Turning Point

Franklin Avenue

Inspection report

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Date of inspection visit:
14 December 2017

Date of publication:
05 February 2018

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

Franklin Avenue is a residential care home for six adults who have a learning disability or autistic spectrum disorder. The accommodation is single storey and is accessible for people who may also have a physical disability. There were six people living at the home during this inspection.

At the last inspection in November 2015, the home was rated Good. During this inspection, which took place on 14 December 2017, we found the home remained Good.

Why the home is still rated Good:

People were protected from abuse and avoidable harm. Staff had been trained to recognise signs of potential abuse and knew how to keep people safe. Processes were also in place to ensure risks to people were managed safely.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. The provider carried out checks on new staff to make sure they were suitable and safe to work at the home.

People received their medicines when they needed them. Systems were in place to ensure people were protected by the prevention and control of infection.

There was evidence that the home responded in an open and transparent way when things went wrong, so that lessons could be learnt and improvements made.

People received care and support that promoted a good quality of life and was delivered in line with current legislation and standards. Staff received training to ensure they had the right skills, knowledge and experience to meet people's needs.

People were supported to have enough food and drink to maintain a balanced diet. Risks to people with complex eating and drinking needs were being managed appropriately.

Staff worked with other external teams and services to ensure people received effective care, support and treatment. People had access to healthcare services, and received appropriate support with their on-going healthcare needs.

The building provided people with sufficient accessible space and modified equipment to meet their needs.

The home acted in line with legislation and guidance regarding seeking people's consent. People were supported to make their own decisions as far as possible.

Staff provided care and support in a kind and compassionate way. People were encouraged to make decisions about their daily routines. Arrangements were in place to ensure appropriate independent support was provided for more complex decisions.

People's privacy, dignity, and independence was respected and promoted.

People received personalised care and they were given regular opportunities to participate in meaningful activities, both in and out of the home.

Arrangements were in place for people to raise any concerns or complaints they might have about the home. These were responded to in a positive way, in order to improve the quality of service provided.

Despite the fact no one living at the home was in receipt of end of life care, there were plans to ensure staff understood people's individual preferences and wishes. So if the need arose, staff would be prepared and able to carry out those wishes.

There was strong leadership at the home which resulted in people receiving high quality and person centred care. The registered manager ensured that staff understood their legal responsibilities and accountability. This approach had created a positive culture that was open, inclusive and empowering for the people living there. People were actively involved in how the home was run and staff adapted processes to ensure this was done in a meaningful way.

Systems were in place to monitor the quality of the service provided and to drive continuous improvement. The registered manager worked in partnership with key organisations and agencies for the benefit of people living at the home.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service has improved to Good	Good
Is the service effective? The service remains Good	Good
Is the service caring? The service remains Good	Good
Is the service responsive? The service remains Good	Good
Is the service well-led? The service remains Good	Good

Franklin Avenue

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 was planned to check whether the provider was 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 comprehensive inspection was unannounced and was carried out on 14 December 2017 by one inspector.

Before the inspection we checked the information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us by law.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also asked for feedback from the local authority who have a quality monitoring and commissioning role with the home. No concerns were raised.

During the inspection we used different methods to help us understand the experiences of people living at the home, because some people had complex needs which meant they were not able to communicate with us using words. We learnt from speaking with staff and looking at records that people were dependent on staff to support them in all areas of their lives.

We spoke with or observed the care and support being provided to all six people living at the home during key points of the day, including lunch and tea time and when medicines were being administered. We also spoke with the registered manager, three support workers and a relative.

We then looked at various records, including some care records, for five people, as well as other records relating to the running of the home. These included staff records, medicine records, audits and meeting minutes; so that we could corroborate our findings and ensure the care and support being provided to

people was appropriate for them.

Good

Is the service safe?

Our findings

Systems were in place to safeguard people from abuse. Although people were unable to tell us if they felt safe because of their complex needs, our observations found they were comfortable in the presence of staff and showed no signs of distress when approached by them. A relative stated that people were safe because staff were suitably trained and the home operated in an open and transparent way when incidents happened.

Staff had been trained to recognise signs of potential abuse, and they understood their responsibilities in regards to keeping people safe. The home had developed some clear guidance for staff to be able to pick out the key points of the local multi-agency safeguarding protocol; making it easy for them to understand who to contact and how to do this in the event of potential abuse taking place. Records confirmed that the home had followed the local safeguarding protocol, when required.

Risks to people were assessed and managed safely. Staff spoke to us about how risks to people were assessed to ensure their safety and protect them from harm. They described the processes used to manage people's identifiable risks such as seizures or choking. This information had been recorded in people's care plans, providing a clear record of how the risks to individuals were being managed in order to keep them safe. For example, personalised guidelines had been developed for one person detailing how staff should support them with eating and drinking; to minimise the risk of choking. We observed these guidelines being followed by staff during the inspection.

Systems were in place to ensure the premises and equipment was managed in a way that ensured the safety of people, staff and visitors. We saw that checks of the building were carried out routinely, and servicing of equipment and utilities had also taken place on a regular basis to ensure people's safety.

People were safe and had their needs met because there were sufficient numbers of staff. The registered manager told us staffing levels were planned to meet the assessed needs of people. Our own observations showed this to be the case, with people's requests for help and support being met in a timely manner. For example, at meal times there were enough staff to ensure everyone needing assistance ate at the same time and did not have to wait. Rotas showed that the home was using bank and agency staff to cover a small number of vacant positions. The registered manager confirmed that they requested the same members of staff from the agency, to ensure people had consistency of care and support. They also told us they had recently recruited new staff for the home, who were in the process of undergoing their pre-employment checks.

The registered manager outlined the processes in place to ensure that safe recruitment practices were being followed; to confirm new staff were suitable to work with people using the home. We were told that new staff did not take up employment until the appropriate checks were in place. Such as: proof of identity, references and a satisfactory Disclosure and Barring Home (DBS) certificate had been obtained. We looked at a sample of staff files, including agency staff, and found that the required checks had been carried out. We saw too that new systems were being implemented to strengthen the existing recruitment processes.

Systems were in place to ensure the proper and safe use of medicines. Medicine administration records (MAR) provided evidence of this and recorded when medicines, including PRN (as required medicines) had been administered. The registered manager showed us that recent improvements had been made regarding the level of detail recorded by staff when PRN medicines were administered. This would assist in identifying potential patterns or changes in someone's health care needs.

Staff confirmed they had received training to be able to administer medicines and training records supported this. They demonstrated a good awareness of safe processes in terms of medicine administration and understood the purpose of the medicines they were administering and what to do in the event of an error. It was clear they knew how people preferred to receive their medicines and they waited for their consent through gestures and positive facial expressions, before administering. The registered manager confirmed that no medicines were given covertly.

We saw a recent pharmacy audit that had awarded the home 'full marks' due to the way medicines were managed. Other records showed that people's medicines were reviewed at appropriate intervals, to ensure they were only taking what was necessary to maintain their health and wellbeing.

People were protected by the prevention and control of infection. Care staff told us they were responsible for cleaning, and they divided tasks amongst themselves each shift. We observed the home to be clean and free from offensive odours.

We were shown audits that had been carried out by senior staff on a regular basis, meaning that cleanliness at the home was being checked routinely. We did note that some of the communal flooring was heavily stained, but staff and records confirmed that plans were already underway to replace this flooring in the near future.

Lessons were learned and improvements made when things went wrong. We spoke with the registered manager about two incidents that had brought about changes at the home, including a medicine error. Records showed that these had been discussed with staff and appropriate steps taken to minimise the risk of this error happening again in the future. A relative confirmed they had been kept informed regarding one of the incidents which had affected them. They told us they felt confident in the open way this had been managed. They also confirmed that action had been taken by the registered manager in response.

Good

Is the service effective?

Our findings

People experienced a good quality of life because the care and support they received was based on their individual assessed needs. This support was delivered in line with current legislation and standards. The registered manager showed us that systems were in place to ensure care and support was regularly checked by the management team, to ensure consistency of practice.

Other records showed that people's care and support was regularly reviewed and updated, with appropriate referrals made to external services, to ensure their needs were met. For example, the registered manager showed us an electronic communications aid for one person that staff were currently not aware how to use. They told us that they had requested help from the local speech and language therapy team, to support the team in understanding how best to use the aid, to promote the person's independence through improved communication.

Staff had the right skills and knowledge to deliver effective care and support. A relative confirmed that staff were experienced and knew how best to meet people's needs. The registered manager talked to us about the home's approach to staff training. Training records were being maintained to enable them to review completed staff training and to see when updates or refresher training was due. These confirmed that staff had received recent training that was relevant to their roles covering areas such as safeguarding, fire safety, epilepsy, fluid and nutrition awareness, moving and handling, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We observed staff using their training effectively in the way they provided care and support to people throughout the inspection.

Induction booklets had been developed for new staff which covered the Care Certificate - a nationally recognised induction programme, which outlines what good quality care looks like. These included competency checks; to assess each new staff member's understanding and knowledge. Other records showed that a separate induction pack had been developed for agency staff too.

Staff confirmed that meetings were held to enable the team to meet as a group, and to discuss good practice and potential areas for development. Records supported this and also showed that staff had received individual supervision; providing them with additional support in carrying out their roles and responsibilities. One staff member told us they received good support from line managers and from the out of hours on call service too.

People were supported to eat and drink enough to maintain a balanced diet. Staff demonstrated that they understood how to support people with complex needs in terms of eating and drinking. They were knowledgeable about how to support people who had been identified as being at risk of choking or from not eating and drinking enough. We saw that they used soft or chopped food or thickened drinks, to aid swallowing. One person was not feeling well, so staff offered a number of alternatives to try to entice them to eat and regain their health. We saw that this approach paid off later in the day. Other people were provided with a choice of meals too, and it was clear from speaking with staff that they were knowledgeable about people's food preferences.

People appeared to enjoy their meals as they were seen to eat well. Staff assisted people, when required, to eat in a discreet and relaxed way. One person was dependent on a feeding tube and there were clear guidelines in place to support staff in managing this. We noted at tea time that the person was still included as part of the social experience of the meal, by sitting with the other people living at the home. Their facial expressions indicated that they were happy with this arrangement.

The registered manager confirmed that the home had developed positive working relationships with external services and organisations in order to deliver effective care, support and treatment to people. We observed this to be the case when we heard a series of telephone conversations between the registered manager and the local pharmacy. We noted how quickly the pharmacy responded to a request from the registered manager to improve the existing medicine administration records, used by the home.

People were supported to have access to healthcare services and receive ongoing healthcare support. The registered manager told us that people living at the home had complex needs, which required regular access to a variety of medical and healthcare professionals. We saw that each person had their own health plan; to aid staff in supporting them to meet people's health needs. The records contained clear information about people's healthcare needs, and demonstrated that they had regular access to healthcare professionals, who supported them in monitoring and managing long term health conditions.

Within the home, we saw that staff supported people to maintain their health and mobility through daily exercise programmes, and to monitor their health through regular weight checks.

Other records showed that individual hospital passports had been developed for each person. This would provide important information for hospital staff about each person's needs, in the event of them needing to go to hospital.

People's needs were being met by the adaptation, design and decoration of the premises. All the people living at the home used a wheelchair to mobilise. We saw that they had sufficient space to access communal and individual areas within the building. Staff also showed us that modifications had been made to provide equipment such as overhead tracking and an adapted bath; to meet people's specific needs and promote their independence as far as possible.

This demonstrated that the registered manager and provider home worked in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion; enabling people with learning disabilities and autism to live as ordinary a life as any citizen.

We saw too that people's bedrooms had been decorated and personalised to reflect their individuality and preferences. One person confirmed they had chosen the colour of their room; they were clear that this was their favourite colour.

Consent to care and treatment was sought in line with legislation 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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the home was working within the principles of the MCA. We found that systems were in place to assess peoples' capacity to make decisions about their care, and DoLS applications had been completed where appropriate.

The registered manager understood their responsibilities regarding the requirements of the MCA and told us that if someone using the home lacked capacity, then a best interest decision would be made to seek appropriate support or care for that person. We found evidence to show that people's capacity had been assessed and that best interest decisions were routinely made for a variety of reasons. This included people's finances and staying safe in the community and at home. The registered manager told us that further work was planned to ensure best interest decisions were extended to include people contributing to staff costs during outings and shared costs such as transport and entertainment provided at the home.

Staff were consistently seen encouraging people to make their own decisions and seeking their consent before providing care and support.

Good

Is the service caring?

Our findings

People were treated with kindness, respect and compassion. Although people were unable to tell us if staff treated them well, we observed positive interactions throughout the inspection. Staff were attentive and inclusive, and people appeared comfortable in their presence. It was clear that people felt at ease with the staff and they expressed their happiness and contentment in a variety of ways such as laughing and smiling. A relative confirmed that the staff team was caring and provided personalised care.

Staff showed concern for people's wellbeing and took practical action in a timely way to relieve their distress. We observed this when one person's DVD player did not work and staff supported them to find an alternative solution with their tablet computer. It was evident from the person's reaction and laughter that they appreciated being able to view their chosen programme.

We saw individual 'come and meet me' profiles on display, supported by photographs, for each person. These contained positive statements relating to what was important to them and what people might admire about them. This would be useful information for visitors and new staff in order to be able to communicate with people in a meaningful way, and to understand some of their key support and communication needs.

Staff supported people to find accessible ways for them to communicate. Communication passports were in place for each person; providing person centred information to help staff to support those people who could not easily speak for themselves. In addition, the registered manager showed us a 'talking key ring' that was being developed for one person, to provide an alternative way for them to communicate. We saw that the person was able to sort through picture cards and identify a specific card. So by using the same approach, staff had created new cards containing specific objects of reference and interest for them.

People were continually supported to express their views and to be actively involved in making decisions about their care and daily routines. Staff were heard offering people choices throughout the day, and trying to involve them in making decisions as far as possible, such as what they ate and how they spent their time. People were not rushed and were given time to respond. It was clear from the calm atmosphere at the home that people felt relaxed and happy with this approach. The registered manager told us that people received significant additional independent support and advice through their families or external advocacy services, who acted in their best interests to help with making more complex decisions.

People's privacy, dignity and independence was respected and promoted. Staff supported people to maintain their appearance and to feel good about themselves. We heard a member of staff for example complimenting someone by saying; "You're gorgeous", and the person was seen smiling in response. At meal times, staff were quick to provide appropriate help to protect people's clothing and to maintain their hygiene and dignity.

People were encouraged to retain their independence and control as far as possible. We observed staff supporting people in a patient and supportive manner, enabling them to complete tasks for themselves as far as possible. For example, at meal times people who needed it were provided with individualised

equipment such as plates with a scooped edge; which allowed them to eat their meal with minimal assistance from staff.

People were supported to maintain important relationships with those close to them. A relative confirmed that they regularly dropped in unannounced to visit, and felt comfortable to do so. The registered manager told us some people had their own tablet computer, so the home had recently provided access to the Internet; to enable them to stay in touch with friends and relatives who may not live close by. It was clear from conversations we heard that the home had developed positive working relationships with people's families and friends.

Throughout the inspection staff shared information about people with sensitivity and discretion, ensuring that at all times; their right to confidentiality was upheld.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People or those acting on their behalf, were encouraged to contribute to the assessment and planning of their care through face to face meetings, telephone calls and written information. This information was used to support staff in developing care plans that reflected how people wanted to receive their care and support.

Care plans we looked at were personalised and set out how each person should receive their care and support, in order to meet their individual assessed needs and personal preferences. Plans detailed what each person could already do for themselves and the extra support they needed. People's needs were routinely reviewed. This was to ensure the care and support being provided was still appropriate for them and that their needs had not changed.

Photographs demonstrated how staff provided personalised care and helped people to manage situations that were out of the ordinary, such as hospital admissions. Staff talked to us about one person who had needed to go into hospital. We saw photographs of the person smiling and looking happy as staff improvised with hospital equipment to create a 'balloon' and a musical instrument, in order to entertain and relax them. A relative of the person had written to thank staff afterwards for their support for the duration of the person's stay.

We checked to see how people were supported to follow their interests and take part in social activities. It was evident that they were supported to have active and varied lives, based on their individual needs and preferences. This included regular access to activities such as holidays, external day services and clubs, watching DVDs, listening to music, complementary therapies and social outings. We saw more photographs that showed people visiting a national radio station, which had been arranged due to their love of music. Whilst another person had visited a book shop, because they enjoyed looking at magazines and books. Other people were seen enjoying a bike ride through the use of adapted bicycles, making pizzas and using the onsite sensory room. It was clear from people's expressions in the photographs that they had enjoyed participating in these activities.

Staff and a relative told us that people were supported to challenge themselves in order to experience new activities. This included abseiling, or to learn new skills such as vacuuming. The aim was to support people to have an equal access to opportunities and experiences that might otherwise be viewed as difficult for people living with a physical disability. The relative joked about how they preferred to know about the more 'dangerous' activities after the event. It was clear however, that they were supportive of the opportunities and experiences that were being provided by the home and that people's physical disabilities were not seen as a barrier. We saw from other records that people were recognised for their achievements in these areas too.

People's concerns and complaints were responded to. We saw that information had been developed to explain to people how to raise concerns or make a complaint, if they needed to do so.

A relative confirmed they felt comfortable raising queries or concerns with the registered manager. They talked about a particular incident, which they stated had been well managed. They explained that changes had been made in response, in order to minimise the risk of a similar occurrence in the future. This showed that systems were in place to ensure people were listened to and for lessons to be learnt from their experiences, concerns and complaints; in order to improve the service.

Arrangements were being made to equip staff with the right knowledge to be able to support people at the end of their life to have a comfortable, dignified and pain free death. The registered manager confirmed that no one living at the home was receiving end of life care. However, they showed us new end of life care plans that they planned to complete with people, their relatives and advocates, in order to establish their wishes and preferences should the need arise in the future.

Good

Is the service well-led?

Our findings

Findings from this inspection have shown that the home has managed to sustain a positive culture that was person centred, open, inclusive, and which achieves good outcomes for people.

Since our last inspection in 2015, there had been a change of registered manager. A registered manager is someone who is registered with the Care Quality Commission. 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 a service is run.

People and staff knew who the new registered manager was and told us that they were supportive and approachable. A relative spoke very positively about the registered manager. It was clear they had confidence in the open and transparent way they managed the home.

We found the registered manager to be open and knowledgeable about the home and the needs of the people living there. They were organised and clear about their responsibilities in terms of quality performance, risks and regulatory requirements. For example, the registered manager was able to provide evidence for the small number of areas we identified for improvement and show that they had already taken action to address these. The registered manager confirmed that they received good support from their line manager and peers, through networking and buddy systems, in order to carry out their role.

Systems were in place to ensure legally notifiable incidents were reported to us, the Care Quality Commission (CQC), in a timely way and records showed that this was happening as required.

We saw useful guidance on display about safeguarding, whistleblowing and deprivation of liberty safeguards (DoLS). The registered manager had also developed information to support staff in understanding the framework used by the Care Quality Commission when we inspect services. This demonstrated an open and transparent approach in terms of how information was provided to and communicated with people.

The registered manager talked to us about how they ensured staff were supported, respected and valued. They explained that good practice was recognised through appreciation letters and gift vouchers. We read letters that had been given to staff who had shown themselves to be hard working and dedicated to the home, or who had acted as a good role model to others.

We noted from staff supervision records that the aims and values of the home had been discussed with staff. We also saw staff had signed the organisation's 'involvement charter' to show their understanding and commitment to working to this. The charter covered decision making, communication, staff, inclusion, dreams and aspirations.

Staff we spoke with were confident and motivated. They were clear about their roles and responsibilities. We observed how they interacted with people and one another and found they worked collaboratively, in a

caring, respectful and positive way.

People, their relatives, advocates and staff were actively involved in developing the home. We saw photographs of people and staff together, distributing recruitment flyers for potential new staff in the local community. In addition, we saw more photographs on display of people living at the home, who had been appointed 'champions' for different tasks that contributed to the daily running of the home such as: ordering the weekly food shopping, checking fire safety equipment and feeding the house pets (fish). We spoke with the person responsible for checking the fire equipment and it was clear from their reaction that they were regularly involved in this meaningful task. We also saw that it would be difficult for the person to sign off the process each time using a pen and paper, so staff had adapted this to enable the person to 'sign', by using an ink pad and a finger print instead. Other records showed that the same person had also attended some staff training and been awarded a certificate in recognition.

During the inspection we saw other people getting involved with the laundry and checking finances; to ensure they were correct. Later, people who were at home were supported to come to the kitchen whilst staff organised lunch, so that they could participate in the sensory experience of seeing and smelling the meal as it was prepared. It was clear from our observations that this approach was embedded in daily life at the home, and people were relaxed and appeared happy to be involved in this way.

We saw a 'You said, we did' notice on display which recorded people's wishes and preferences for example, in terms of activities they wanted to attend or fabrics and furnishings they had chosen for the home. The registered manager explained that this feedback came from a number of different sources such as satisfaction surveys and meetings. We saw evidence that people had been listened to as holidays had been arranged, new menu plans and bean bags had been provided, and further plans were in place for new flooring to be laid; based on people's choices.

Arrangements were in place so the registered manager and staff team could continuously learn, improve, innovate and ensure sustainability. The registered manager told us about the quality monitoring systems in place to check the home was providing safe, good quality care. We saw lots of evidence of regular and comprehensive audits taking place at both home and provider level covering areas such as staff files, infection control, health and safety, care records and medicines, with actions required being clearly recorded and followed up to check progress. This showed that systems were in place to monitor the quality of service provision in order to drive continuous improvement.

The registered manager told us, and records confirmed, that the home worked in partnership with other key agencies and organisation such as the local authority safeguarding team and multidisciplinary teams to support care provision, service development and joined-up care in an open and positive way. Where required, staff also shared information with relevant people and agencies for the benefit of the people living there.