

Turning Point

Turning Point - Derby

Inspection report

Suite 2.1, Southgate Business Centre
Normanton Road
Derby
Derbyshire
DE23 6UQ

Tel: 01332394483

Website: www.turning-point.co.uk

Date of inspection visit:
24 November 2021
25 November 2021

Date of publication:
06 January 2022

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

Turning Point – Derby supports adults to live as independently as possible who have a learning disability and/or autistic spectrum disorder and whose behaviour may challenge. At the time of our inspection, 11 people were receiving personal care and lived in their own properties or supported living accommodation.

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

People were protected from avoidable harm by care staff who were safely recruited and had sufficient training. People's needs were assessed, and risks, including catching infections were managed safely. People received their medication safely by suitably trained staff. Audits ensured medication errors were quickly identified and rectified.

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. People were treated with dignity and respect. Staff spoke about people in a dignified way and knew their individual needs and preferences.

People received care that was kind, caring and compassionate. Staff promoted people's independence and maintained their privacy as much as possible.

When complaints were received, they were thoroughly investigated in a timely way by the provider. Actions were taken to resolve concerns. People had end of life care, staff and management had procedures in place to be able to support people with end of life care, including training and support from other professionals.

The registered manager and the management team understood their responsibilities in relation of their regulatory requirements. There was a honest and transparent culture and staff found the management reliable and supportive. Following incidents, lessons learnt were identified and shared to help make improvements. The provider was in a process of making good monitoring processes to continue to drive further improvements. The provider worked well with others involved in people's care to help ensure good outcomes for them. Peoples received individualised person-centred care.

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 12 April 2021) and there were breaches of Regulation 12 Safe care and treatment and Regulation 17 Good governance.

At this inspection found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings

at this inspection.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.
Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.
Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our safe findings below.

Turning Point - Derby

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 was undertaken by one inspector and an Expert of Experience made telephone calls to relatives to seek their feedback. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 of this information to plan our inspection.

During the inspection

On 24 and 25 November, we went to the Turning Point- Derby office. We spoke with the registered manager, locality manager, team leader and administrative assistant. We requested staff phone numbers were emailed to us. We then phoned three care staff to discuss their experiences of working for Turning Point- Derby. We reviewed a range of records. This included the relevant part of six people's care records. We looked at two staff files in relation to recruitment. We saw a variety of records relating to the management of the service, including policies and procedures, audits and staff training. On 25 November we phoned three relatives for their feedback about the service.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who regularly visit the service.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection we found the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements and was no longer in breach of Regulation 12.

- People's risk of experiencing avoidable harm was reduced by the risk assessments and risk management plans in place.
- People's records were accurate, up to date, securely stored and available to staff.
- The registered manager and team leaders assessed people's risks prior to providing a service. These were reviewed and updated as people's needs changed.
- Where people presented with risks associated with their health or behaviour staff had guidance in care records to support people safely.
- Staff supported people with referrals to ensure specific risks were assessed by specialist healthcare professionals. For example, we saw the provider worked with GPs, dieticians and physiotherapists to ensure holistic support for people.
- People's personal emergency evacuation plans (PEEPs) had guidance of individual support needs to ensure they can be evacuated safely in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

- Staff told us, and we saw a training matrix evidencing that staff received annual safeguarding training.
- The staff we spoke to were aware of the provider's safeguarding policy, understood how to recognise signs of abuse and knew how to report it.
- The registered manager understood their responsibility to notify the local authority safeguarding team and CQC of any allegations of abuse. We saw example of how two recent safeguarding incidents were recorded, investigated and reported correctly.
- The relatives we spoke to felt assured their loved ones received safe care from the provider.

Staffing and recruitment

- People were supported by staff who were assessed to be safe and suitable to deliver care and support.
- The provider used agency staff to cover staff shortages. Safety checks were in place to ensure the agency staff were suitable. The provider ensured the agency staff always worked alongside permanent and experienced members of staff.
- The provider's recruitment team checked applications, employment histories, criminal records, eligibility to work in the UK and confirmed the identities of applicants.

- Staffing was arranged in relation to the care hours people had been assessed to receive.
- Staff had completed training in relation to specific care needs of the people they support, such as diabetes awareness and epilepsy. Staff told us they were happy with the training provided.

Using medicines safely

- People received their medicines safely and in line with the prescriber's instructions.
- People's medicines were administered by staff who had received medicines training.
- We saw evidence and staff told us that the team leader completed checks to ensure staff were competent in administering medicines safely.
- Where people were prescribed 'when required' medicines (PRN) the details for administering them were explained to staff in "PRN protocols".

Preventing and controlling infection

- The provider ensured the staff had access to personal protective equipment (PPE) and were trained on how to use it effectively and safely. On the day of inspection, we saw the office staff took correct steps to prevent infection.
- The provider was accessing testing for staff.
- We were assured that the provider was promoting hygiene practices at people's homes. One member of staff told us, "We do a lot of cleaning. We clean and disinfect touchpoints every two hours, even during night shift".

Learning lessons when things go wrong

- The registered manager and leadership team reviewed information in relation to incidents when things had gone wrong to prevent them happening again.
- A staff member told us, "following a recent incident where money went missing, the management put measures in place, so it doesn't happen again. It was communicated to all staff in the meeting and in the handover book."
- Accidents and incidents were recorded and analysed. We saw evidence of incident analysis reports and examples of what actions were taken following incidents.

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 has now 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

- People's needs were assessed, and care plans were in place describing how people's needs should be met.
- People and their relatives participated in assessments, care planning and reviews of the care when possible.
- The registered manager and team leader undertook assessments and developed plans to meet assessed needs in line with published good practice guidance. This ensured quality of life was promoted.

Staff support: induction, training, skills and experience

- People were supported by staff who had received the training they needed to provide safe and effective care.
- We saw evidence of staff induction before starting to deliver care. Staff told us this included a period of shadowing more experienced support workers.
- Staff felt supported by the registered manager and team leaders. We saw records and staff said they had regular supervision sessions. The aim of supervision is to promote the wellbeing of adults and carers who are receiving support.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People who required support with eating and drinking had nutritional care plans in place. The care plans considered individual nutritional needs.
- The provider liaised with health care specialists when needed to ensure people are supported correctly to have a suitable diet. For example, the provider implemented and followed recommendations from Speech and Language Therapist for a person with dysphagia (swallowing difficulties).
- Where possible, people were involved in decisions about what they eat and drink. One staff told us, "For the people who have the capacity to tell us what they like, we offer choices of food and drinks. We encourage even simple decisions, for example would you like a hot or a cold drink?"
- Staff told us they would not hesitate to call for medical assistance if people needed it and provided examples of when this has happened.
- The registered manager told us about the support they receive from the district nursing team. When concerns were raised by the district nurses' team, the provider attempted to resolve the issue by arranging a multidisciplinary meeting.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager and the staff we spoke to understood the relevant consent and decision-making requirements of legislation and guidance. One staff told us, "The people I support have different level of understanding and some have the ability to make independent decisions. Everyone can make some choices every day, even if they are small for example what they want to watch on TV."
- People who lacked mental capacity to make a particular decision had mental capacity assessments and best interest decisions recorded in their care plans.
- For people who lacked mental capacity their relatives were involved in making decisions in their best interest. For example, we saw how people and relatives were involved in planning people's holidays and days out.

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 has now 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

- Relatives told us their loved ones were treated with dignity and respect. One relative told us, "My relative is none verbal, but [they] can still express if [they] are happy and [they] often warm towards some carers, particularly men and the company is aware of this and try to include more men in her care".
- The staff spoke about the people they support in a compassionate and respectful way, evidencing they knew their individual needs and backgrounds well.
- Staff sought accessible ways of communicating with people, for example we saw evidence of using pictorial prompts to help people to communicate.

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

- We saw evidence of how relatives were encouraged to be involved in their loved one's care. The provider supported one person with accessing an independent advocate.
- We saw staff rotas and schedules to ensure that staff have sufficient time to look after people in a compassionate way. Staff told us they had enough time to listen to people and support them in accordance with their individual needs and offer choices.

Respecting and promoting people's privacy, dignity and independence

- Staff gave examples how people's privacy and dignity was promoted, for example when delivering personal care. Care plans explained how staff should promote dignity and independence.
- When needed, referrals were made for specialist equipment to maintain people's independence.

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 outstanding. At this inspection this key question has now deteriorated to good.

This meant people's needs were met through good organisation and delivery.

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

- Care plans were person centred and detailed.
- Staff told us care plans were easy to follow and gave them confidence they were supporting people safely and in a way that met their personal preferences.
- One relative told us the provider accommodate their loved one's preferences in regard to gender of support staff.

Meeting people's communication needs

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

- People's communication needs were assessed and reviewed. The assessment included people's needs in relation to hearing and sight.
- The registered manager provided us with examples of how pictorial prompts were used to support communication.

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's social needs were assessed and documented.
- We saw examples of provider encouraging and supporting people with maintaining contact with their families, for example by using technology during the COVID-19 pandemic.
- Staff encouraged people's good rapport with the local community, for example local shops and pubs. People regularly attend the places they liked and were familiar with.

Improving care quality in response to complaints or concerns

- People and their relatives knew what to do if they were unhappy with the service.
- Overall, relatives were happy with how complaints were handled. However, one relative gave an example of how their complaint was not responded to in a timely manner. We discussed it with the registered manager who agreed to address it following the inspection.
- Relatives' and staff's feedback were recorded. This included people making suggestions for improvement or making requests. We saw an example of "You said, we did" board evidencing what actions were taken following the feedback received by the provider.

End of life care and support

- People had detailed and personalised end of life care plans in place. This included preferences and choices for their end of life care.

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 Inadequate. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to have effective oversight of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice which stated improvements in governance needed to be achieved by a set date. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Overall care plans were of good quality; however, we identified some further improvements were required. For example, more detail was needed in epilepsy and skin integrity care plans for people. We discussed it with the registered manager, and she amended it immediately.
- The registered manager was in the process of improving audit systems to make sure they accurately reflected any identified issues and the actions taken to address them.
- Registered manager was in post and received support from the locality manager. There was a clear management structure. The staff understood team leaders and registered manager's role.
- Registered manager and team leaders had a good understanding of the day-to-day culture in the service, including the attitudes, values and behaviour of staff. This was explored in staff meetings, supervisions and spot checks.
- The registered manager understood their regulatory requirements. They understood when to inform CQC of events that happened in the service as required by regulation.
- The staff and relatives spoke highly of the management. Staff told us the registered manager is fair and had confidence in bringing concerns to their attention.
- Provider initiated "employee of the month" award to recognise staff achievements and make the team feel valued.

Continuous learning and improving care

- The management improved the quality assurance processes; however, we identified some further changes were still required. For example, the oversight of repositioning charts.
- The staff were keen to improve the quality of care provided. They spoke of improvements made since the last inspection. For example, they were now completing records in a more thorough way.

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 duty of candour is a general duty to be open and transparent with people receiving care from the provider.
- Where incidents had occurred at the service, records showed us that the provider had informed people's relatives. A relative told us, "They responded to any concerns I had in the past and they were right on the ball to solve them".

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

- Staff told us, and we saw a record of regular team meetings and one to one supervision. The staff we spoke to found them helpful to discuss any changes and concerns.
- The provider initiated an annual anonymous survey to obtain employees views.
- The provider provided the relatives with opportunities to give feedback over the phone. The relative feedback was mostly positive which reflected the feedback we gathered during the inspection phone calls.

Working in partnership with others

- Staff worked in partnership with health and social professionals to provide people with the support they needed. For example, we saw evidence of liaising with dieticians, speech and language therapists, GPs and pharmacies.
- We spoke to social workers of people who use the service and we received positive feedback about communication and working in partnership to achieve the best outcomes for people.