

Turning Point

# Turning Point - Marloes Walk

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Turning Point – Marloes Walk is registered to provide accommodation and personal care for up to 8 people. The service provides support to people with learning disabilities or autistic spectrum disorder. At the time of our inspection there were 8 people using the service.

### People's experience of the service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The provider assessed risks to ensure people were safe and staff received training so that they felt confident and competent to manage those risks safely. Some people had epilepsy. Records clearly detailed what action staff should take if people experienced a seizure and staff knew how to respond in an emergency situation. People received their medicines as prescribed from staff who were appropriately trained.

### Right Care

People's needs had been assessed and staff knew people well. Staff understood their responsibilities to encourage people to make their own decisions and they ensured people's voices were heard. Good communication meant relatives felt involved in how their family member's care was provided. The registered manager and provider regularly checked the quality of people's care and used their findings to improve the quality of the service and to take learning from incidents.

### Right Culture

The provider had systems to provide person-centred care that achieved good outcomes for people. Staff used their knowledge of people's individual needs and preferences when caring for them. The provider worked alongside other healthcare professionals to ensure people's needs were met. There was an inclusive culture where equality, diversity and inclusion were reflected and supported.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 20 July 2018).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Turning Point – Marloes Walk on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

# The five questions we ask about services and what we found

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p><b>Good</b> ●</p>

# Turning Point - Marloes Walk

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of 2 inspectors.

#### Service and service type

Turning Point – Marloes Walk is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Turning Point – Marloes Walk is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The inspection was announced. We gave 24 hours notice of the inspection. This is because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support

the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 2 relatives of people who lived at the home about their experience of the care provided. We spent time seeing how staff cared for people. We spoke with 8 staff, including the provider's locality manager, the registered manager, a team leader, 2 senior support workers, 2 support workers and an agency staff member. We also spoke with a healthcare professional who supported the service.

We reviewed a range of records. These included 4 people's care records and 2 medication records. We checked 1 staff recruitment files and records relating to the management and safety of the service, including audits, policies and procedures.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- Staff had training and accessible information to ensure they understood their safeguarding responsibilities. One staff member told us, "Safeguarding is ensuring the residents' health and wellbeing are top priority and making sure they are kept safe and have choices. If I saw any abusive practice, I would go to my team leader immediately." Another member of staff commented, "I have seen the safeguarding flow chart and am comfortable to raise concerns internally and externally."
- When safeguarding concerns were reported they were investigated by the registered manager, referred to the local authority safeguarding team and us, CQC.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Risk management plans informed staff how to support people safely and mitigate identified risks.
- Some people received their food, fluid and medication through a tube directly into their stomach. Staff told us they had received training, so they felt confident and competent to manage this safely.
- Some people had epilepsy. Records clearly detailed what action staff should take if people experienced a seizure and staff knew how to respond in an emergency situation.
- The provider had policies and procedures to ensure the safety of equipment and the premises.

Staffing and recruitment

- The provider ensured there were enough suitable staff, but acknowledged the challenges presented by the high use of staff supplied through an agency. They explained how they used the same agency staff to ensure people received care from a consistent staff team.
- A relative commented, "They have had quite a lot of staff changes and although they have agency, they tend to have the same ones which is helpful. One of the agency staff has a lovely relationship with [Name]." A staff member told us, "One of the good things is there are familiar faces here as residents have to feel comfortable."
- Staff told us staffing levels enabled them to provide safe and effective care.
- Staff received regular training and support to ensure they had the skills and knowledge to meet people's needs safely and effectively.
- The provider operated safe recruitment processes. Safe recruitment checks included obtaining references and checks using the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Using medicines safely

- People received their medicines as prescribed from staff who were appropriately trained. The provider had effective systems and processes which ensured medicines were ordered, stored, and administered safely.
- The provider had a clear understanding of the principles of STOMP (stopping over-medication of people with a learning disability, autism or both). The registered manager ensured people's medicines were regularly reviewed with prescribers.
- Some people needed medicines on an 'as required' (PRN) basis. There were detailed protocols for staff to follow to determine when these medicines should be considered.
- One person took their medicines covertly (medicine hidden in food or drinks). This had been agreed in the person's best interests and discussed with their GP. We recommended guidance was sought from the pharmacist to confirm each of their medicines was safe to crush and give in the person's chosen food option.
- One person was prescribed a medication that required careful risk management. Records did not direct staff on how to minimise the risks related to taking this medication. Following our inspection, the registered manager implemented a risk assessment to ensure all staff knew how to manage this medicine safely.
- The provider had their own Medicines Optimisation team who shared learning and updates to ensure staff followed current guidance on the safe management of medicines.

### Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- Some communal areas of the service required refurbishment to ensure they could be cleaned effectively. These improvements were part of an on-going action plan.

### Visiting in Care Homes

- People were able to see their visitors without restrictions and in line with best practice.

### Learning lessons when things go wrong

- Processes were in place for staff to report any accidents and incidents.
- The provider reviewed accidents, incidents, safeguarding and complaints to analyse any learning and improve systems and procedures.
- The registered manager explained how a recent incident had led to a change in staff practices both at Marloes Walk and other services within the provider group.

### Is consent to care and treatment always sought in line with legislation and guidance?

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act. Where people lacked capacity, full assessments had been completed. Where people had been assessed as lacking capacity to make a specific



decision, decisions had been made in people's best interests.

- Staff understood their responsibilities to encourage people to make their own decisions. Some people living at the home did not use words to communicate, but staff knew how to ensure their voice was heard. One staff member told us, "We always ask people for their consent. You can tell if they are happy with their body language and facial expressions."
- Where restrictions were in place and people were being deprived of their liberty, the appropriate legal authority had been sought to protect their rights.

# 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.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had systems to provide person-centred care that achieved good outcomes for people.
- Staff used their knowledge of people's individual needs and preferences when caring for them. One relative told us, "[Name's] keyworker is excellent. She understands what [Name] wants because they have such a rapport."
- Relatives told us there was good communication with the staff team which meant they felt involved in how their family member's care was provided. One relative commented, "If I pop in, they ask if there is anything I am worried about. They ask the question rather than me having to bring a point up." Another relative told us they had built up a good relationship with staff and explained, "It is all about talking about things."
- Staff were supported in their roles and the provider promoted positive physical, mental and financial health with access to support networks and a range of benefits.
- The commitment and contribution of staff was celebrated and recognised through regular newsletters, an employee of the month scheme and long service awards.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had clear governance structures nationally and locally. Local teams were supported by a variety of specialists to ensure risks were managed and regulations met. This included Positive Behaviour Support practitioners and a clinical team including medical, pharmacy and psychology.
- The registered manager and provider made checks on the quality of care people received. The checks were formulated into a service improvement plan which was used to drive improvements in service delivery.
- The provider had recently implemented an electronic records management system. The provider had used a phased approach to ensure staff had training and support and information was recorded accurately on the new system.
- The registered manager was supported by the provider to understand their role and responsibilities. This included the requirement to notify the Care Quality Commission (CQC) about key events at the home.
- Staff had opportunities to develop their role in the health and social care sector and for career progression within the provider group. The locality manager explained, "We offer apprenticeships and development. We do talent mapping and look at developing future managers internally."

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

#### characteristics

- People, relatives and staff had opportunities to provide feedback which was used to review the quality of care provided within the home and identify areas for improvement. This included through surveys, meetings and reviews of care.
- One relative explained, "The team leader has been very accommodating and approachable and if we have any problems, we can go in. If there are any issues, we discuss them and move forward."
- Staff felt encouraged to give their feedback and make suggestions knowing they would be listened to. Comments included: "They are good managers, down to earth and they try to make adjustments. They are always ready listen to you" and, "We can raise anything that isn't working well, and we very much feel listened to."
- The provider had a proactive approach to ensure staff felt able to raise issues directly with the senior management team. Staff were able to raise concerns through a nominated member of staff who met regularly with senior managers through a staff forum. The locality manager explained, "It is an opportunity for reps to dial in and they bring anything to the meetings they want to escalate up through the organisation. It is trying to keep that line of communication open."
- There was an inclusive culture where equality, diversity and inclusion were reflected and supported. For staff, this included the Menopause Network and the Autism and Neurodiverse Allies Forum.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under duty of candour.
- The registered manager explained, "Duty of candour is all about being honest and transparent when things go wrong. In my services when things go wrong, we discuss it in team meetings, not blaming people but finding solutions."
- Relatives confirmed they were informed of any accidents or incidents or deterioration in their family member's health.

#### Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- Areas of learning identified were shared with staff, to improve the quality and safety of people's care both at Marloes Walk, and other services within the provider group.
- The provider ensured policies, procedures and training were regularly reviewed to ensure they reflected current best practice. For example, the provider had recently provided training around the specific risks presented by constipation in people with a learning disability.

#### Working in partnership with others

- The provider worked in partnership with other health and social care professionals, such as social workers, occupational therapists, district nurses and people's GPs, so people would receive the care they needed. One healthcare professional told us, "When meeting with the staff they do appear to know their residents well and have given me information required either from their hands on experience or referral to clinical notes."