Turning Point

Rix House

Inspection report

24 Arncliffe Road
Keighley
West Yorkshire
BD22 6AR

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15 January 2016
18 January 2016

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17 March 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Outstanding
Is the service responsive?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

Rix House is located in Keighley and is registered to provide accommodation and personal care for up to 20 people who have a learning disability and complex needs. Accommodation is situated over two floors with communal dining and living areas. To the exterior of the building is a small communal garden.

At the time of the inspection there were 17 people living within the home. There were also two respite beds which eight other people used on a periodic basis.

The inspection was unannounced and took place on 15 and 18 January 2016. The last inspection took place in May 2014 and the provider was compliant with the standards we looked at.

A registered manager was in place. 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 and their relatives we spoke with told us they were highly satisfied with the service. They spoke particularly positive about how kind and caring staff were and how the service listened to people and valued them as individuals.

Some people who used the service were unable to verbally communicate with us, however we extensively observed care and support including people's gestures and body language. We observed excellent caring interactions between staff and people who used the service. People looked comfortable and relaxed around staff. Creative methods had been used by the service to communicate effectively with people. Staff had an excellent understanding of the individual methods of communication each person used.

People and their relatives said people were safe living in the home. They did not raise any safety related concerns with us. Staff we spoke with had a good understanding of how to identify and act on allegations of abuse and we saw examples where the registered manager had followed safeguarding procedures to keep people safe.

Improvements were needed to some medicine management practices. For example covert medicines were not given in line with recognised guidance. More robust stock monitoring systems were required for boxed medicines.

There were sufficient numbers of staff deployed to ensure safe care and support. Staffing levels were such that people received a high level of interaction and social opportunities. Staff were safely recruited to help ensure they were of suitable character to work with vulnerable people.

Risks to each person were assessed by the service and an individualised plan of support put in place to help

keep people safe.

The home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and acting within the legal framework of the Mental Capacity Act (MCA).

People had access to a range of food within the home based on their choices. People were supported to maintain good nutrition.

Staff received a range of training which was kept up-to-date. Staff received regular supervision and appraisal.

Staff had an excellent understanding of the people they were caring for. This included a high level of understanding of people's likes, dislikes and preferences. Staff displayed a motivation and passion for providing caring and personalised care to people.

People's needs were fully assessed and a range of appropriate care plans put in place. Staff had an excellent understanding of people's plans of care and how to meet their individual needs. The service had worked with people to research and put in place individual solutions to enable people to achieve positive care outcomes.

People participated in a range of activities and social opportunities which met their individual needs. The service owned a minibus which increased the range of opportunities available to people.

A range of audits and checks were undertaken by the service to assess, monitor, and improve the service. We saw these were effective in identifying issues and taking action to resolve them.
Relatives and staff spoke positively about the registered manager and said they were effective in dealing with any concerns or queries.

We saw evidence people's views were used to making positive changes in the service.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations. You can see what action we asked the provider to take at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Improvements were needed to the some aspects of the medicine management system for example to ensure medicines were given in line with recognised guidance. More robust stock monitoring systems were required for boxed medicines.

Sufficient numbers of staff were deployed to ensure people received a high level of care and support. Safe recruitment practices were in place to help ensure staff were of suitable character to care for vulnerable persons.

People told us they felt safe in the home and strong systems were in place to identify, manage and reduce risks to people.

Is the service effective?

Good

The service was effective.

Staff received a range of relevant training at regular intervals. Staff we spoke with demonstrated a very good knowledge of the people and subjects we asked them about.

The service was meeting the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards(DoLS).

People had access to a range of nutritious food. Action was taken to protect people where they were deemed to have poor nutrition.

Is the service caring?

Outstanding

The service was very caring.

People and their relatives told us staff were extremely caring and friendly. Interactions we observed confirmed this to be the case. We saw staff showed a high level of regard for people's privacy and dignity and respected their choices. It was clear staff had developed exceptionally strong relationships with people.

Staff and management were dedicated to improving people's

independence thorough the setting of goals and the researching and provision of specialist equipment.

Creative methods were used to allow people to express their views. The service used a range of different communication methods to ensure people were listened to and their voices heard.

Is the service responsive?

Outstanding ☆

The service was very responsive.

Staff had an excellent understanding of people's needs and had put time and effort into planning and delivering highly personalised care that met people's individual needs. We saw evidence of positive outcomes achieved for people who used the service.

There was a strong focus on involving people and their relatives in care and support. People had access to a varied range of activities based on their individual choices and preferences.

A system to manage and respond to complaints was in place. People and their relatives all said they were highly satisfied with the service.

Is the service well-led?

Good ●

The service was well led.

People and staff spoke positively about the way the service was run.

A range of audits and checks were undertaken to continuously monitor and improve the service.

People were regularly asked for their views on the service and these views were used to make positive changes to the service.

Rix 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 look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 15 and 18 January 2016 and was unannounced. The inspection team consisted of one adult social care inspector and an 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, in this case experiences of services for people with learning disabilities.

We used a number of different methods to help us understand the experiences of people who used the service. As many people who used the service could not verbally communicate with us , we extensively observed care and support and people's body language. We spoke with two people who used the service, four relatives of people who used the service, six support workers, the team leader, the cook and the registered manager.

We looked at three people's care records and other records which related to the management of the service such as training records and policies and procedures.

As part of our inspection planning we reviewed the information we held about the home. This included information from the provider, notifications and speaking with the local authority contracts and safeguarding teams.

We also spoke with three health and social care professionals who regularly worked with the service.

Requires Improvement

Is the service safe?

Our findings

People and their relatives said they thought staff managed medicines in a safe way. One relative told us how the service had used effective encouragement techniques to make sure their relative took their medicines on time.

Medicines were administered by trained care workers. We spoke with staff and found well understood arrangements were in place to ensure people who needed medicines to be administered at specific times got them at right times, for example medicines needed to be given before or after breakfast. Each person who used the service had a clear and detailed medication profile in place. It was evident from these that a great deal of thought had gone into planning the administration of medicines in a way that best suited people's individual requirements. Systems were in place to order and dispose of medicines. Medicines were stored securely.

We witnessed medicines were given in a calm and friendly manner by staff. For example staff patiently supported a person to finish their nutritional supplement gently encouraging them to do so in their own time.

Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs. We saw that controlled drug records were accurately maintained. The giving of the medicine and the balance remaining was checked by two appropriately trained staff.

Where medicines were administered from a pre-packaged box, we saw the care worker carefully checked the medicines against what was prescribed to ensure it was correct. We looked at medication administration records (MAR) and saw these were generally well completed for pre-packaged and boxed medicines, showing people received their medicines as prescribed. We examined pre-packaged medicine boxes which showed evidence people had received these medicines at the correct times.

Stock levels of "as required" medicines were routinely monitored to check for any discrepancies. Clear and detailed protocols were in place to inform staff as to when "as required" medicines were required. These protocols were well understood by staff.

Although systems were in place to ensure stock levels of "as required" medicines were robustly monitored, they were not for other boxed medicines which people were prescribed. In one case, we identified a gap on the MAR which showed the administration of medicines had not been recorded one morning. We could not confirm whether the medicines had been given as routine stock balances were not kept.

On counting stocks of other boxed medicines we could not reconcile the number in stock with number stated on the MAR. This meant there was not a complete audit trail of the medicines people were taking and should for example any medicines go missing, systems were not in place to robustly identify this.

We saw a person was receiving their medicines hidden in food. From speaking with the registered manager

and reviewing documentation we established the decision had been made in the best interest of the person, however the decision making process was not recorded in a clear way. We also found the practice of hiding medicine in food had not been reviewed since 2013. The National Institute for Health and Care Excellence (NICE) guidelines state that decisions to give someone their medicines in this way should be reviewed on a regular basis. The registered manager agreed to ensure a review took place and to ensure more robust documentation evidencing the best interest decision was put in place.

The completion of MARs for topical medicine records was poor. As such there was not a complete record of the support staff provided with these medicines. Audits showed the provider had already identified this and was in the process of implementing a new system to ensure more consistent recording.

This was a breach of Regulation 12 (2g) of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations.

People and their relatives told us people were safe in the home and comfortable in the company of staff. For example one person told us, "I like it here. I've got friends here. The staff are very nice." We asked a person whether any of the staff ever shouted at them or other residents and they told us they did not. We observed interactions between staff and people that used the service. People appeared relaxed and comfortable around the staff who supported them. Staff we spoke with told us they had no safeguarding concerns.

Staff and the manager had a good understanding of safeguarding. Where concerns were identified we saw appropriate referral had been made to the local safeguarding unit. Following safeguarding incidents there was evidence of thorough investigations and preventative measures put in place to reduce the chance of a re-occurrence.

The service had developed a creative and person centred approach to risk management to help keep people safe. It was clear staff had researched and implemented individual solutions to risks. For example it was noted one person had developed bruising after using their wheelchair. Prompt liaison had taken place with external health professionals and the equipment manufacturer resulting in a bespoke solution being put in place, which had been effective in reducing the bruising. Effective measures had been put in place to reduce the risk and impact of falls within the home.

Clear and detailed risk assessments were in place covering a range of identified risks such as poor nutrition, epilepsy management and going out into the community. Risk assessments contained a high level of personalised information and were well understood by staff. We saw staff were aware of the risks to each person and were diligent in providing appropriate care. For example we observed two members of staff supporting one person to get out of their wheelchair when they came back from their day out. They supported slowly and patiently and talked the person through the process.Plans were in place to deal with foreseeable emergencies.

We found the home to be clean and hygienic. The home had received a five star food hygiene rating from the local authority.
There were sufficient staff available to support people effectively and safely. People and relatives we spoke with told us there were enough staff. Staff were available to promptly assist should people require assistance or become anxious. Staffing levels enabled staff to spend long periods of time providing companionship and meeting people's social needs. Staff told us there were normally enough staff on duty to ensure people were safe and to enable them to take part in a wide range of activities. The service regularly reviewed people's contracted support hours and liaised with the local authority where they believed people may benefit from additional support.

The premises were safely managed and sufficiently maintained to keep people safe. People's rooms showed a high level of personalisation. We saw people had been involved in choosing their own furniture and décor both in the communal areas and in their bedrooms. There were adequate communal facilities including lounges, dining rooms, toilets and bathroom facilities. Thought had gone into providing a sensory environment to cater for people's individual needs. For example a dedicated sensory room was in place and bespoke lighting had been installed in the bathroom to enable people to experience visual stimulation during bath times.

We looked at documentation which showed regular maintenance checks such as fire, gas and water systems were undertaken to help keep the building and people safe.

Safe recruitment procedures were in place. This included ensuring people completed an application form detailing their previous employment and qualifications. A thorough selection process was in place which included a telephone interview and candidates were then invited to face to face interviews which included meeting people who used the service to determine whether they interacted appropriately with them. Sufficient checks on people's backgrounds took place including ensuring a Disclosure and Barring Service (DBS) check and references were undertaken. Staff we spoke with confirmed that when they were recruited the required checks had been undertaken.

Good

Is the service effective?

Our findings

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). DoLS requires care homes to make applications to the local authority where they suspect they are depriving people of their liberty.

The registered manager had put DoLS applications in for 16 out of the 17 people who lived at the home as well as a number of people who stayed on respite. One person living in the home was deemed to have capacity, an application had not been made for them, showing good understanding of the process. Our scrutiny of people's care records demonstrated that all relevant documentation had been completed. Two applications had been approved, whilst for others the service was waiting for assessment by the local authority.

The registered manager demonstrated a good understanding of the safe application of DoLS which gave us assurance that the correct processes would continue to be followed. A relative we spoke with told us they had been fully consulted about a DoLS application for their relative.

We checked whether the service was working within the wider framework of the MCA. Where people lacked capacity to make specific decisions mental capacity assessments were in place. Where decisions needed to be made, these had been conducted as part of a best interest process. For example we saw how the correct process had been followed over medical interventions, nutritional needs or the provision of new equipment.

We saw evidence people's choices were respected and people and relatives told us this was the case. For example one relative told us how their daughter had refused a flu jab and the service respected this.

People and their relatives spoke positively about the food. For example one person told us, "The food's very nice. I had soup today. I can get something else. I can get fruit. They ask me what I want. If I want a drink, I just ask for one." A relative told us that the food was always pleasant and warm.

We spoke with staff about the menu within the home. There were two main meal choices every day, including vegetables and fruit every day. The menu varied on a four week cycle and also changed dependant on the time of the year. Arrangements were in place to provide food which met people's cultural needs.

Eating and drinking care plans were in place which clearly stated the required support people needed and where possible promoted their independence. Staff we spoke with had an in-depth knowledge of people's culinary likes, dislikes and preferences and how to ensure they maintained good nutrition.
Where people were at risk of poor nutrition we saw food and fluid charts were maintained. We looked at two people's charts and saw they were completed to a satisfactory standard. People were regularly weighed and those deemed at risk of poor nutrition had been referred to the dietician and supplements prescribed.

People and relatives we spoke with confirmed that people had access to a range of health professionals. One relative told us that the staff had "Always been very good with medication. They always let me know if there are any problems with [relatives] health. They ring me straight away. They make dentist appointments. They take [relative] for their annual health check."

Records showed the service liaised regularly with a range of professionals including doctors, nurses and occupational therapists. People who used the service had a health action plan in place. A Health Action Plan is a personal plan about what people with learning disabilities need to do to stay healthy. It lists any help that they might need in order to stay healthy and makes it clear about what support they might need. We identified a number of these were overdue a review. We saw evidence that people received an annual health check-up with the reviewing doctors' advice clearly recorded. The service was also rolling out the "Learning Disability Health Toolkit." The registered manager told us this would better support staff in meeting people's healthcare needs.

Hospital passports were in place. A hospital passport contains key information about the person's needs to ensure effective care and support should they be admitted to hospital.

People and relatives we spoke with said staff had the correct skills and knowledge to provide effective care. Staff we spoke with demonstrated an in-depth knowledge of the people and subjects we asked them about.

Staff we spoke with told us they felt well supported by management in their role. They said training had been effective in giving them the required skills and knowledge to undertake their role competently. Comprehensive face to face induction training was provided. This covered core mandatory subjects including manual handling and safeguarding. We saw new staff without previous care experience were supported to complete the Care Certificate. Staff were required to shadow experienced staff for a period of one to two weeks depending on their individual needs.

We looked at the provider's training matrix. This showed people received regular training updates in subjects such person centred care, positive behaviours, mediation. Mandatory training was generally up-to-date in the required subjects.

Specialist training had been provided to some staff such as in pressure area care and diabetes management.

Staff received regular supervisions and appraisals as part of a system to review staff performance, their objectives and developmental needs. There was a low turnover of staff which helped ensure consistent care was provided and it allowed staff to develop strong relationships with people.

Staff received training in positive behaviour support to help them manage behaviours that challenge. During the inspection we observed care and support. Staff were effective in helping to elevate people's anxieties. Staff we spoke with had a good understanding of each individual they supported and how to reduce any distress.

The building had been adapted to people's individual needs and requirements. Bedrooms were individually decorated as per people's preferences and people's sensory needs had been considered. □

Outstanding ☆

Is the service caring?

Our findings

People and relatives all said staff were exceptionally kind and caring and treated people with a high level of dignity, respect and friendliness. For example one relative described them as, "Absolutely great, [relative] is really, really happy there, it's wonderful. At lot of staff have been there a long time and we can talk to them all." Another relative told us, "Like a family, they look after him and involve [relative] in everything. I am happy and it takes a lot for us, we have very high standards and the home and its staff meet those standards." Another relative said, "We're very happy with Rix House, especially since Turning Point has taken over. We're particularly happy with the key worker." Relatives said staff had gone the extra mile in providing companionship and personalised care for their loved ones. Another relative told us, "They treat [relative] beautifully. They talk to her as an adult."

Each person had assigned key and link workers. These provided named contacts for each individual. They were responsible for creating and reviewing care plans and setting goals and aspirations with people. Staff were able to confidently describe how to support each person who used the service and it was clear they had developed exceptionally strong relationships with them. Staff demonstrated a dedication to provide a highly individualised and person centred care. For example, staff were able to describe in great detail exactly how one person liked their breakfast to be served, including how many pieces they liked their sandwich cutting into and exactly how and why they liked it dipping in their drink. In another example the registered manager was able to tell us in detail how staff had to be diligent to only touch a person's hands in a particular way when staff greeted them. We later observed a staff greeting the person using the exact technique explained by the registered manager.

People's care plans contained highly personalised detail and it was clear that the service had taken the time to understand people's views. For example, one person's records contained step by step instructions on how they liked their bath time atmosphere including their preferences with regards to bubbles. People's routines were important to them and this was reflected in care plans. We saw staff respecting these routines when providing care and support.

Although many people could not express their views verbally, the service used individual ways to help understand experiences from their point of view. The home had installed a number of pictorial push buttons around the home, for example one by the door which when pressed stated "I would like to go out please." People who used the service had recorded the voices for these buttons. These were an excellent mechanism to help people communicate their needs and showed the service was creative in improving communication methods within the home.

We saw other examples of personalised communication techniques. Some people had communication passports; individualised books which included photos of their lives for example their preferred activities, events and their families. A key worker explained how they pointed to pictures in the book to help people express their views. We looked at a passport and saw how detailed information was present on interpreting the person's views through facial expressions. The key worker had an excellent understanding of this person and how to use it to interpret their mood. Another person had a tailor made story book about them, which

staff used to aid effective communication and reduce anxieties. The registered manager had several ideas to improve communication techniques further demonstrating a commitment to continuous improvement in this area.
Communication boards were also in place, for appointments and activities; these provided pictorial displays to help support individuals to understand where they were going and what for.

Our observations of care confirmed that staff had an in-depth knowledge of how to communicate with each person, for example by touch, interpreting people's body language or using communication aids. We observed these techniques confidently utilised by staff. We saw staff understood when people needed assistance, for example one person made a gesture and the staff member immediately recognised that they needed the toilet. They supported the person allowing them to mobilise themselves whilst gently encouraging them.

An involvement charter was in place setting out a strategy for involving people in the service. This included promoting decision making, communication, dreams and aspirations. All staff within the service had signed up to this. The service had a high regard for people's views and actively listened to them on a range of issues. People who used the service were involved in the recruitment of new staff. We spoke with one person who proudly told us how they "did interviews". On the day of the inspection, we saw they were involved in the interview process and then asked for their views on the candidate. A relative also told us how their relative was proudly involved in the interview of staff and said it was a good mechanism for increasing their independence and life skills. Recruitment records showed this routinely happened.

People who used the service were also encouraged to express their views and increase their independence through the People's Parliament run by the provider. Each month representatives from the service attended the Parliament where they were involved in making decisions about care and support and campaigning for better rights for people with learning disabilities. We spoke to one of the representatives who attended the forum. They spoke proudly about their involvement and told us how they had been involved in a campaign to reduce taxi fares for disabled people. We spoke with the registered manager who told us so far they had success with one local company reducing their charges.

The service had a strong focus on helping people to improve their independence. The home was utilising the 'life start,' tool. The tool measures progress towards maximising independence, choice and well-being for people with learning disabilities. We saw it was used to set goals such as increasing the amount of house work they did as part of a strategy to increase their independence. Relatives confirmed this strong focus on independence, for example one relative told us, "[relative's] come on a lot, the staff love her." They went on to say how the service had persisted in offering them a range of independence promoting opportunities that they wouldn't have achieved living at home.

Staff gave us in-depth responses of how they were supporting each person to achieve goals around improving independence. Staff and management were diligent to ensure people living in the service did not become deskilled.

An assistive technology champion was in place, this staff member was responsible for developing an expertise on the types of aids available to support people and maximise their independence. We spoke with them and they demonstrated a dedication to the role and told us about ideas they had to use technology to support people further. This helped enable people to utilise the latest technology to improve their skills and independence.

We saw staff had a high regard for people's dignity and privacy. There was a good atmosphere in the home.

All the staff were pleasant and talked politely to people, showing an interest in them and how they had spent their day. A member of staff told us 'We're a good team.' We observed a member of staff supporting one person to go to the toilet. They did this quietly and respectfully; they supported the person to walk with a walking frame, saying 'Listen to my voice … now you do it' and encouraging the person gently. We saw staff had a high regard to ensure people's privacy was protected, adjusting clothing and knocking on doors before entering rooms. All the staff were genuinely interested in their work and cheerful, including 'non-care' staff like the cook and the cleaner who were both very positive and friendly towards people.

Staff showed a high level of awareness to ensure people received dignified care. For example in providing them with specialist cutlery to support a dignified mealtime experience. Another person had displayed a preference to go swimming. In order to make swimming a pleasant and dignified experience they had researched and then purchased a bespoke swimming costume to enable the person to enjoy this activity in a dignified way. In another example one person's key worker told us in detail how they were helping a person to access religious services through a series of small steps to ensure their dignity was maintained throughout.

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Advocacy services were available and we saw evidence the service had liaised with independent mental capacity advocates (IMCA) as part of a multi-disciplinary team. An IMCA helps support vulnerable people who lacks capacity to make decisions.

Relatives told us they could visit the service at any time. For example one told us, 'You can walk in any time. It doesn't concern them."

Birthdays were made a special event for people. The service planned bespoke events in conjunction with people and their relatives. One staff member told us how they were in the early stages of planning a special birthday and would ask the person and family if they wanted to hire a venue in order to make the event special.

Outstanding ☆

Is the service responsive?

Our findings

People and their relatives spoke very positively about the service. They all praised staff and said they were attentive and responsive to people's individual needs. For example one relative told us "Service is great, like a family, they involve him in everything." Another relative told us "really, really happy, been wonderful, keep me informed, on the ball and straight on the phone if there is even a minor issue." During observations of care and support we saw when people needed assistance staff were very quick to notice and respond appropriately.

The service fully assessed people's needs and put in place highly detailed person centred plans for each person. These contained information about what was important to people, what made them happy, sad and how they liked their care to be delivered. Plans also maintained a strong focus on promoting what people could do for themselves. They covered areas such as eating and drinking, relationships, the environment and social activities. Care plans were very detailed and person centred for example bathing care plans considered the type of atmosphere the person liked at bath time to ensure they were relaxed. We saw these had been developed in conjunction with people and reflected their care and support needs. Staff we spoke with had an excellent understanding of these plans and how to meet people's individual needs.

Care plans contained a circle of support for each person which detailed the people important to them and who should be involved during care plan development and review. People's spiritual and any cultural needs were considered as part of the care planning process. A person told us they had been offered access to religious services by the staff team.

Plans of care focused on how to ensure people were involved in every aspect of care and support. Staff were dedicated in researching how to improve outcomes for people and increase their independence through the provision of specialist equipment and solutions. For example a one touch kettle had been provided which assisted people to make their own drinks. Staff had researched and then provided specialist cutlery to help people to eat more independently. One key worker told us about how they had found an additional specialist piece of cutlery on social media and were making arrangements to order it to help one person eat more independently. They displayed an excellent knowledge of the person's needs and how this equipment would help improve their outcomes.

The service used innovative ways to involve people and meet their individual needs. People and their relatives said they were highly involved in the care and support and were regularly invited to review meetings. One relative told us, 'The communications are pretty good. They're proactive in trying to get families into the place if they can." They also told us there was a notice board which also kept them informed. Another relative told us they were invited to meetings and also to birthday celebrations. People and their relatives were also involved in the induction training of new staff by attending the central induction training. This helped empower people to get involved and voice their view and opinions about how they liked their care and support to be delivered across to new recruits. It helped new staff to appreciate what it took to deliver high quality care to people and ensure they were aware of the things that really mattered to them.

We found other examples where the service helped people to feel valued and empowered. One person was supported to answer the phone to help with the administration work around the home. They proudly told us how they liked being "on phone duties." A special adapted phone had been provided for them to make the role easier for them. The phone also had direct dial functions to their peers who lived in other services run by the provider to help them communicate with them. Pictures of their faces were present on the phone keys to allow the person to make easy contact with them. Staff and the manager told us this person's self-esteem and confidence had significantly improved since involving them in this initiatives. When we spoke with the person about this, their face lit up and they told us they were incredibly proud of the work they had been supported to do around the home and in the wider community. Another relative told us how the service supported their relative to show workmen around the building which had given a greater sense of purpose and increased confidence.

Monthly meetings took place with people to ensure they were fully involved and empowered in respect to their care and support plans. These consisted of a comprehensive review of all their health and care requirements, completion of actions from the previous meeting and the setting of further goals and objectives. Minutes were in an easy read format to promote understanding. The home had recently started using the "life start" tool, professional guidance to help provide a structured approach towards goals setting and achieving. These goals were reviewed on a monthly basis with people to help them develop and achieve positive outcomes. We saw evidence people had achieved goals and further goals were then set. The service was committed to further improvement of this process by helping people to develop longer term goals around supporting them to increase their independence and life skills in the community.

When people's needs changed we saw the service liaised well with external health professionals such as community nurses and occupational therapists to co-ordinate care to ensure it responded to people's changing needs. The registered manager told us how they had supported people to access extra funding where they thought a higher level of support was required. They were able to give us a positive example of how extra staff funding for one person had calmed a person's anxiety and prevented further admissions to hospital through a package of more intensive care, support and social opportunities. Health professionals we spoke with told us the service was responsive and they did not have any concerns about care and support provided, for example one health professional told us "[manager] is excellent and always responds appropriately." Another health professional told us how the service researched equipment and personalised adaptions to help respond to people's needs and then contacted them pro-actively to seek advice over their appropriateness.

People and their relatives we spoke with told us the staff tried to ensure people were in control of their daily lives and made as many choices as possible. For example one person told us they were able to choose what time they got up, went to bed and what they had for breakfast and another person told us they liked choosing the activities they took part in.

We found a wide range of activities and social activities were available for people. People and their relatives told us staff made great effort to meet people's social needs. One person told us, 'We go on trips. I've been to Tenerife and we went to Blackpool at Christmas." They went on to tell us how staff within the home also engaged them in activities such as word search puzzles and colouring and were taking them to a pantomime that evening. One relative told us "They do something every night with him, always doing something." A relative told us that their relative "is very happy. They take him out and about a lot. They've been to Chitty Chitty Bang Bang at the Alhambra [theatre in Bradford] and shopping. That's important. They do their best for him." One person showed us photos of things they had done, which they had in their own photo album. This included a visit to the home from a service with exotic pets – a giant snail, a snake and a tarantula. The service reported to head office each month on the things people had achieved each month as

part of a system of assurance over social involvement and activities.

The home had its own dedicated minibus which increased the number of activity opportunities available to people in the community. We saw this was regularly utilised to ensure excellent community links. During the inspection we saw several people made use of this minibus, for example, some people went to a day service, one person was going to the GP and others were going out for lunch. Activities records confirmed people took part in a range of activities such as swimming, meals out, shopping and local community discos. A number of people who used the service accessed day services. We saw care planning and review considered people's day service placement and continually assessed whether it was suitable and enjoyed by the person.

People and their relatives told us they were satisfied with the service and had no real complaints. They said the registered manager responded well to any minor queries or concerns. For example a relative told us, "If there's a problem, we go and sit in a room and talk about it, with whoever's in charge. [Registered Managers'] pretty good." Another relative told us they had, "No complaints at all." A system was in place to record and investigate complaints. We saw both informal verbal and formal written complaints were recorded. Records showed that where complaints had been received they had been investigated and responded to. A number of compliments had been received, these were also logged so the service knew the areas where it exceeded expectations.

Good

Is the service well-led?

Our findings

A registered manager was in place. The service had reported the required statutory notifications to the commission such as allegations of abuse and serious injuries. This helped us to monitor the number of incidents occurring within the service.

People and their relatives praised the registered manager and said they were dedicated to their role and helpful in addressing any minor queries or concerns. People and relatives said the service provided a high quality service and they were satisfied with the service provision. This view was also shared by visiting health professionals that we spoke with.

We observed a pleasant atmosphere within the home with people and staff getting on well and friendly and meaningful interaction taking place throughout the course of the inspection. All staff groups including the registered manager and ancillary staff such as the cleaner and cook contributed to this friendly environment.

Staff told us whilst there had been some issues with morale previously they thought it was "on the up." They said the registered manager supported them appropriately. Periodic staff meetings were held. These focused on improving quality and issues such as discussing recent audit findings, any incidents, DoLS, as well as safeguarding were discussed. Staff received structured supervision and appraisal and were encouraged to contribute to new ideas through the 'speak out section' of supervisions about creative ideas they had to support people better.

Systems were in place to involve people in the running of the service. Documentation showed parent and carer meetings took place. A relative we spoke with confirmed this telling us, "They try to involve people as much as possible." Another relative told us that that they are invited to coffee mornings at the home and said they've been invited to a service review meeting at Turning Point's head office in Bradford in the near future. In addition, service user focus meetings were held which gave people the opportunity to discuss a range of issues. For example their views on day services, menu's, decoration of the home and opportunities to become further involved in the running of the service. We saw the service had actioned requests from people, such as the provision of a new television in the lounge, a sewing machine for one person and involvement in the recruitment of staff. People were also involved in the running of the service through the People's Parliament where people from the service periodically attended. These people represented the service and helped involve people in the running of the organisation.

In addition people were asked for their views on the service through the annual satisfaction survey. The registered manager told us the most recent survey had just been sent out to people and their relatives and would be analysed once complete.

Systems were in place to assess, monitor and improve the service. A range of audits were completed, including a 'safe assessment' which looked at safety within the building. Following the audit an action plan was produced which we saw had been addressed over a period of time to make the required improvements.

Audits in areas such as equality, environment and medication also took place. We saw evidence these were identifying and rectifying issues through a structured action plan. However medication audits could have been more robust to ensure they identified all the issues we identified during the inspection. Periodic audits were also carried out by head office. These were comprehensive and looked at a wide range of areas matched to the Care Quality Commissions five domains.

The registered manager was committed to continuous improvement of the service and was continually looking at ways to improve the service for the benefit of the people that used it. This included the provision of new equipment to aid people and also continuing looking to deploy new systems such as the recently introduced 'life star' to help provide a structured approach to improving people's independence.

An electronic incident monitoring system was in place. We saw evidence that incidents had been logged on this system. Actions were in place following incidents to reduce the risk of re-occurrence. The system allowed head office to monitor any trends or themes in incidents within the service. The registered manager's answers to queries we had with regards to incidents gave us assurances that lessons had been learnt to help improve the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 (2g) of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations. 2 (g) Medicines were not consistently managed in a safe way.