

Turning Point

Turning Point - Bede's Close

Inspection report

8,10, 11 Bedes Close
Thornton
Bradford
West Yorkshire
BD13 3NQ

Tel: 01274925961

Website: www.turning-point.co.uk

Date of inspection visit:
20 March 2019

Date of publication:
29 April 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Numbers 8, 10 and 11 Bedes Close provides accommodation for a maximum of 18 people who are living with a learning disability and who require nursing and personal care. All the accommodation is in single rooms and the service is in the residential area of Thornton, close to Bradford City Centre. The service is split between three, six bedroomed bungalows. At the time of our inspection, there were 15 people living at the service.

People's experience of using this service:

People's relatives told us staff were caring, helpful, attentive and caring. We saw people were treated with dignity, respect and compassion. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's healthcare needs were being met and medicines were being stored and managed safely.

Staff knew about people's dietary needs and preferences. Menus we saw showed people had a good choice of meals and we saw people enjoying their meal. There were plenty of drinks and snacks available for people in between meals.

Activities were on offer to keep people occupied both on a group and individual basis. Visitors were made to feel welcome by staff.

The homes were clean and tidy, but in need of refurbishment in some areas. A plan was in place to address this.

Staff were being recruited safely and there were enough staff to take care of people and to keep the home clean. Staff were receiving appropriate training. Staff were supported by the registered manager and were receiving formal supervision where they could discuss their ongoing development needs.

Care plans were up to date and detailed what care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate identified risks. People felt safe at the home and appropriate referrals were being made to the safeguarding team when this had been necessary.

There was a complaints procedure and families spoken with told us they knew how to complain.

Everyone spoke highly of the registered manager who they said was approachable and supportive. The provider had effective systems in place to monitor the quality of care provided and where issues were identified, they acted to make improvements.

Rating at last inspection:

At the last inspection we found the service required improvement (report published February 2018)

Why we inspected:

This was a planned inspection by the CQC to find out if the service had improved. At our last inspection on 6 and 13 December 2017, we found the service required improvement in safe, responsive and well-led domains. This was in breach of Regulation 17 good governance.

At this inspection we found improvements had been made and we now rate the service overall as good.

Follow up:

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

Is the service safe?
The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

Is the service effective?
The service remained effective

Details are in our Effective findings below.

Is the service caring?

Good ●

Is the service caring?
The service remained caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

Is the service responsive?
The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

Is the service well-led?
The service was well-led

Details are in our Well-Led findings below.

Turning Point - Bede's Close

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection team consisted of one adult social care inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. This expert had experience with people living with a learning disability.

Service and service type:

Numbers 8, 10 and 11 Bedes Close provides accommodation for a maximum of 18 people. This service provides care and support to people who are living with a learning disability and who require nursing and personal care. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection:

The inspection was unannounced. This meant the service did not know we were coming.

What we did:

We reviewed information we had received about the service since the last inspection in December 2017. This included details about incidents the provider must notify us about. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

Some people using the service at Bedes Close were not all able to fully share with us their experiences of

using the service. Therefore, we spent time observing staff with people in communal areas. We spoke with three relatives, a business transformation partner, an area manager, two team leaders and four care workers. The registered manager was on annual leave at the time of the inspection.

We reviewed a range of records. These included three people's care records and medication records. We looked at three staff files, covering staff recruitment and their training records. We reviewed records relating to the management of the service and a variety of audits implemented by the provider.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- Regular safety checks took place to help ensure the premises and equipment were safe. At our last inspection on 6 and 13 December 2017 we found there was a fault on the fire alarm system. Though there was no risk of a fire not being detected, there were problems resetting the system.
- At this inspection we found improvements had been made to ensure people are safe as the part for the fire alarm system was replaced and could now be reset.
- Staff held practice fire drills to check any risks to people from an emergency evacuation. At the last inspection, evaluation plans were found to contain a mixture of old and new documentation and was not readily understandable.

Personalised plans were in place currently to guide staff and emergency services about the support people required in these circumstances.

- Care plans contained appropriate assessments of risk to people and provided instructions to staff to reduce the likelihood of harm to people when being supported.
- People's relatives told us the service was safe. Comments included, "Yes. The doors are locked, and it's a really safe environment." and "My (relative's) care is paramount, (relative) is safe and well looked after."
- The provider had a safeguarding policy in place. Safeguarding concerns had been reported and acted upon, involving all relevant professionals when appropriate.
- Staff could explain what action to take to ensure people were safe and protected from harm and abuse.
- The management were aware of their responsibility to liaise with the local authority if safeguarding concerns were raised. All staff were trained in their responsibilities in safeguarding people from abuse.

Staffing and recruitment

- We checked the provider's recruitment system to see if staff were employed using safe recruitment practices, to help make sure staff were suitable to work at the service. We found staff were subject to a range of checks before they were employed and this supported the provider to make safer recruitment decisions.
- The service was adequately staffed which ensured staff provided a person-centred approach to care delivery.

Using medicines safely

- Medicines were generally managed safely.
- Medicines were audited and most records were kept showing what medication was within the home. However, the registered manager needs to ensure their procedure is consistently followed when medicines are disposed of as there were not always two staff signatures on the necessary records.
- Team leaders and senior care staff took responsibility for administering medicines and did this with patience and kindness.

- Protocols were in place that clearly described when medicines prescribed for use 'as required' should be administered.
- Staff competency in relation to medicines was regularly checked.
- We carried out observations of staff undertaking medicines administration. We found this was administered well.

Preventing and controlling infection

- Staff told us they completed training in infection control and the home was clean and tidy.
- We saw some furniture was showing signs of wear and tear. The business transformation partner showed us an action plan highlighting these issues are being addressed.
- We saw staff had access to personal protective equipment, such as gloves and aprons and were using these appropriately.

Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents. Records we looked at showed us they understood how to use accidents and incidents as learning opportunities to try and prevent future occurrences.
- Risk assessments and care plans were reviewed, and discussions took place during handover following incidents to prevent re-occurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, observation and speaking with relatives confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager assessed anyone thinking of making Bedes Close their home, before offering them a place. This was to make sure staff could meet their needs.
- Care plans were person-centred. Care was planned and delivered in line with people's individual assessments.

Staff support: induction, training, skills and experience

- Staff were trained to be able to provide effective care.
- Staff told us additional training was provided so they could meet the needs of people using the service. This was confirmed in the review of staff training records.

Supporting people to eat and drink enough to maintain a balanced diet

- Where people were at risk of not maintaining a balanced diet, there was information in their care plans guiding staff how this should be addressed.
- We observed a mealtime taking place in the home. People appeared to enjoy their food, and staff provided discreet assistance where required.
- People's care plan contained information about their food likes, dislikes and any foods which should be avoided.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked well with external professionals to ensure people were supported to access health services and had their health care needs met. Staff followed guidance provided by health care professionals.
- If a person needed to go to hospital, a system was in place to ensure all the relevant information would be sent with them.

Adapting service, design, decoration to meet people's needs

- The premises had sufficient amenities such as bathrooms and communal areas to ensure people could receive the support they required. Specialist equipment was available when needed to deliver better care and support. Technology and equipment was used effectively to meet people's care and support needs.
- People had been supported to personalise their own rooms with items that were familiar to them.
- General redecoration and refurbishment was on-going to make sure people were provided with a good environment.

Supporting people to live healthier lives, access healthcare services and support

- Records showed people had been seen by a range of health care professionals including GPs and opticians.
- People had oral health assessments in place and care plans to manage dental care..

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The registered manager understood the need to include any conditions in the care planning process to demonstrate they had been met.
- We looked at the care records of two people who lacked capacity. Where people lack the capacity to consent to their care and treatment, providers should ensure care is provided in their best interests, and ensure care is provided in the least restrictive way. We found the provider had done this.
- The registered manager had submitted appropriate applications to the local authority where it considered it necessary to deprive people of their liberty in accordance with the law, and had systems in place to manage this.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- A relative told us, "I am more than confident, the staff re brilliant, never fail to talk to me. Staff are approachable and we go through the care plan to make sure I'm happy with everything."
- Staff were caring and supportive to the people who used the service. Both staff and management were committed to ensuring that people received the best possible care in a homely environment.
- People looked comfortable and relaxed in the presence of staff.
- Staff we spoke with were positive about their role. They told us, "I love working here, I like the people we care for, we are like one big family" and "I have worked here for many years. We all get on well and we are all here for the same thing, the people who live here."
- Through talking to staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- Staff supported people to make decisions about their care. We saw staff asking for consent from people before supporting them and clearly explaining what they were doing and why.
- Staff we spoke with demonstrated a good knowledge of people's personalities, individual needs and what was important to them.
- When people had expressed their views about their preferences these were respected. Staff could tell us about, and records confirmed that people's views about how they preferred to be supported had been acted on to promote positive outcomes.
- People's relatives were involved in decisions about people's care, where this was appropriate. Relatives told us the service always kept them well informed. Relatives commented, "The staff call you if there is a problem, even for the smallest thing. I find that really reassuring" and "The new registered manager is good at keeping us up to date."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. Through our conversations with staff, they explained how they maintained people's dignity whilst delivering care. Staff told us they always ensured doors and curtains were closed when delivering personal care. Staff told us they explained to people what was happening at each stage of the process when delivering personal care.
- Visitors were made to feel welcome and staff clearly knew them well.
- People looked well cared for, well-dressed and their hair had been brushed or combed.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- At our last inspection on 6 and 13 December 2017 we found some people's care plans contained a lot of old documentation dating back to 2014. This information may no longer be valid which in turn is not providing staff with current information to adequately meet the care needs of people. It was also found that staff did not always sign they had read people's care plan. This was a breach of Regulation 17 good governance.
- At this inspection we found improvements had been made and people's care plans had up to date and relevant information to ensure staff could meet people's care needs.
- People's likes, dislikes and what was important to the person were recorded in person centred care plans. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
- People's communication needs were assessed. Where people needed support with communication, this was recorded in people's care plans so staff knew how to communicate effectively with people. The provider had translated documentation about the service into different formats such as large print, braille and audio to help make sure this information was accessible to people with sensory impairments or sensory loss.
- The service did not have an activities co-ordinator employed, activities were carried out by staff. Staff told us activities were based on people's preferences and what they wanted to participate in on the day. Records showed people had access to a range of activities, both in the home and in the local community.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. People relatives told us they would feel able to raise any concerns with the registered manager or provider. Their comments included, "Yes, I know I can speak to (registered manager), (area manager) or any of the staff; they are always willing to listen. In fact, they approach and ask me if I need to discuss anything. I haven't had a problem but I'm confident they would address it immediately."
- We looked at the complaints log and found three formal complaints had been received and addressed.

End of life care and support

- People and their families were supported to make decisions about their preferences for end of life care. Care records were in place for the people we looked at.
- Where people had a do not resuscitate (DNAR) instruction in place, we saw this was located at the front of people's care files. This ensured the document was easily located in the event of a sudden deterioration in a person's health.
- The business transformation partner was aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- At this inspection we found improvements had been made to ensure people received a consistently good service.
- There was a registered manager in post who provided leadership and support. We found the management team open and committed to making a genuine difference to the lives of people living at the service.
- At our last inspection on 6 and 13 December 2017 we found some of the quality audits were not effective in picking up and addressing issues. The service were found to be in breach of Regulation 17 good governance.
- The quality assurance systems which were currently in place to monitor the service had been effective in identifying areas for improvement and addressed good governance concerns. This included accurate recording of people's financial transactions as well as ensuring all staff supervision records were up-to-date. When issues had been identified, action had been taken to make improvements. Action plans also detailed how shortfalls would be addressed.

The management team and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was an open and honest culture in the home. People's relatives were complimentary about the registered manager. One relative said, "(Registered manager) is always around, they are easy to talk to and always listens."
- People who used the service received good quality person centred care.
- The service was caring and focused on ensuring people received person-centred care. It was evident staff knew people well and put these values into practice.
- We saw the area manager and staff knew people using the service and their relatives very well. We saw they were kind, caring and very knowledgeable about people's lives and personalities.

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

- Meetings were held to discuss what people wanted from the service and these were responded to.
- Staff meetings were held which staff told us they found useful. Staff met with the registered manager on a one-to-one basis to discuss any concerns or receive any updates. Staff were also consulted during handovers between shifts.
- Relatives and professionals had completed a survey of their views about the service. People's feedback had been used to continuously improve the service.

- The registered manager made themselves easily available to people using the service, relatives and staff.

Continuous learning and improving care

- The management team understood their legal requirements. They were open to change, keen to listen to other professionals and seek advice when necessary.
- The management team demonstrated an open and positive approach to learning and development. Improvements were made following changes in policy and procedure to ensure regulatory requirements were met.
- Information from the quality assurance systems, care plan reviews and incidents were used to inform changes and make improvements to the quality of care people received.

Working in partnership with others

- The service has established good working relationships with agencies involved in people's care and sharing good practice is continuously being developed.
- Providers are required by law to notify us of certain events in the service and records showed that we had received all the required notifications in a timely manner.