so that locality managers were always available to support staff and people when needed. The service worked in conjunction with other organisations to improve care, such as participating in research and engaging in external initiatives working towards improving standards and developing the service further. There were robust quality assurance systems in place which monitored

the service, identifying potential areas for improvement, and actions were taken to improve these.

Staff were highly motivated and worked as a team and shared a common ethos of providing high quality, compassionate care with regard to people's individual wishes and support needs. Staff were valued, well-supported and supervised by the management team.

Staff knew how to keep people safe, and how to report any concerns. There were enough staff to keep people safe. People received their medicines as they had been prescribed, and the service was undertaking an initiative to review medicines regularly, with a view to decreasing psychotropic medicines use.

Risk to people was identified promptly and effective plans were put in place to minimise these risks, involving relevant people, such as relatives and other professionals. Where risks were more complex, comprehensive guidance was in place to guide staff, including the most effective approaches to use, or particular communication methods suited to the individual. Guidance was in place for staff so that they could mitigate risk, and support people to take sensible risks as safely as possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff had followed the Code of Practice in relation to the Mental Capacity Act 2005 (MCA). We observed staff treated people as equals and individuals, offering them options whenever they engaged with them. Staff always endeavoured to enable people to maintain their independence and to make their own decisions.

People's privacy and dignity were highly respected, and this also was reflected in the detailed guidance provided within people's care records.

People were supported to follow healthy diets, and this had a positive impact on their wellbeing. They were also supported to access healthcare services when they needed to.

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.

Systems and processes had been developed to protect people from potential abuse.

Care files had thorough risk assessments to mitigate each hazard to people's safety and welfare. Staff had a good awareness and approach of safeguarding principles.

The service had a rigorous recruitment procedure to safeguard vulnerable people from the employment of unsuitable staff.

We found staff followed clear procedures to ensure safe management of people's medicines.

Is the service effective?

Good

The service was effective.

The provider and management supported staff to carry out their roles effectively.

Staff received MCA training and when we discussed this with them, we found they had a good awareness of how to apply this in practice.

People were protected from health risks and were supported to access appropriate external professional help in a timely manner.

People were supported to follow healthy diets.

Is the service caring?

Good

The service was caring.

We observed lots of caring interactions when staff supported people. Staff showed respect, care, empathy and kindness to people.

People were supported to become more independent through communication and achieving goals. Staff respected people's privacy, as well we their dignity.

People were supported to create new relationships and maintain those they had.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

People were supported to create and achieve goals and improve outcomes in their lives. Care records were personalised to guide staff to provide highly responsive, person centred and holistic support.

We found multiple examples of the service's responsiveness to people's identified goals.

People had been supported at the end of their lives in the way they had chosen and relatives supported through the process sensitively.

People knew how to complain and any concerns were resolved appropriately and in a timely fashion.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

The vision and values of the organisation had been truly integrated into the delivery of people's support and care.

There was excellent leadership in place and a structure that supported staff at each level. The registered manager and all staff showed enthusiasm and passion to continually improve people's outcomes.

Staff were involved, well supported and worked well together and were highly motivated to follow the values of the organisation.

There was a comprehensive system in place to monitor and maintain the high levels of quality in the service.

The provider and service was striving for improvement and working with external initiatives and other organisations in order

to support developments.

Turning Point Oxfordshire LD

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.

This inspection took place on 8 and 14 November 2017 and was announced. We gave the service 48 hours' notice of the inspection site visit because we needed to seek permission to visit people in their homes and ensure they would be in. The inspection site visit activity started on 8 November 2017 where we visited eight locations. It ended on 14 November 2017 when we visited the office location to see the registered manager and office staff; and to review care records and policies and procedures.

The inspection team consisted of two adult social care inspectors and two experts 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.

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

During the inspection we spoke with the registered manager, three supported living managers, six team leaders, ten support workers, 27 people who use the service and six relatives. We also looked at records related to the regulated activity of personal care including seven care plans, four staff files including information about recruitment.

We contacted also contacted 12 social and health care professionals and commissioners.

Good

Is the service safe?

Our findings

People were consistently safe and protected from all forms of abuse, including discrimination. Where discrimination took place, the service acted upon this. For example, a person had been asked to stop attending church due to the person carrying on singing when the music stopped. Staff had acted upon this which resulted in the person being able to attend and also having their own allocated seat at the front of the church.

People told us they felt safe and secure with the staff that supported them. We asked people if they felt safe and had comments such as, "Safe. (Name) is a very nice support worker", "Money kept safe" and "Have the same carers. I get anxious if someone I don't know." We found out that this person had the same carer for the past 15 years. We spoke with a relative who said "Think that he is safe here. Do look after him well." When we visited one person in their home they checked our identity carefully before letting us in. We found out that the person always does this and they told us they were proud of this job.

Staff had received safeguarding training and other training relating to safety, such as action to take in relation to incidents or accidents. They understood what procedures should be taken if they suspected or witnessed abuse. This included contacting outside agencies such as the police, CQC and local authority safeguarding teams. Safeguarding was also included as an agenda item in team meetings.

The service had a proactive approach to anticipating and managing risks to people who used the service. People had individual risk assessments developed to support them to do things safely rather than restricting them. For example, safe ways to travel or go out independently. We saw risk management plans in people's records to consider areas such as safety in the community, mobility and moving and handling. We saw that one person had epilepsy and had technology in place to protect them and alert staff should they have a seizure.

When people behaved in a way that may challenge others, staff managed the situation in a positive way, protecting people's dignity and rights. Where necessary people had Positive Behaviour Support Plans (PBSP) in place. PBSP's identify, understand and reduce the causes of behaviour that may distress people and put themselves or others at risk of harm. For example, strategies to use such as distraction to de-escalate situations. We saw that the service worked closely with the Oxfordshire Intensive Support Team to support people when required.

People in supported living schemes live in their own homes in the community. However, staff ensured any environmental or equipment-related risks were shared with relevant external professionals or services. We saw staff had assessed and monitored potential risks by ensuring all necessary health and safety checks were carried out in people's homes. Records were seen indicating that safety checks for gas, water and electrical installation had been carried out; as had surveys for asbestos and legionella. Files containing fire safety information were available at each person's home. These contained fire risk assessments, fire evacuation procedures, personal evacuation plans along with records of fire alarm tests and carbon monoxide monitor checks. Records seen indicated that fire equipment had been regularly inspected and

serviced. There was a regional health and safety committee and minutes of the last meeting were available. Staff had received up-to-date training in all safety systems and health and safety was included as an agenda item in team meetings.

We saw that generic risk assessments had been completed relating to safety issues such as slips, trips and falls, lone working, using equipment, first aid and security. Staff undertook a health and safety audit each month with action plans. There was information and contact details if an emergency occurred such as fire or flooding.

Staffing levels were determined by people being assessed by the local authority and allocated support hours according to their needs. We asked people how they felt about staff support and had comments such as, "Staff during the day and at night is good," "See same carers (person had four regular support carers). Like same support workers." This was important for this person as they had extreme anxiety and did not like unfamiliar staff. Some people were supported by overnight staff covering two or more properties. Technology had been used to alert the night staff if people left their room during the night. When asked if they felt there were enough staff to meet the needs of the people living there the team leader replied "We're 100% able to meet their needs. It's a really good team." A senior staff member was on call at night to provide support and advice if required. A support worker said "I have phoned the on call before. They're always available." At times agency staff were required, but where possible the same agency staff were used in order to provide continuity of support.

Recruitment systems were robust to ensure the right staff were recruited to support people to stay safe. Checks including the Disclosure and Barring Service (DBS) and references from previous employers had been sought.

Staff met good practice standards when dealing with medicines, including the ordering, storage, administration and recording of both prescribed and non-prescribed medicines. The service had a medicines policy. We saw that medicines were managed safely and in line with policy and people received their medicines as prescribed. Management checks and audits were undertaken at all levels and actions taken to improve medicine management. People had confidence in staff when administering medicines. For example, one person told us "I have tablets three times a day. Have a box. (Carers) put them in my hand and I take them. They don't forget." A member of staff said "Because of her epilepsy she must have her medication at the right time." Staff competency checks were carried out to ensure they were able to administer medicines safely.

There was an infection control policy and procedure in place and we saw these adhered to in practice. The homes we visited were clean and hygienic. Cleaning materials were stored safely. Staff had adequate supplies of personal protective equipment such as disposable aprons and gloves and we saw these being used.

Staff had completed food hygiene training to ensure food was stored and prepared safely. Food safety records were kept, which included fridge and freezer temperatures and cooked food temperatures.

The service had developed good links with the local authority and worked closely with the Oxfordshire Safeguarding Adults Board (OSAB. A monthly summary of all incidents was shared with the leads in the Commissioning and Contracts team.

Good

Is the service effective?

Our findings

The provider ensured it was following best practice guidance for people with learning disabilities. For example, the British Institute of Learning Disabilities and Voluntary Organisations Disability Group (VODG). VODG works to influence and develop social care policies and promote best practices by keeping members up to date. People were involved in identifying the assistance they would like prior to support commencing including recognising any particular needs in relation to protected characteristics. This included areas such as support with their physical and mental health and any social needs. People were supported to develop their Whole Support Folder which contained their personalised support plans, risk assessments, capacity assessments, best interest meetings, Health Action Plans, hospital passports, end of life plans, keyworker and wellbeing meeting records and annual reviews.

Before moving to the service compatibility with other people living in the supported living location was assessed by having trial visits and overnight stays. The service also worked in partnership with the referring body at the time of assessment and on an ongoing basis to ensure compatibility.

New members of staff had an induction when they joined the service and completed competency workbooks within their probation period. They shadowed experienced members of staff before working alone. Turning Point had a set of 'Work Instructions' similar to a job description. These gave staff a list of basic minimum standards related to their individual role. These comprised of 'must do' standards and were linked to the safety of the individuals supported. A new member of staff said about the induction, "It was really good and we have all since benefited from it. It was relaxed and all things were well covered."

Staff received training and support to ensure they were able to complete their roles and responsibilities effectively. Training involved both face to face learning and e-learning. Examples of training were safeguarding adults, first aid, medication, Positive Behaviour Support and health and safety. We saw that specific training was also arranged where needed. For example, there was a plan to support a person to identify triggers for drinking so this could be managed in a more positive way with the support of professionals. As this was a new area of support, training was arranged so staff could support the person effectively. A support worker told us of the training they had received and that they felt it had helped them in their work; this included support planning, medicines management and epilepsy.

Staff were supported and had planned meetings with the line managers in line with the supervision policy. These meetings discussed staff's performance and objectives they had set at their annual appraisal meeting. Turning Point had an appraisal approach called 'On-Going Performance Review' which meant that all areas of staff's responsibilities related to the vision, values and objectives of the organisation as a whole but linked to their own personal objectives they had drawn up. Staff we spoke with said they felt supported and confirmed that they had received supervision sessions, one saying "We talk about our goals, the service and any changes; and about training." Another said "I have had a couple (supervisions) since I started. They are useful and I was able to talk things through."

Where necessary, people received support to ensure they had adequate food and fluids and this was

planned during the development of their support plan and risk assessments. We asked people about how they were supported with this and had comments such as, "Very good cook [support worker]. Nice food, enjoy the food. Love the puddings – rhubarb crumble!", "Nice food, eat anything, enough to eat but have to be a bit careful because I am type 2 diabetic", and "Drinks all day. Food great – corn beef hash, cheese on toast or jacket potatoes." A relative commented that their family member "Now eats everything." This was apparently quite a remarkable feature as he previously ate a very reduced/restricted diet at his previous residences.

People were supported and encouraged to be involved in decisions about what they ate and drank. We spoke with a support worker who told us how they supported people to choose a balanced diet using a menu plan; and of how they needed to physically support some people to eat and drink. Throughout our visits staff were seen to offer people snacks and drinks; and to provide support to those who needed it.

Where there were risks associated with eating such as choking, staff had an understanding of what was needed. A staff member said, "Avoid high risk foods like bean and hard crusts and thicken drinks because of the choking risk but she loves her food, very adventurous and likes everything." Another member of staff said a person needed "Plenty to drink to avoid urinary tract infections (UTI) because the last major epileptic episode was caused by a UTI."

We saw that people's day-to-day health and wellbeing needs were met. Records seen in peoples support plans showed that they had been supported to access healthcare professionals such as mental health teams, speech and language therapists (SALT), hospital consultants. People were also supported to attend their GP, opticians, dentists and podiatrists. For example, each person had been asked and supported to have an annual health check.

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. Turning Point used an assessment form which incorporated the assessment and, where capacity was lacking, the best interest decision making outcome. For example, one person had been assessed as lacking capacity to make decisions about their care and support. We found that capacity assessments and best interest decisions had been recorded, and were specific to the person's individual needs. A support worker told us of how other people had been involved in making best interest decisions for a person who lacked capacity; these included members of the learning disability team and a relative with power of attorney. We saw people being asked to consent to their support. During the day we saw staff asking peoples' permission before carrying out any tasks. For example, a person was asked permission before staff repositioned them.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA to ensure any restrictive practices had been referred to the local authority to ensure these were authorised by the Court of Protection. We saw that the registered manager and supported living managers had made relevant referrals to the local authority for people who needed restrictions in place to keep themselves or others safe. Staff had been supported to understand MCA through training provided. We saw the service used the 'Promoting Less Restrictive Practice' guidance.

Good

Is the service caring?

Our findings

We observed and heard that people were treated in a kind and positive manner and there was a warm and friendly atmosphere in people's homes. Staff had developed good relationships with people and we saw people were relaxed in the company of staff, who communicated spontaneously with them, using appropriate humour. One support worker said about the home they worked in "It's lovely; staff are very caring and patient, really good." A support worker from another home said "It's a good place to be, it's like a family." Staff were calm, smiled a lot and took part in appropriate banter with people. We observed people supported in what they wanted to do. A person was sitting on his own listening to music and a support worker came and talked to him about it and helped him to select the next record. We saw a person being taken out to go to a local activity group who was so pleased they were almost jumping for joy.

All the people we spoke with were positive when asked if they felt cared for and happy. Without exception we were told this was the case. Comments included, "Girls very kind to me. Lovely people", "Look after me well. Know them all", "Nice and kind to me. Talk to me; take me out shopping out to the cafe" and "Not sure what I would feel like (when arriving at service) Now feels like home." Relative's comments included, "He is now back to being such a happy-go-lucky person making jokes again and his care is wonderful", "The staff are marvellous, they are all cheerful," "Both myself and (person) could not be happier. The staff are wonderful" and "The staff are brilliant, and our son is so happy and cheerful here."

Staff sought accessible ways to communicate with people to reduce barriers. They showed that they instinctively responded where people were emotionally upset. For example, we observed an interaction between a support worker and a person with severely impaired communication skills. They were a little disturbed by our presence and we saw the support worker using non-verbal communication to reassure the person, using facial expression and gentle touch. We saw the person visibly relax and they began laughing and smiling and we enjoyed a song together. Another person said, "They [support workers] help people, talk to me." We observed that communication with the person's support workers provided vital reassurance to the person.

We observed that trusting relationships had been developed as staff were approachable and encouraging. For example, at one location it was obvious a person was not comfortable speaking to strangers. We saw the staff reassure the person and eventually the person invited us to look at their bedroom and new furnishings.

People were supported to express their views and were involved in making decisions which were respected. One person told us, "Staff do listen to me and like to help people. I made a chocolate cake the other day." A support worker told us, "We arranged a visit to a motor museum but on the day (name) decided that he didn't want to go. That was fine it was his decision and we respect that." Another support worker said, "(Name) will tell you what he wants to do. He loves the cinema. Tells us when he wants to go to the cinema." The person confirmed this.

We saw support plans contained information entitled 'What I can do for myself?' in order to maintain skills

the person had in place and to ensure independence was retained as much as possible. We observed staff encouraging people to be as independent as possible. For example, a person who was blind was moving freely around the house and deciding what he wanted to do. A person told us, "I do cups of tea, staff do it with me. I dress myself, make my own breakfast, shave myself." The support worker said, "He organises himself, gets his coat and makes sure he has his bus pass." We saw technology in place to increase people's independence and privacy. For example, one person said, "I do stay on my own. I push this [wall mounted button] if I need any help."

People were encouraged to have regular contact with family, via personal visits or phone calls. One person said, "I have a friend who comes to see me and I've been to their flat." Staff told us they had good relationships with family and outlined some of the ways they involved family in the decision making process. People had been supported to develop friendships and we heard of many examples of people doing activities together and in one case, two people who had been childhood friends had been supported to live together sharing a flat.

Throughout the inspection, we saw that people were treated with respect and dignity with staff referring to them by their name, listening to people, and taking time to find out what they wanted. We observed that people were clean, tidy and well-dressed. When people required support for their personal care this was provided in their rooms or in bathrooms with the doors closed. Staff were discreet when assisting people to use the toilet. We observed staff were always careful to knock and wait to be asked in. A person told us, "Staff do knock on my door before they come in." and another said "Carer knows I like to be private. Love my bedroom." A member of staff said, "(Person) has one to one attention for as long as she wants it. She will let me know when she wants privacy and her own space." All support staff completed a section within their competency workbook regarding dignity and staff understanding of this was checked through discussion with their line managers. A person's capacity had been assessed in respect of receiving personal and intimate care and best interest decision had detailed how this should be done ensuring dignity.

People had been supported to personalise their house and bedrooms. We saw one person, who was keen on trains had a large painted mural on his wall and pictures of trains. Another resident had an interest in trucks and had models, a jacket and photographs relating to Eddie Stobart lorries. We were proudly shown these during the inspection and people's enjoyment was visible on their face.

We saw that records containing people's personal information were kept secure. Where information was stored on a computer, the service complied with the Data Protection Act.

Outstanding ☆

Is the service responsive?

Our findings

The service was extremely proactive ensuring support was tailored to meet the needs of individuals and delivered in a way to ensure flexibility, choice and continuity of care. We heard many examples of people being supported fully to achieve their aspirations. Staff had responded and gone the extra mile to address people's needs in relation to protected characteristics. For example, staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity, faith and sexual orientation. These needs were recorded in care plans and all staff we spoke to knew the needs of each person well. Staff had also supported people to improve and maintain relationships with their families to overcome potential barriers caused by people's diversity.

People's histories had been explored so that opportunities to continue enjoying interests that were meaningful to them could be continued. Examples of these included: one person who had grown up on a farm was supported to enjoy a farm holiday helping out on the farm; another person was regularly supported to return to the town they used to live in where they were able to spend time with old friends; A person had visited a Dr Who exhibition and another person liked aeroplanes and went on a holiday and spent time visiting places that were related to this hobby. One person had enjoyed going with their parents to watch trains had been supported to continue his interest by staff, who regularly took him to watch trains at Oxford station. The person said, "Trains. Mum and Dad took me to watch them." Another person who was registered blind was supported by staff to go to the local library once a week to collect talking books. They also had a pet bird and loved anything to do with animals. The person said, "I'm taken everywhere and anywhere. Animals, shopping, library for talking books. I can do the things I want to do." Another person enjoyed going to a local cookery class and brought back food they had cooked to share with their housemates. This meant people were recognised as unique individuals and valued for who they were.

People's interests and activities were valued, respected and supported by staff. We heard of one person who wanted to help an overseas charity. This involved collecting a particular garment. On sending the garments to the charity, the person was delighted to receive a letter and a knitted blanket made by the people who they had fundraised for. When we visited the area office on the second day of our inspection, we saw that the office was decorated with paintings and ceramics made by people who used Turning Point services. The registered manager commented, "They remind us of the importance of enabling people to live a full life." A rug was displayed on the wall and we heard that a person had spent many hours making this and was keen to give it to the office. We heard that one person was supported with a hobby which resulted in them being able to display their work in a local authority head office. This enabled people to live full and meaningful lives.

People had been supported to take up paid or voluntary work in their community. One person had joined a local group set up by a charity using recycled wood to create new furniture. The person had appeared on an edition of the BBC Country File programme and was interviewed about a bench they had made. The person was enthusiastic telling us this and it had a clear and positive impact on them. We heard that the person had needed support to get to their employment initially both travelling and whilst there. However, over time, support had been decreased and eventually withdrawn. The person was very proud of now undertaking this

independently. Another person had taken up a paid post in Turning Point's area office assisting the administrator. They had drawn up a job description and were involved in office tasks and helping organise the staff forum. We heard the person had developed a strong working relationship with staff in the office and were treated as one of the team. Being enabled to gain employment means people can feel they are contributing skills they have acquired and help them feel valued by society.

People were supported to vote if they chose to and staff had helped people prepare for the election. Some people therefore voted for the first time. We spoke with one person who had voted and they were very pleased to have been supported to do this.

Turning Point had a forum called the 'People's Parliament'. This was run by people in the service with support from staff. People could be involved in having a say about how Turning Point was run but also discuss local issues that mattered to people personally. For example, a recent meeting had discussed safe road crossings in Oxfordshire and the need for more of these and the person had decided to make banners to highlight the problems.

The service had considered how people could be fully consulted and listened to. An example of this was that people in the service were involved in selecting staff recruited to support them. We heard that one person had been involved in recruiting staff. The person had prepared questions for the interview and their opinion sought and valued resulting in the selection of a candidate they felt was suitable. Another person who wanted to be involved in recruitment had expressed a need to buy a suit to wear when carrying out job interviews. Staff had supported them to make an application to a Turning Point fund which then awarded the person a sum of money allowing them to purchase the suit which they proudly put on when interviewing. We heard that this person had also made the call to tell prospective candidates they had been successful. This meant that people were meaningfully involved in choosing staff and influencing the outcomes of recruiting staff with the right attitude and values.

People were involved in developing their care plans in line with their needs and wishes. One person confirmed that they had been involved in compiling their care plan and showed us their file. Developing the plans with people helped staff to understand people's histories, needs, wishes and goals. Many of the staff in Oxfordshire had supported individuals for many years. We spoke with one person had the same support worker for 15 years. They said, "Kind people looking after me. Same people." Each person was supported to develop their 'Whole support folder.' This contained their person centred support plan and risk assessments, capacity assessments, best interest meetings, health action plans, hospital passport, end of life plan, keyworker and well-being meeting records and annual reviews. We heard that one person had been supported over the past year to fulfil their wish to have more independence. The team worked with the person and they had been supported to move to new accommodation on their own. Compliments had been received from the new provider regarding the support Turning Point had provided and in supporting the person to write their own support documentation. It was noted by the new provider that the documentation in place was of high quality.

People's needs were reviewed on a regular basis at monthly review meetings with the keyworker called 'wellbeing meetings'. These meetings gave individuals the opportunity to be fully involved in planning their support. People's support was also reviewed annually and families were involved if the person gave consent to this. We spoke with a family member about their relative's support. They said, 'I am consulted and involved with the planning of (name's) care. There was discussion about increased care needs potentially meaning a move to another service. I did not want this to happen. They listened and it has been agreed that she can remain supported where she is now."

People were supported at the end of their lives by having clear support plans in place stating their individual wishes in respect of advance decisions where a person had capacity. The service had received positive feedback from health professionals and families regarding their care and support of individuals in the end stages of their lives. We were given a letter during the inspection which relatives had consented to share as feedback for the service's support during the recent death of their relative. This stated: "(Name) needed 24/7 attention in an environment which afforded him the comfort of loving care and attention he received from his family all his life. Both (name) and I could not have been happier by the way that he was treated, cared for and loved by all the staff. The atmosphere there was entirely professional and understanding of the complex needs of not just (name), but also those of all the other residents there. All members of staff did everything they could to ensure that his life was as happy and fulfilling as it could possibly have been. (Name) and I will be eternally grateful to (staff name) and all her team, not just for the love and care (person) received, but also for the peace of mind they afforded us in his final years. We have nothing but praise and admiration for them all".

Organisations that provide publicly-funded adult social care are legally required to follow the Accessible Information Standard which says services should identify, record, flag, share and meet information and communication support needs of people with a disability, impairment or sensory loss. Turning Point had a publishing and marketing group that produced organisation wide accessible information. The service had taken further measures by setting an Oxfordshire team objective to promote and develop a stronger 'total communication approach.' Total communication is about finding and using the right combination of communication methods for each person. We saw that each person had a communication support plan developed in partnership with them. This provided detailed methods of communication with clear guidance in place to support this. For example, people's reviews had considered how information was recorded at a suitable level for the person. This ensured the person could maximise their input. For some this involved having more pictures than text which improved their involvement. A support worker told us, "[Person] expresses her emotions, happy, upset, if she doesn't like anything non-verbally. At present I am undertaking an extensive interactive training course"

Staff understood the importance of recognising different approaches needed. We observed a support worker constantly explaining things to a person who had extreme anxiety. The support worker pre-empted a significant rise in the person's anxiety levels by reading their body language and taking steps to reassure the person to avoid the situation escalating. We saw that the person and staff were working with the psychology service to develop strategies to reduce anxieties. One of these was a photo card with written ideas on. The person told us, "I've got these cards and when I feel anxious I look at them and they give me ideas that I can use to help my anxiety."

Complaints were recorded to enable the service to learn from and improve the support provided. Turning Point had an easy read accessible complaints procedure entitled 'How to make a Complaint ', which was in an easily read format and contained pictorial prompts. No formal complaints had been made and the six informal concerns had been analysed and acted upon. For example, where there was a difference between a person and what their relative wanted, a resolution had been found by referring the person to an independent advocate to ensure their views could be considered independently to maximise their choice.

Compliments had been logged so the service could positively learn. Compliments had been received in areas such as the care of people with dementia and a learning disability. A family member whose relative had moved into supported living accommodation said staff had given them reassurance and support throughout the process to make it a positive move. Relatives told us there was good communication links between staff and people's families. One relative commented, "If ever there is a problem, someone will call me."

Outstanding ☆

Is the service well-led?

Our findings

During the inspection we visited a number of extremely well managed premises supported by Turning Point's strongly defined vision, ethos and set of objectives. Turning Point's vision is 'To constantly find ways to support more people to discover new possibilities in their lives' based on the values of believing everyone had the potential to grow, learn and make choices. We found the registered manager and all staff had integrated these vision and values to support people in the service to the maximum benefit. We have evidenced in this report how people's care was truly individualised and person centred incorporating people's human rights to ensure diversity was acknowledged and respected. This resulted in people having a full and enjoyable life and being listened to, involved and enabled to contribute to their full capacity. We also spoke with relatives who expressed immense satisfaction with the support people received.

The service had a registered manager who evidenced a strong understanding and implementation of their responsibilities which was supported by Turning Point's strong infrastructure. We had positive feedback about the registered manager being a strong and supportive leader to the supported living managers in all the services. The feedback received was highly positive and all staff we spoke with evidenced that the values of the organisation were integral to their day to day practice. Staff spoke of the strength of the organisation. One member of staff said, "I've worked in care for 22 years and this is the first time I feel like I'm working for an organisation that gives a damn." Another member of staff said, "[Support] is how I would like my (relative) to be looked after."

Staff felt valued, respected and supported which gave them the motivation to deliver high quality care to people. We had comments such as "Feel like I am valued. So much better than my last employment", "(Manager) is amazing", "Support wise, they are fab. Would recommend working here" and "Very supportive management. I have regular supervision and management approachable. Feel like you can talk to anyone. Have been very supportive working through my care certificate and hope to go on. I know they will support me to get more qualifications." We saw that staff worked well together and this was reflected in people's comments and the observations where staff worked well together creating a calm and happy atmosphere. The ethos and culture of the organisation had a positive impact on staff's wellbeing which ensured that high quality care was delivered.

Turning Point took part in national initiatives and research and were active in the learning disability sector. For example, the service had an awareness of current guidance. For example, Turning Point had signed up to a campaign called STOMP (Stop The Over Medication of People). This initiative had been developed to ensure that people's behaviour was not controlled by excessive or inappropriate medicines. The service had received a compliment in respect of effective partnership work with GP's to change a prescribed medication and the positive impact this had on the individual's behaviour. Turning Point was also working with the Voluntary Organisations Disability Group to tackle health inequalities for disabled people. A working group had been set up to make recommendations to improve the health and wellbeing of people with a learning disability.

Staff in the supported living service had a shared understanding of what they wanted to achieve as local

objectives had been developed which were linked to the wider organisational objectives. These objectives were reviewed on a monthly basis with managers in team meetings and in one to one supervision meetings to ensure these objectives remained 'live'. These included, taking forward and promoting Total Communication approaches with people and promoting the People's Parliament and supporting people to get involved and take part. We saw evidence of this with people developing links with their local community, gaining employment and take part in many activities they had chosen to have a fulfilled life.

Staff had been involved in developing the service and supported to understand the importance of questioning practice. This happened during their induction and training and on an ongoing basis during supervisions with their managers, monthly staff forums and team meetings. We saw issues discussed such as training, health and safety, accidents and incidents, housekeeping, duty rotas, activities, policies and safeguarding. A support worker said "It's a good time for us to catch up on things; we're getting better as a staff team."

The registered manager had a thorough overview of the quality of the service. This was enabled by high quality auditing of all areas of the service in order to identify where areas of improvement were required and to identify any potential risks that may affect quality of the service. The registered manager and supported living managers ensured a visible presence by visiting all of the supported living locations regularly to speak to people, observing support provided and completing audits in respect of the compliance and quality of support being provided. Managers undertook audits in each location on a monthly basis. They also visited locations they did not have line management responsibility for to provide opportunities for shared learning across the Oxfordshire service. Each quarter an unannounced out of hours spot check took place as a further way of evaluating the service at all times of the day and night. Team leaders worked a proportion of their time delivering support both to lead by example and coach and mentor their staff teams. The governance of the service was therefore fully effective and also overseen at a national level to assess the quality of the service.

People's finances were audited by the administrator of the service not delivering direct support. This provided an independent oversight to increase safety. The service was visited by the local authority 'Quality Checkers'. These were people using care and support services to report on how they viewed people's experiences with other services. An annual review was also undertaken by the local authority by the quality monitoring team. The most recent review was positive overall.

Families were kept updated. This was assisted by a newsletter. A friends and families survey was undertaken yearly to ask what was working well and what could be improved. Comments included, "Staff are wonderful, cannot fault the excellent care given, kept well informed, always made welcome, staff treat him with respect, kindness and encourage him to make choices". Communication was seen as an area to improve on and the service had acted to ensure families received both local and wider national information about the service.

The registered manager was keen to continuously learn, improve and innovate to sustain high standards of care. This was assisted by remaining up to date with any developments both locally and nationally. For example, the registered manager attended the Oxfordshire Association of Care Providers meetings, as a way of keeping informed and sharing best practice between provider organisations. Turning Point also held forums for all the registered managers working across the organisation to enable them to keep up to date with best practice and share learning across the wider organisation. Information was then cascaded to the Oxfordshire management team. Turning Point also had a health and safety forum which an Oxfordshire representative attended and the minutes of the meetings were shared with all the support teams in Oxfordshire. Turning Point had an involvement lead that supported the organisation to keep up to date with national best practice. The Oxfordshire local involvement lead worked closely with the national involvement

lead and therefore information was shared throughout the service.

In order to support joined up care, the service worked closely with external partners for example the Oxfordshire Safeguarding Adults Board, Social and Health Care professionals and Oxfordshire Contracts and Commissioning team. A compliment had been received from a social care professional in respect of the support the service had provided to ensure two people to move into their own flat and the partnership with the Extra Care Housing Scheme. The service took responsibility for sharing appropriate information and assessments with other relevant agencies to benefit people who used the service. For example, when a person moved into a nursing home due to their health needs increasing, a compliment had been received about the quality of information to ease the handover for this person.

The registered manager had a good understanding of the requirements of their registration with the Care Quality Commission. All necessary notifications had been made to the CQC and we saw that the duty of candour had been adhered to following any incidents. The registered manager was up to date with recent changes to the key lines of enquiry and staff had been made aware of these. Where necessary, the registered manager had undertaken investigations into incidents, accidents and complaints. The outcomes of these were shared both locally and across the organisation to both learn from and drive quality.