

## Turning Point

# Turning Point - The Sanctuary


## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

The inspection took place on 25 and 28 September 2015. The Sanctuary was last inspected on 29 January 2014 and no concerns were identified.

The Sanctuary is a supported residential unit that provides short term respite care and support for seven people who have mental health issues. Referrals to The

Sanctuary are made through the Crisis Resolution Home Treatment Team (CRHT) for short term support from three days to three weeks. The provider is an organisation called Turning Point.

On the 25 September 2015, there were two people living in the service and on the second day, 28 September 2015, there were four people.

There was a registered manager in post. A registered manager is a person who has registered with the Care

# Summary of findings

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 spoke positively of The Sanctuary and commented they felt they were safe. One said, "Totally safe, a haven to me at this time, no pressures and really lovely staff."

Our own observations and the records we looked at reflected the positive comments people made. People had confidence in the staff to support them and we observed positive interactions throughout our inspection.

Risks to people's mental health and well-being were well managed. The initial assessment was undertaken by The Crisis Resolution Home Treatment teams (CRHT). The assessments included health risks, behaviours that challenge and mental health challenges. The files also highlighted health risks such as alcohol withdrawal. We saw that when people arrived an assessment of people's immediate needs was carried out in a 'welcome interview'. This ensured that people felt comfortable and the details held by the staff were correct.

People were safe. Medicines were managed safely in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately, including the administration of controlled drugs. The organisation has medicine administration policies specific to the meet the needs of the people they support.

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. One person told us, "I feel safe here. There is no pressure; the staff are there when we are ready to talk."

When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector. Staff were knowledgeable and trained in safeguarding and what action they should take if they suspected abuse was taking place. Staff retention was good and most staff we spoke with had worked at The Sanctuary for many years.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that the manager understood when an application should be made and how to submit one.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests.

Accidents and incidents were recorded appropriately and steps taken by the home to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

Staff had received essential training and there were opportunities for additional training specific to the needs of the service, such as restraint. Staff had received both one to one and group supervision meetings with their manager, and formal personal development plans, such as annual appraisals were in place.

People were encouraged to eat and drink well. Staff said, "We step in to assist if they seem to be struggling to cook and we will of course make sure they eat during their stay." People were advised on healthy eating if it was needed. Health care was accessible for people and staff supported people to make appointments as needed for medicine reviews and GP appointments during their stay.

People could choose how to spend their day and the lifestyle was flexible. One person said, "I can sit in the lounge or spend time in my room. They pop in to see if I am Ok and are just so supportive." Another person said, "I value time just to get my thoughts together, they never push me to talk."

People felt well looked after and supported, and were encouraged to be as independent as possible. We observed friendly and genuine relationships had developed between people and staff. One person told us, "They treat you well here." One person told us, "Been coming here a long time, they are fantastic and always there to support me."

People were encouraged to express their views and completed surveys, and feedback received showed

# Summary of findings

people were satisfied overall, and felt staff were friendly and helpful. People also said they felt listened to and any concerns or issues they raised were addressed. One person said, "If there is anything wrong, I tell the staff."

Staff were asked for their opinions on the service and whether they were happy in their work. Staff enjoyed their

work and felt that they were a family. They felt supported within their roles, describing an 'open door' management approach, where management were always available to discuss suggestions and address problems or concerns.

The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

# Summary of findings

## 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 Sanctuary was safe.

Staff had received training on safeguarding adults and were confident they could recognise abuse and knew how to report it. People were confident that they were safe and supported by the staff.

There were systems in place to make sure risks were assessed and measures put in place where possible to reduce or eliminate risks.

Comprehensive staff recruitment procedures were followed.

There were enough staff to meet people's individual needs. Staffing arrangements were flexible to provide additional cover when needed, for example during staff sickness or if people's mental health needs increased.

Medicines were stored and administered safely.

Good



### Is the service effective?

The Sanctuary was effective.

Mental Capacity Act 2005 (MCA) assessments were completed routinely as required and in line with legal requirements.

People were supported to manage their meals and to maintain a healthy diet during their stay.

People had access to health care professionals for regular check-ups as needed.

Staff had undertaken essential training and had formal personal development plans, such as one to one supervision.

Good



### Is the service caring?

The Sanctuary was caring.

Staff communicated clearly with people in a caring and supportive manner. Staff knew people well and had good relationships with them. People were treated with respect and dignity.

Each person's care plan was individualised. They included information about what was important to the individual and their preferences for staff support.

Staff interacted positively with people. Staff had built a good rapport with people and they responded well to this.

Good



### Is the service responsive?

The Sanctuary was responsive.

People had access to the complaints procedure. They were able to tell us who they would talk to if they had any worries or concerns.

People were involved in making decisions with support from their relatives or best interest meetings were organised for people who were not able to make informed choices.

Good



# Summary of findings

People received care which was personalised to reflect their needs, wishes and aspirations. Care records showed that a detailed assessment had taken place and that people were involved in their treatment.

The opportunity for social activity was respected.

## Is the service well-led?

The Sanctuary was well-led.

The registered manager took an active role within the running of the home and had good knowledge of the staff and the people who received their support. There were clear lines of responsibility and accountability within the management structure.

Quality assurance audits were undertaken to ensure the home delivered a good level of care and identified shortfalls had been addressed.

There were systems in place to capture the views of people and staff and it was evident that care was based on people's individual needs and wishes.

Incidents and accidents were documented and analysed. There were systems in place to ensure the risk of reoccurrence was minimised.

**Good**



# Turning Point - The Sanctuary

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 25 and 28 September 2015. This visit was unannounced and was conducted by one inspector.

Before our inspection we reviewed all the information we held about the service. We considered information which had been shared with us by the Local Authority and looked at safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We also contacted the Local Authority and Clinical Commissioning Group (CCG) to obtain their views about the care provided by the service.

CCGs are clinically led groups that include all of the GP groups in their geographical area. We also spoke with the Crisis Resolution Home Treatment teams (CRHT). CRHT refer people to The Sanctuary.

During the inspection, we spoke with four people who lived at the service, the registered manager and two care staff. We looked at all areas of the building, including people's bedrooms, the kitchen, bathrooms and the lounge and dining room.

We reviewed the records of the home, which included quality assurance audits, staff training schedules and policies and procedures. We looked at two care plans and the risk assessments included within these, along with other relevant documentation to support our findings. We also 'pathway tracked' people living at The Sanctuary. This means we followed a person's admission and the provision of treatment and support and obtained their views. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving support and care.

# Is the service safe?

## Our findings

People told us that they felt safe at The Sanctuary. One person told us, "I've been here before and its excellent here, I can just unwind and think calmly about things. I get the space I need." Another person said that, "I can just relax, I was in a turmoil but feel relaxed already. The staff are great, they don't pressure me to talk, they are there if I need them but I'm not forced to discuss my problems." We were also told, "I feel safe both with the building and the staff."

Risks to people's mental health and well-being were well managed. The initial assessment was undertaken by The Crisis Resolution Home Treatment teams (CRHT). The assessments included health risks, behaviours that challenge and mental health challenges. The files also highlighted health risks such as alcohol withdrawal. We saw that when people arrived an assessment of people's immediate needs was carried out in a 'welcome interview'. This ensured that people felt comfortable and the details held by the staff were correct. This also gave people the opportunity to discuss how they felt and if there was anything else staff needed to know. Due to the short stay of people which is from two days to three weeks, (less if the person chooses to leave early) we were told that the care documentation is kept simple with just the reasons for admission and presenting mental health history. Therefore there were no clear risk factors considered and documented, such as triggers and pressures that had been the reason for admission. This included anger issues, alcohol problems and self-harming. There were conditions that supported the admission, such as no alcohol to be consumed, but this was not fully documented within people's notes.

We discussed this in full with the manager who told us that the CRHT provided full risk and treatment plan documentation for each person that was shared with all staff on a daily basis. She told us that she would discuss these points with senior management and feedback.

Staff received training on safeguarding adults. All staff confirmed this and knew who to contact if they needed to report abuse. They gave us examples of poor or potentially abusive care they had seen and were able to talk about the steps they had taken to respond to it. Staff were confident

any abuse or poor care practice would be quickly spotted and addressed immediately by any of the staff team. Policies and procedures on safeguarding were available in the office for staff to refer to if they needed.

There were appropriate arrangements in place to ensure that people received their medication safely and in accordance with prescribed guidelines. Medication was safely stored in a locked cabinet in the office. We saw that the cabinet was well organised and clean with a separate compartment for each person. There were appropriate systems in place for the safe management of controlled medicines. The home's medication policy stated that the staff held people's medication for the first twenty four hours following their admission. This was to give time to risk assess if the person was safe to self-administer and ascertain if they wished to do so. This formed part of the licence agreement and people signed to say they would comply. We saw that medication was counted and signed for by two staff. Whilst people stayed at The Sanctuary people were supported with medicine reviews with their own doctors. Medication was again counted, recorded and signed for before the person went home. If extra medication was required before an individual could visit a doctor, the CRHT were contacted to offer advice and provide interim medication. We examined the medication administration charts (MAR) and saw that these were up to date with no gaps in staff signatures. Staff that supported people with their medicine had received the relevant training and samples of their signatures were recorded in the front of the administration file. There were enough staff on duty each day to support people and manage meetings with CRHT. During the day there were two staff members on duty and one staff member on at night. Due to a planned pilot of supporting people with a personality disorder the night staff numbers have been increased to two. This was welcomed by the people we spoke with. One person said "I'm really glad there will be two staff at night."

The rota showed where alternative cover arrangements had been made for staff absences. The manager told us staffing levels were regularly reviewed to ensure they were able to respond to any change of support needs. Staffing levels were sufficient to allow people to be supported when they needed it. Staff were relaxed and unrushed and allowed people to move at their own pace. We also saw staff checking people discretely when they had returned to their rooms during the day to ensure they were okay.

## Is the service safe?

Policies and procedures on all health and safety related topics were held in a file in the staff office and were easily accessible to all staff. Staff told us they knew where to find the policies. One staff member referred to the home's mental capacity policy that was recently updated to reflect the changes to the Mental Health Act.

Records showed that all appropriate equipment had been regularly serviced, checked and maintained. Hoists, fire safety equipment, water safety, electricity and electrical equipment were included within a routine schedule of checks.

During our visit we looked around the home and found all areas were safe and well maintained. People told us that

their room was kept clean and safe for them. One person said, "Someone comes and cleans my room." There were stair lifts lift between the ground and other floors, which enabled people to access all areas of the home. The stair lifts were serviced regularly.

People were protected, as far as possible, by a safe recruitment system. Staff told us they had an interview before they started work. The provider obtained references and carried out disclosure and barring service (DBS) checks. We checked three staff records and saw reference numbers for DBS checks were in place. that these were in place. Each file had a completed application form listing staffs previous work history and skills and qualifications.

# Is the service effective?

## Our findings

People we spoke with told us, “I feel very confident with the home’s staff.” Another person said, “The staff seem to know exactly what I need.” Staff told us training was plentiful and very good.

Staff undertake essential training provided by the organisation such as fire training, health and safety, safeguarding and infection control. We also saw that staff received training relevant to their roles. Training records included mental health awareness, dementia, personality disorders, equality and diversity, incident and accident reporting, confidentiality and data protection security. The manager told us that all staff were trained to the national vocational qualification (NVQ) at level three or above and were also qualified first aiders. This showed us that the staff team had the training required to support people. Training specific to individual needs was also carried out. A member of CRHT told us. “The staff team are pro-active and if they are not sure of something, they contact us. We are able to provide support and training if required. We are in close contact with the Sanctuary team. We visit daily and they know to pick up phone if they need to.” Staff received regular supervision and an annual appraisal. The company policy was for supervisions to be carried out every six weeks. We saw evidence of this within staff files. All staff were subject to a performance development programme that assessed their competencies and identified learning goals and outcomes. We saw that supervisions were used to monitor and assess staff practice. This supported staff to develop their knowledge. The manager said, “It’s important to develop all staff as it keeps them up to date and motivated.” Staff told us that they felt supported and

enjoyed the training they received. Comments included, “really interesting and the manager is with us on the floor to make sure we do things correctly.” We saw that regular staff meetings were held and minuted. There was also a half hour handover at the end of each shift that gave staff time to discuss individual issues and read daily notes together. This showed us that staff had current information that enabled them to provide safe and effective care to people and in accordance with their individual needs.

The staff we spoke with understood the principles of the Mental Capacity Act (MCA) and gave us examples of how they would follow appropriate procedures in practice. There were also procedures in place to access professional assistance, should an assessment of capacity be required. Staff were aware any decisions made for people who lacked capacity had to be in their best interests. We saw evidence in individual files that best interest meetings had been held.

CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). During the inspection, we saw evidence that staff received training and understood the processes involved should it become necessary for example, if a person’s condition became unstable or mentally unwell. We were also told an immediate referral would be made to CRHT and a hospital admission arranged.

The service does not provide a meal service but will support and supervise if required. There was a well equipped kitchen that was well maintained and clean. Staff have an emergency food supply to support people that had not had an opportunity to bring food with them.

# Is the service caring?

## Our findings

People were treated with kindness and compassion. People stated they were satisfied with the support they received. People were fond of the care staff. One person said, "I like the staff they are patient and very kind," another said, "They're all good and the staff here are understanding and non-judgemental." Our observations confirmed that staff were caring in their attitude to the people they supported.

We saw that people's individual preferences and differences were respected. We were able to look at all areas of the home, including people's own bedrooms. We saw rooms held items of possessions that the person had before they entered the home and there were personal mementoes and photographs on display. People were supported to treat the place as their own. One person told us, "It's comfortable and relaxing here."

We saw staff strove to provide support in a relaxed and friendly environment. We heard staff patiently explaining options to people and taking time to answer their questions and queries. We also heard laughter and good natured exchanges between staff and people throughout our inspection. One person said, "Most of the staff have a great sense of humour, and I think they are lovely."

People were consulted with and encouraged to make decisions about their care and treatment. When it was not appropriate to consult with someone or if the person refused to be involved, a best interest meeting would be held with the CHRT and GP.

Three people told us they felt listened to. Two people we spoke with wanted peace and quiet and a chance to reflect over things that had been happening. They told us staff respected this and didn't pressure them at all. They reported that the manager would always listen to their point of view and explain if things could not be done. The registered manager told us, "We support people to do what they want, it's their right." We saw staff ask and involve people in their treatment and in any decisions made about their stay.

Staff told us how they supported people to remain independent during their stay at The Sanctuary. They said, "A guest needs to do normal things during their stay, because they have to go back to their lives stronger and feeling able to cope with everyday pressures."

People told us staff respected their privacy and treated them with dignity and respect. One member of staff told us how they were mindful of people's privacy and dignity when they shared their experiences and the reasons. They described how the staff offered them privacy for private discussions and that they felt the staff understood the need for discretion and privacy.

People received support in a calm, kind and caring manner. Staff spent time with people who had decided to spend their time in their room. There was always a member of staff available for people to talk to. People told us that The Sanctuary was indeed a sanctuary for them. One person said it was a haven, somewhere to get their thoughts together and to be able to be away from the triggers that were causing them a crisis. They also said, "I can get the help and support I need to cope and I was just going to stay for two days but I realise I need to stay longer and I can get better with the support from the staff, they are great."

People's care plans contained personal information, which recorded details about them and their life. This information had been drawn together by the person, their family and CRHT. The registered manager told us, "We build everyday on the information we gather on admission, this gives us the understanding of people and the problems they face at this time in their lives."

Care records were stored securely in a lockable cupboard within a locked room. Confidential Information was kept secure and there were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality and had received training pertaining to this.

The registered manager told us, "There are no restrictions on visitors, but only if people want to receive them."

# Is the service responsive?

## Our findings

People told us that the service responded to their needs and concerns. Comments included, “I only have to mention a problem and they find a solution,” and “We can talk to staff at any time, about anything.”

The staff told us they encouraged people to maintain relationships with their friends and families. One person said, “I’m looking forward to my family coming to see me later this week, I hope they see I’m getting better, the staff have arranged it for me.”

Records showed comments, compliments and complaints were monitored and acted upon. Complaints had been handled and responded to appropriately and any changes and learning were recorded. The procedure for raising and investigating complaints was available for people. One person told us, “If I was unhappy I would talk to the management, they are all wonderful”. One senior care staff member said, “People are given information about how to complain. It’s important that you reassure people, so that they are comfortable about saying things. We have an open door policy as well which means people can just pop in.”

‘Service user’ satisfaction surveys ‘were handed to people when they were discharged. We saw that the majority of

people took time to complete the survey. Results of people’s feedback was used to make changes and improve the service, for example changes to décor and the garden. Resident meetings were not held formally as people were encouraged to share feedback on a daily basis. One person said, “I tell them as it is, they don’t mind.”

People received care which was personalised to reflect their immediate needs, wishes and aspirations. Care records showed that a detailed assessment had taken place before they arrived at the sanctuary and that people were involved as much as possible in the initial drawing up of their care plan. They provided information for staff on the reasons for the need for admission and a plan of how to offer the support. For example, emotional support and abstinence from alcohol. Staff had attended courses on person centred care and the manager said she was including care planning in supervision sessions.

Care plans were reviewed daily as the crisis management was monitored by the CRHT staff to ascertain whether further support was needed or a longer stay. One person told us, “I have been told I can stay until I feel ready to go home.” Daily records provided detailed information for each person, staff could see at a glance, for example how people were feeling and what was a challenge to the individual on a daily basis.

# Is the service well-led?

## Our findings

People described the staff of the home to be approachable, open and supportive. When asked about the atmosphere in the home, they said, “Yes, I think it’s good” and “It’s an A1 atmosphere. There’s a very nice manager.”

Effective management and leadership was demonstrated in the home. The registered manager was keen and passionate about the home and the people who lived there. She told us that the philosophy and culture of the service was to provide a serene and safe environment to allow people to recover. She also told us “It’s important that we make it comfortable, homely and safe. We provide people with support and a home from home environment to maintain their independence and keep them focused on going back to their everyday day life.”

Everyone knew the registered manager and referred to her when describing their experiences of life at The Sanctuary. One person said “The manager always pops in to see me, very knowledgeable and honest, is always here.”

The registered manager took an active role with the running of the home and had good knowledge of the staff and the people who received support. . There were clear lines of responsibility and accountability within the management structure. The service had notified us of all significant events which had occurred in line with their legal obligations.

The registered manager told us one of their core values was to have an open and transparent service. The provider sought feedback from people and those who mattered to them in order to enhance their service. For example, people had provided ideas when they left The Sanctuary about the garden and facilities and the organisation had responded by putting these in to place. One person told us they felt their views had been respected and had noted positive changes based on their suggestions.

Staff meetings were held regularly to provide a forum for open communication. Staff told us they were encouraged and supported to bring up new ideas and suggestions. If suggestions made could not be implemented, staff

confirmed constructive feedback was provided. For example, one staff member told us they had brought up suggestions for additional training and this had been provided.

Information following investigations into accidents and incidents were used to aid learning and drive quality across the service. Daily handovers, supervisions and meetings were used to reflect on standard practice and challenge where necessary current procedures. For example, one agreed action was the staffing increase at night to support the new pilot scheme of supporting people with a diagnosis of personality disorder. We were told, “We need that second staff member and that was immediately agreed.”

The manager worked with staff to provide a good service. We were told, “She leads by example and works alongside us.” Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a good standard of care. Comments included; “Love it here, everybody gets on and we work as a team, we are like a family,” and “I was made welcome when I first came here to work, it’s a rewarding job , we see people get better and take control of their lives. Some of us have been here for years that’s how much we like working here.”

Staff told us the people were important and they took their responsibility of caring very seriously. They had developed a culture within the service of a desire for all staff at all levels to continually improve. For example they were offered staff training opportunities in areas such as medicine training and diploma in health and social care.

There was a quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that quality of care was not compromised. Where recommendations to improve practice had been suggested, they had been actioned. Such as six month organisational probation, supervision and support for new staff.