

Turning Point

Turning Point - Follybridge House

Inspection report

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Date of inspection visit:
26 May 2016

Date of publication:
30 June 2016

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

The Inspection took place on 26 and 28 May 2016 and was unannounced.

Turning Point – Follybridge House provides accommodation and personal care for up to six people. The service supports people of a variety of ages, who have learning disabilities. At the time of inspection, five people were living at the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe. Staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse.

People had risk assessments in place to enable them to be as independent as they could be.

There were sufficient numbers of staff available to meet people's care and support needs

Effective recruitment processes were in place and followed by the service.

Medicines were stored, handled and administered safely within the service.

Staff members all had induction training when joining the service, as well as regular ongoing training.

Staff were well supported by the manager and had regular one to one time.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met.

People were able to choose the food and drink they had and staff were able to support people with this.

People were supported to access health appointments when necessary.

The staff supported people in a caring manner. They knew the people they were supporting well.

Where possible, people were involved in their own care planning and were able to contribute to the way in which they were supported.

People's privacy and dignity was maintained at all times.

People were supported to take part in a range of activities and social interests.

The service had a complaints procedure in place and people knew how to use it.

Quality monitoring systems and processes were used effectively to drive future improvement and identify where action needed to be taken.

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.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

Is the service effective?

Good ●

The service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

Staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS.)

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals to ensure they received effective care or treatment.

Is the service caring?

Good ●

The service was caring.

People were able to make decisions about their daily activities.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good ●

The service was responsive.

Care and support plans were personalised and reflected people's individual requirements.

People were involved in decisions regarding their care and support needs.

There was a complaints system in place. People were aware of this.

Is the service well-led?

Good ●

The service was well led.

People and their relatives knew the registered manager and were able to see them when required.

People and their relatives were asked for, and gave feedback. Plans were in place to respond to this feedback.

Quality monitoring systems were in place and were effective.

Turning Point - Follybridge House

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 and 28 May 2016 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection 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 checked the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We asked for feedback from the local authority who has a quality monitoring and commissioning role with the service.

During our inspection, we made observations on how well the staff interacted with the people who use the service.

All five of the people living at the service were non-verbal and therefore unable to answer direct questions. We spoke with three family members, three staff members, a senior quality advisor, the regional manager and the registered manager.

We reviewed five people's care records, medication records, four staff files, and other documents including quality audits.

Is the service safe?

Our findings

People were safe within the service. One relative told us, "Yes I feel that [person's name] is very safe and well looked after within the service. The staff understand all of the residents needs and keep them safe." All the relatives of people we spoke with made similar comments.

The staff we spoke with all had a good understanding of the signs of abuse and how to report it. One staff member said, "We are all trained in safeguarding and reporting procedures. We can speak with our manager or higher if needed." Another staff member told us, "Our residents are non-verbal, but we understand each individual's way of communicating so we would know if something was wrong with them or if they were upset." Staff told us that the manager would act appropriately to address any issues they identified. We found that the service had policies and procedure in place to protect people from harm or abuse and the staff worked in line with these procedures. We saw that staff had received training in safeguarding vulnerable adults and that information about reporting safeguarding concerns and whistleblowing was displayed on the wall for staff to see.

People had detailed risk management plans in place to promote and protect their safety. The relatives that we spoke with were happy that the risk assessments were appropriate for the individual and kept people safe whilst also promoting their independence by taking positive risks. One relative said, "The documentation is very good, it represents the best and safest way to keep [person's name] from harm." We found that the staff members we spoke with all had an excellent knowledge of each person's risks and how to support them safely. We saw that risk assessments clearly described areas of risk, with actions for staff to take. All the assessments we viewed were checked and updated regularly as required.

There were enough staff on duty within the service. Relatives we spoke with commented that whenever they visited, there were plenty of staff around to chat to and support the individuals within the service. A staff member said, "We have recently recruited new staff, so there are plenty of us around." On the day of inspection we saw that a sufficient number of staff were present to support people, and that the documented ratio of staff required to meet needs, matched the staffing on site. We saw rotas which confirmed that the staffing levels were consistent.

Staff told us that the recruitment processes they went through included a Disclosure and Barring Service check (DBS) and two references were sought. One staff member said, "We had to complete the security checks and have references sorted before starting." The manager confirmed that no new staff member could start working until the checks had been completed. We looked at staff files and found evidence that DBS checks, references, and identification checks had been completed.

People were supported to take their medicines safely. We looked at Medication Administration Record (MAR) charts and noted that they had been filled in correctly. We saw that people had locked cabinets within their rooms that were being used to store medication, and systems were in place to monitor stock and storage temperature, as well as disposing of any medication. We saw that people had guidelines within care plans around the administration of medication. Training records showed us that staff had undertaken

medication training. All the medication and systems around it were regularly audited to make sure accuracy was maintained.

Is the service effective?

Our findings

Staff had received the appropriate training to meet people's needs. A relative told us, "I think the staff do a great job. They are very good at supporting the people in the service. They have taken the time to get to know everybody and understand them." Our observations confirmed that staff used their knowledge to deliver care appropriately. We saw staff were able to understand and recognise gestures and body language in order to maximise communication with non-verbal individuals. This information was also recorded in detail within people's care plans.

All staff had received an induction before starting work within the service. One staff member said, "I had to cover all the mandatory training like safeguarding and health and safety, as well as read everyone's files. I was then able to be put on shift as an extra member of staff, which enabled me to observe and shadow other staff with more experience than me." The staff we spoke with thought that their induction was a useful process and helped them learn how to work with individuals. The registered manager told us, "Staff also complete an induction booklet based on care standards which supports their learning. I also ask staff to come in and meet people and have a look around. This enables our residents to get used to new faces before the staff member's shifts actually start." Staff we spoke with confirmed that this had taken place, and we saw that information around the staff training on induction was recorded within their files.

Staff told us they received support from the registered manager which included regular supervision and an annual appraisal. This enabled them to discuss their roles and any support or training they required to enhance their development. One staff member told us, "I value the opportunity to discuss how I am getting on within my role."

There were training records in place which showed that staff had been provided with training in a range of subjects such as, medication awareness, fire awareness, safeguarding, privacy and dignity, Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS). All training was up to date and monitored to ensure that people were booked on to refresher courses when required. We saw certificates that staff had obtained on completion of training.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the DoLS in place had been applied for in line with the current regulations and in people's best interest. The service had policies and procedures in relation to the MCA and DoLS. Staff demonstrated a good understanding of how they worked in practice in line with the MCA and their responsibilities.

People gained consent before providing care. A relative of a person told us, "I have seen the staff gain consent from [person's name]. They know which things that [person's name] can make a decision on and they check." The staff told us the importance of gaining someone's consent and said that they always try to check and explain things to people as best as possible. The registered manager told us, "We have tried some assistive technology such as tablets to enhance people's ability to make choices and express consent. We found that our residents did not get on with this, as they are able to express themselves and be understood by using gesture, some vocalisations and key-words, and body language. They are happy to communicate in this way."

People were supported to make choices about the food they eat and maintain a healthy lifestyle. The staff we spoke with had a good knowledge about balanced and healthy diets and had access to resources to further this knowledge. We saw that the staff used a series of pictures of different types of food to enable people to pick what they wanted to buy and construct a menu for the week. We saw that a pictorial menu was on display to remind people what was on offer that day. The service also involved people in growing vegetables in their garden which were then included in the menu.

People were regularly attending medical appointments to ensure their needs were being met. Staff told us, "We regularly support people to attend medical appointments." We saw that all information relating to medical appointments and health needs was being recorded. People had health action plans and health passports to support their understanding of their own health as well as providing a clear guide for health professionals in how they preferred to be supported and communicated with.

Is the service caring?

Our findings

Staff were caring in the approach they had towards people. One relative told us, "The staff are lovely, caring people. I feel that [person's name] is cared for very well." A staff member said, "Many of us have worked here for a long time, and the residents have lived here for a long time. We provide good care because we know each other very well." We observed that staff on shift were interacting with people in a caring and thoughtful manner. We saw that people were able to approach and communicate with staff with ease, and they were responded to in a friendly way. We saw that staff were laughing and joking with a person who was enjoying the interaction they were having, and was comfortable with the staff around them. There was a homely and welcoming atmosphere within the service which was a result of positive staff attitude and their approach with people.

The staff were very knowledgeable about the people they were supporting and were able to explain people's backgrounds, needs and preferences. The staff knew each individuals routines and how best to communicate with them. We saw that this information was recorded within care plans that were individualised and promoted a caring approach from the staff. Care plans included a section called 'What you need to know' which detailed what a person liked to be called, food preferences, what makes them laugh and their life history. People also had a 'circle of support' document which visually displayed the relationships that they held with the people in their life.

People were involved and supported in planning and making decisions about their care. A relative told us, "[person's name] is included in making decisions wherever they are able to, and we are very much involved as well." The staff told us that they had keyworker responsibilities which included regularly contacting family members and working with people to make sure they were involved in making decisions. We saw evidence within people's files that this work had taken place and we observed during our inspection that people were supported to make decisions about day to day care. One person was able to use advocacy services to help support them make decisions. We saw evidence within their file that advocacy meetings had taken place.

People's privacy and dignity was respected. We spoke with people's relatives who all told us that staff members treated people with dignity and respect, and felt that people had privacy within the service. One staff member said, "Everyone has different preferences with how they wish to be supported with personal care. I always make sure to respect their wishes." We saw that care plans detailed the need for staff to respect privacy and dignity, for example, one person's care plan said that whilst they needed some support with their mobility to enable them to get to a toilet, that staff should then wait outside until the person was ready to move again. We saw that staff had received training in privacy and dignity.

Relatives were able to visit the people at the service whenever they wished to. One relative told us, "I visit quite regularly and I've never had any problems. I get on well with the staff and they are always very welcoming towards me."

There were systems in place to ensure that information about people was treated confidentially. People's files and personal information were kept in a secure location. The staff that we spoke with were all aware of

the confidentiality policy in place within the service and had a good understanding of keeping people's information confidential.

Is the service responsive?

Our findings

People received care that met their needs. A relative told us, "[person's name] is happy living there. The staff know what they are doing and they are aware of everything." Staff told us that people had personalised activity plans to suit their preferences and build upon their independence. We saw that people were attending a variety of external day services during the week which enabled them to take part in activity of their choosing. The registered manager told us, "One person now attends their day service with our staff to support them. This is because their needs have changed and they require our support to remain attending the day service." We saw evidence in people's files that they had personalised plans and had a variety of options to suit their preferences.

The care plans we saw were personalised. They contained information on people's histories, preferences and goals. We found that family members had been involved with the development of people's care plans. We saw that points were broken down in to what a person can do for themselves, what support they required, and how they wished to be involved. Goals had been set for people to work towards personalised achievements for independence, for example, completing laundry tasks, cleaning a table, and fastening a seatbelt.

People were supported to follow their interests. The service had a large garden space which people used for both growing vegetables and gardening. We saw that one person had their own garden swing which a relative told us was very important to the person as they loved using it. During our inspection we saw that people were engaged in an art activity, painting on to canvasses, which they were proudly displaying to others.

People were given the time they needed to communicate with staff. The people using the service were non-verbal but we observed them communicating with staff via body language, gesture and some vocalisation. A staff member said, "We have gained people's confidence over time, and we know them very well now. If we are patient, we always work out what is being communicated." We saw that staff were skilled at understanding people's communications, and gave people plenty of time to express themselves as they needed to.

The relatives of people we spoke with were aware of the formal complaints procedure, and told us they would tell a member of staff if they had anything to complain about. One relative told us that they had not made any formal complaints but would do so if needed. We saw there was an effective complaints policy and procedure system in place that would enable responses and improvements to be made and recorded.

Is the service well-led?

Our findings

The relatives of people that we spoke with felt that the service was managed well. One relative said, "I know who the manager is and have spoken to them before. It seems like a well-run team. My main point of contact is the keyworker, and he is excellent also." Staff we spoke with told us that the registered manager was supportive and approachable. One staff member said, "I feel very supported in my role. I have been working here for some time now, and it has always been a very well run service." During our inspection we saw that the registered manager was regularly approached by staff as well as people that use the service, and that interactions were positive and supportive. The registered manager had an excellent knowledge of the people using the service, their history, preferences and needs.

We saw that staff could respond to people's needs in a proactive and planned way and worked well as a team providing care in a structured and caring manner. Staff we spoke with told us of the positive leadership at the service which encouraged an open culture. They also said the training and support they received ensured they were fully aware of their roles and responsibilities. The staff did not have any issues or concerns about how the service was being run and were positive describing ways in which they hoped to improve the delivery of care in the future.

Staff told us they were aware of the provider's whistleblowing policy and we saw that information relating to the whistleblowing procedure was displayed on the wall for staff to view.

The service had robust information recording procedures. We saw that people had their daily notes written within a file. Staff were provided with a set of guidelines to help them fully and accurately record daily notes for a person, which helped to avoid losing any important information or detail.

Open communication was encouraged within the service. Staff told us that regular team meetings were held, and we saw that a variety of topics about the service and the people using it were being discussed.

We saw that the service had carried out monthly and weekly quality audits in areas such as medication files, supervision, DoLS, finances, risk assessments and health and safety. On the day of our inspection, the provider had sent an internal senior advisor for quality to conduct a quality audit on the service to enable further improvements and learning. This involved an inspection and review of all the systems in place within the service. The regional manager for the service was also present during our inspection, and they were supporting the quality audit on the service. The registered manager and the staff within the service told us that they valued having internal quality audits on their service as it helped to drive improvement.

There were systems in place to monitor the quality of the care provided. We saw that relatives had been asked to complete questionnaires to give feedback on the service. This allowed for actions to be created and dealt with by the registered manager by a set date.