

Turning Point

Turning Point Roads to Recovery - Gloucester

Inspection report

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Date of inspection visit:

04 September 2018

05 September 2018

Date of publication:

16 October 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

This inspection was completed on 4 and 5 September 2018 and was unannounced.

Turning Point is a supported living service. This service provides care and support to people living in four separate supported living settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. There were 30 people receiving the regulated activity of 'personal care' from Turning Point at the time of the inspection.

The care service has been developed and designed 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. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post at the service. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The previous inspection was completed in June 2017 and the service was rated 'Requires Improvement' overall. At that inspection we found two breaches of the regulations. The registered person was not operating effective recruitment procedures. They did not ensure all the required information was obtained before appointing new staff. Risk assessments did not consistently provide clear guidance about the hazards people faced and how these were managed. Quality assurance systems had not always identified these shortfalls.

At this inspection, we found improvements have been made and the service has been rated 'Good' overall.

People received safe care and treatment. Staff had been trained in safeguarding and had a good understanding of safeguarding policies and procedures. The administration and management of medicines was safe. There were sufficient numbers of staff working at the service. There was a robust recruitment process to ensure suitable staff were recruited.

Risk assessments were updated to ensure people were supported in a safe manner and risks were minimised. Where people had suffered an accident, themes and trends had been analysed, and action had been taken to ensure people were safe. Arrangements were in place to minimise the risk of re-occurring risks.

Staff had received training appropriate to their role. People were supported to access health professionals when required. They could choose what they liked to eat and drink and were supported on a regular basis to

participate in meaningful activities.

People were supported in a personalised way that encouraged them to be as independent as possible. People were given information about the service in ways they wanted and could understand.

People and their relatives were positive about the care and support they received. They told us staff were caring and kind and they felt safe. We observed staff supporting people in a caring and patient way. Staff knew the people they supported well and could describe what they liked to do and how they liked to be supported.

The service was responsive to people's needs. Care plans were person centred to guide staff to provide consistent, high quality care and support. Daily records were detailed and provided evidence of person centred care. Where required, people were supported to make decisions about end of life care which met their individual needs and preferences.

The service was well led. People, staff and relatives spoke positively about the registered manager. Quality assurance checks were in place and identified actions to improve the service. The registered manager sought feedback from people and their relatives to continually improve the service.

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.

There were sufficient staff to keep people safe.

Medicines were managed safely with people receiving their medicines as prescribed.

Staff reported any concerns and were aware of their responsibilities to keep people safe from harm.

People were kept safe through risks being identified and well managed.

Is the service effective?

Good ●

The service was effective.

Staff received adequate training to be able to do their job effectively.

Staff received regular supervisions and appraisals.

The registered manager and staff had a good understanding of the Mental Capacity Act (MCA).

People and relevant professionals were involved in planning their nutritional needs. People's health was monitored and healthcare professionals visited when required to provide an effective service.

Is the service caring?

Good ●

The service was caring.

People received the care and support they needed and were treated with dignity and respect.

People received support which was provided in a kind and caring way.

People were supported in an individualised way that encouraged

them to be as independent as possible

People and their relatives were involved in planning their care and support.

Is the service responsive?

Good ●

The service was responsive.

Care plans clearly described how people should be supported. People and their relatives were supported to make choices about their care and support.

There was a robust system in place to manage complaints. All people and staff were confident any complaints would be listened to and taken seriously.

Care plans recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

People were supported to make decision about end of life care which met their individual needs and preferences.

Is the service well-led?

Good ●

The service was well led.

Staff felt supported and were clear on the visions and values of the service.

Quality monitoring systems were used to further improve the service.

There were positive comments from people, relatives and staff regarding the management team.

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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.

Prior to the inspection we looked at information about the service including notifications and any other information received from other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

This inspection took place on 4 and 5 September 2018 and was unannounced. The inspection included looking at seven care plans for people using the service, six staff files and other records relating to the running of the service such as quality assurance systems, training records and complaints. We also spent time speaking with people who use the service, talking with staff and phone calls and emails to relatives and health professionals. The inspection was completed by one adult social care inspector.

We spoke with the registered manager of the service, a deputy manager and five members of care staff. We spoke with three people who used the service. We also spoke with four relatives of people living at the service and three health and social care professionals who have regular contact with the provider.

Is the service safe?

Our findings

People and their relatives told us they felt safe. One person said, "I feel very safe here." One relative said, "They take good care of everyone. I have no concerns about safety."

During our last inspection in June 2017, we found safe recruitment checks had not always been completed. For example, checks had not always been completed in relation to why people had left their previous role in health and social care. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our comprehensive inspection on 4 and 5 September 2018, we found improvements had been made in relation to the recruitment of staff. Recruitment records showed that relevant checks had been completed including a Disclosure and Barring Service (DBS) check. A DBS check allowed employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to help ensure staff were suitable and of good character. Where staff had gaps in employment or had left a previous role, these were investigated and a full account of each applicant's employment history was available to ensure suitable staff were employed.

The provider had a disciplinary procedure and other policies relating to staff employment to ensure people who used the service were kept safe. We saw from the staff records that where required, appropriate disciplinary action had been taken.

During our inspection in June 2017, we found that people's risk assessments had not always been completed for all the potential dangers they experienced. People's risk assessments were not always clear about the hazards that may have an impact on people or the action to be taken to prevent harm. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our comprehensive inspection on 4 and 5 September 2018, we found improvements had been made in this area. Each person had detailed risk assessments in relation to their support needs and people were supported to take risks to retain their independence. We found risk assessments contained information to enable staff to protect people from harm, but also empower people to maintain their freedom. We found individual risk assessments in people's care and support plans relating to their risk of falls, choking, moving and handling and accessing the community safely. The risk assessments had been regularly reviewed and kept up to date. For example, one person's community risk assessment detailed the risk posed to the person when crossing a road. The risk assessment contained clear instructions for staff to link arms with the person when crossing roads or when in new environments. Another person liked to lie down in the bath when they were having a wash. The risk assessment contained clear guidelines for staff as to how much bath water should be used.

There were clear policies and procedures for the safe handling and administration of medicines. Staff administering medicines had been trained to do so. Some people required assistance to take prescribed

medicines. Where this was the case, the support the person required was clearly documented in their care plan, with medication administration records maintained and completed. Where people were prescribed medicines 'as required' to help with certain health conditions, clear guidance on the safe use of these was in place for staff to follow. Staff had their competence reviewed annually to check they were still managing medicines safely.

Staff had been provided with safeguarding training and understood how to recognise abuse and report allegations and incidents of abuse. Agencies staff notified when they suspected an incident or event that may constitute abuse; included the local authority, CQC and the police. One staff member said, "We are encouraged to be open and honest and raise any concerns we have. The managers take all concerns very seriously." People were offered external support from agencies such as; the advocacy service or independent mental capacity advocates (IMCA) to support them if required. These are individuals not associated with the service who provide support and representation to people if required.

The provider had effective arrangements to respond to incidents, accidents, concerns and safeguarding events. Staff told us they had confidence in the registered manager's ability to investigate and respond appropriately to safety concerns. The service had a computer based system which was a central record for detailing any concerns and there was a system to deal with each one appropriately. The service could identify areas for improvement and lessons were learnt from each investigation.

People were supported by sufficient numbers of staff who had the appropriate skills, experience and knowledge to meet their needs. Staff, people, relatives and the staff rosters confirmed that staffing levels were sufficient to meet the needs of the people using the service. We visited two of the supported living locations and observed a strong staff presence in both locations. The registered manager told us rosters were planned at least four weeks in advance so that they could make suitable arrangements to cover any staff absences. The registered manager told us that although they used agency staff on occasions, these were from a regular agency so that they could build good relationships with the people they were supporting.

Staff told us they had access to the equipment they needed to prevent and control infection. They said this included protective gloves and aprons. This equipment was available in individual's homes for staff to use.

Is the service effective?

Our findings

People said their needs were met. One person said, "They take very good care of me. I have everything I need." The relatives we spoke with commented that they felt staff were well trained and met the needs of the people using the service.

Staff had been trained to meet people's care and support needs. Staff received a mixture of online e-learning and face to face training. Training records showed staff had received training in core subjects such as safeguarding adults, health and safety, safe moving and handling, first aid, food hygiene and fire safety. We saw evidence that where staff training was due, staff had been booked to attend the next available course. The registered manager told us all new staff were required to complete the Care Certificate. The Care Certificate is a set of nationally recognised standards to ensure staff new to care develop the skills, knowledge and behaviours to provide compassionate, safe and high-quality care.

All the staff we spoke with told us they had received good levels of training to enable them to do their job effectively. One person said, "This job was a career change and the training was excellent. It has really prepared me well for the role." Staff told us they were constantly encouraged to develop through further training. For example, where staff had progressed into management roles, they were supported to access further training relevant to their role.

The registered manager told us staff received an induction when they first started working for the service. The registered manager told us staff would be required to read the relevant policies and procedures before they worked any shifts. The registered manager told us new staff were required to complete shadow shifts. These shifts allowed a new member of staff to work alongside an experienced member of staff whilst they were new to their role. The registered manager told us staff competence would be assessed before they could work alone. The staff we spoke with all confirmed they had received a good induction.

Staff had received regular supervision. Supervisions are one to one meetings a staff member has with their supervisor. These were recorded and kept in staff files. The staff we spoke with told us they were well supported and they could discuss any issues with the management who were always available.

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.

We checked whether the service was working within the principles of the MCA. We saw from the training records that staff had received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff we spoke with demonstrated a good understanding of the principles of the MCA and were confident to carry out assessments of people's capacity. Where required, people's mental

capacity, to make specific decisions, had been assessed. These assessments were clearly recorded in their care files. For example, where people lacked capacity, there was evidence to show that meetings had taken place, with their representatives, to determine what care and support was needed in the person's best interests. Care records clearly detailed that consent had been sought from people when developing their plan of care. Relatives we spoke with informed us that they were consulted in relation to the care planning of people using the service. Where people were potentially being deprived of their liberty, the relevant applications had been made to the appropriate supervisory body to authorise this.

Where required, care records included information about any specific mealtime or dietary requirements. For example, where people required a soft diet, the arrangements for this were clearly documented in their care plan.

The registered manager told us they had guidance from health and social care professionals involved in people's care to plan care effectively. This was evidenced in the care files. For example, one person was at risk of choking. Their nutritional care plan had been developed in partnership with a Speech and Language Therapist (SLT) to ensure all risks were safely managed. Where required, people were supported to arrange and attend appointments with other healthcare professionals such as a GP or dentist. Health professionals we spoke with provided positive feedback about the service stating staff listened to advice and were proactive in seeking guidance.

All the supported living locations we visited were homely and welcoming and had been adapted to meet the individual needs of people living at the service. We saw evidence that people had been involved in the design and decoration of their bedroom as well as communal areas. For example, one of the supported living accommodations was undergoing redecoration. All the proposed changes had been discussed with the people who lived there and they had agreed the final design.

Is the service caring?

Our findings

Throughout our inspection it was evident that people were cared for with compassion and kindness by staff who genuinely cared. All the people we spoke with provided positive feedback about the caring nature of the staff. One person said "My carers are very caring. They are always respectful towards me." Relatives we spoke with also provided positive feedback about the staff. One relative said "The carers are very good and very caring. They treat them like family."

The caring nature of staff was evident during the conversations we had with them. Staff spoke passionately about their role and the people they supported. One member of staff said, "I love my job. It is so rewarding to see the positive impact you have on people's lives." One staff member said "It has been fantastic working here. It is like an extended family." People told us they felt they received a caring service and would recommend it to others.

People told us that staff went over and above what was required of them to attain the best possible outcomes for people. For example, because of their medical condition, one person had limited time in which they could move freely and independently. The registered manager told us how staff had worked closely with relevant health professionals, to better understand how this person could be supported to obtain more free and independent time. Over a period of time and with staff support, significant progress had been made in the length of time this person could safely move freely and independently. The registered manager told us this had enabled the person to become more independent as well as engage in a wider range of activities.

The service promoted people's independence. Care plans stressed the importance of encouraging people to do as much for themselves as possible. Staff said they felt this was important as they did not want to de-skill people. Care files identified any areas of independence and encouraged staff to promote these. All the staff we spoke with could tell us how they would support people and how they would do this to support people's independence.

Staff treated people with understanding, kindness, respect and dignity. Staff demonstrated a good understanding of dignity and respect. Staff told us how they would seek consent from people before they commenced any care tasks. They also demonstrated how they would ensure people's privacy was always maintained when supporting them with personal care. Staff told us it was very important to listen to people and respect their choices. This approach was also evident in care files. For example, there was an emphasis throughout people's care files for staff to give choice to people at all times.

It was evident from our observations that staff spent time with people discussing their care needs and gave them the opportunity to express their wishes. We saw that staff listened to people and then worked hard to provide the level of support people wanted and required. Relatives confirmed their family members were given choices by staff.

The registered manager told us people and their representatives were provided with opportunities to

discuss their care needs when they were planning their care. We were told this was done during the initial assessment prior to a person arriving at the services and then through regular meetings with the person and their families once their service had commenced.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Relatives told us there was good communication from care staff and management who would provide regular updates regarding their relative's care.

Some people living at Turning Point had limited vocabulary. There were records available for all people in an easy read format and some with pictures. The provider had clearly considered the Accessible Information Standard (AIS). The AIS was introduced by the government in 2016 to make sure that people living with a disability or sensory loss are given information in a way they can understand. For one person, staff had spent time to learn a bespoke version of Makaton which the person had developed over the course of their life to maximise communication with this person.

Staff knew, understood and responded to each person's cultural, gender and spiritual needs in a caring and compassionate way. We saw several examples where people's individual needs and requirements had been identified and addressed. There was an up to date equality and diversity policy in place which clearly detailed how the service would treat people and staff equally regardless of personal beliefs or backgrounds. One member of staff who was in a same gender relationship told us that although they had disclosed this to management, they had always been treated equally and fairly.

Is the service responsive?

Our findings

Each person had a care plan to record and review information. These care plans contained good levels of detail and were person centred. Each care plan detailed individual likes, dislikes and preferences in relation to their care. We found the care plans contained clear guidelines for staff to follow. For example, where specialist equipment was used to support people with their mobility, their care plan contained clear instructions for staff on how this was to be used.

There was evidence of people's needs and care plans being reviewed regularly. It was evident from the care files we looked at that people, their relatives and other health and social care professionals were involved in developing and reviewing their care plan as required. Relatives told us they were invited to participate in reviews and felt their opinions were considered when planning care.

Reports and guidance had been produced to ensure unforeseen incidents affecting people would be well responded to. For example, if a person required an emergency admission to hospital, people's care files contained a list of emergency contacts for staff to notify. Care staff also told us they would be supported by managers to remain longer with people to ensure they were not left alone in the case of an emergency.

The people we spoke with indicated that they were happy with the staff that supported them and felt they could raise any concerns they had. One person said, "I will tell the carers if I am not happy with anything."

The service was providing end of life care. Training records showed that all the staff working at Turning Point had received training around end of life care. Where required, the service had worked closely with people and their relatives to develop end of life care plans. The end of life care plans, that we looked at, contained details of people's preferences in relation to their care and how they wanted their cultural and religious needs met.

The provider had a process of managing and responding to concerns and complaints. A complaints policy had been developed which clearly detailed the responsibility of the service and how complaints would be responded to. The registered manager demonstrated a good understanding of the complaints policy and could outline how they would respond to a complaint. Where concerns had been raised, we saw that these had been managed appropriately.

There were many compliments evidenced in a large file with letters, emails and cards. One health professional who visited one of the supported living houses regularly had complimented staff on their organisation, professionalism and caring nature. One relative had written, "Thank you very much for the continuous very caring and compassionate care you gave to my brother during his time with you." The staff we spoke with told us the positive feedback was appreciated by the staff team as it recognised the good work they were doing.

Is the service well-led?

Our findings

The service had a positive culture that was person centred, open, inclusive and empowering. Staff had a well-developed understanding of equality, diversity and human rights and put these into practice. Throughout our inspection, we found the registered manager demonstrated a commitment to providing effective leadership and management. They were keen to ensure a high-quality service was provided, and care staff were well supported and managed.

We discussed the value base of the service with the registered manager and staff. The registered manager and staff told us Turning Point was based around treating everyone as individuals, maximising people's potential to grow, embracing change and encouraging new ideas and thinking of ways to further improve the service for people. Throughout the inspection we found these values had been fully integrated into the service. For example, the registered manager and staff in partnership with people using the service, had recently developed a 'People's Parliament'. The aim of these meetings was to find out what was important to people, to see what difficulties they faced in their community or to point out anything they would like to change. The registered manager told us as part of one meeting there seemed to be an emphasis on the fact that some areas across town and near to the supported living homes were not made accessible for people in wheelchairs. The registered manager told us how people would be supported to share these concerns with the local council to better improve access for people. The registered manager told us how this was very important to the people as a potential introduction of more drop curbs could make a profound improvement to the level of independence experienced by people. The registered manager told us how people using the service were also aware that this could also improve the experiences of other people in the wider community who were not receiving a service from Turning Point but had mobility difficulties.

People and relatives spoke positively about the leadership and management of the service. Staff also spoke positively about the leadership and management of the service. The registered manager had started in their post in January 2018 and staff told us about the positive impact they had on the service. The staff described the registered manager as 'being a part of the team' and 'very hands on'. One member of staff said, "Morale was really low when (name of registered manager) started. However, with all the positive changes she has made, we are now a much happier group of staff. They have really developed a team ethos and have helped us work better together."

The registered manager told us it was important to recognise the good practice of staff. They told us they felt this would show staff that they were appreciated and would help boost morale. The registered manager told us the provider had an annual staff recognition scheme called 'Inspired by Possibility'. This enabled staff to nominate a colleague for an annual award and gift. Due to the positive impact made by the registered manager, the staff working at Turning Point had nominated the registered manager who had gone on to win the award. Staff told us how they felt this was a great idea as it provided extra motivation to staff and demonstrated to staff that their hard work was recognised on a national level across the whole organisation.

The registered manager told us they had monthly staff meetings to provide organisational updates to staff as well as provide staff with an opportunity to provide feedback and input regarding improvements to the

service. The staff we spoke with told us they found the meetings to be an excellent forum to be kept up to date as well as be given the opportunity to share ideas for improving the service.

Quality assurance systems were in place to monitor the quality of service being delivered. These consisted of a schedule of audits including health and safety, record keeping and care plans. We saw that these audits were carried out as planned and corrective action had been taken when required. Surveys had been sent out to seek the views and opinions of people using the service, their relatives and staff. The registered manager told us the provider would also have an annual national survey to identify common themes and trends across all the services provided by Turning Point across the country. The registered manager told us the feedback would be collated and incorporated into the annual action plan.

The manager had a clear contingency plan to manage the service in emergency situations. This was robust and the plans in place ensured a continuation of the service with minimal disruption to the care of people.

The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the service. Accidents, incidents, complaints and safeguarding alerts were appropriately reported by the service. The registered manager investigated accidents, incidents and complaints. This meant the service could learn from such events.

The policies and procedures we looked at were regularly reviewed. Staff we spoke with knew how to access these policies and procedures. This meant clear advice and guidance was available to staff.