

Turning Point

Turning Point - Bradford

Inspection report

Bradford Domiciliary Care
West Riding House, Cheapside
Bradford
West Yorkshire
BD1 4HR

Tel: 01274925961

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31 August 2016

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

On 18 August 2016 we inspected Turning Point Bradford and made telephone calls to people who used the service and staff on 31 August 2016. At the time of our inspection, there were six people using the service. This was an announced inspection which meant we gave the service 24 hours' notice to make sure someone was in the office.

Turning Point Bradford delivers up to 24-hour support for adults with learning disabilities, giving them the necessary support and encouragement enabling them to live happy and fulfilled lives. The service is run as a supported living service, with people having tenancy agreements. Currently the service is across two houses in the Bradford area.

The service had a registered manager in place at the time of our inspection. 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 and associated Regulations about how the service is run. The registered manager was on annual leave during the first day of inspection.

People told us they felt safe and had no concerns about the way they were treated or supported.

Staff were aware of the signs and indicators of abuse. However we found examples of staff not reporting potential abuse appropriately. We observed people were comfortable and relaxed around staff. We observed that staff interaction with people was friendly, encouraging and caring.

We found people's medicines were not always managed in accordance with safe procedures and improvements were needed.

We noted a number of checks had been completed before staff began working for the service. However background checks on people should be completed periodically and we found checks were completed at long intervals increasing the risk of potential abuse.

People told us they were given support and encouragement from staff to clean and maintain their houses. Staff gave us examples of how they supported people.

Staff were knowledgeable about people's individual needs, backgrounds and personalities. People told us they were given privacy when they wanted. People were supported to maintain and build their independence skills both within their own home and as appropriate, in the community.

There were sufficient numbers of staff to provide support flexibly. People told us there was always staff around and they were not restricted by staffing levels.

There were systems in place to ensure staff received training, ongoing development, supervision and support.

People said they had been involved in discussions about the support they needed and wanted and were aware of their support plans. Processes were in place to monitor and respond to people's health care needs and people were supported with eating and drinking depending on their individual circumstances.

People were supported to participate in a range of appropriate activities and jobs and to pursue their hobbies and interests. Activities were tailored to the individual and people told us they were what they wanted to do.

People told us they were aware of who to speak to if they were unhappy and were confident they would be listened to. The service had a complaints procedure in place and management were aware how to act in response.

There were systems in place to monitor staff practice, review the quality of information in people's records and to obtain people's feedback about the service provided. However we found the monitoring and auditing systems needed further development.

People did not express any concerns about the management and leadership arrangements.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the 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.

People's medicines were not always managed in accordance with safe procedures.

There were sufficient numbers of staff to provide support flexibly.

The risks to people's health, safety and welfare had been considered, recorded and kept under review.

Staff were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. However we found examples where staff had not reported potential abuse appropriately.

Is the service effective?

Good 

The service was effective.

People told us they were happy with the support they received and were encouraged and supported to make their own choices and decisions.

Staff worked in line with the Mental Capacity Act 2005.

People were supported as appropriate to eat and drink. People's health and wellbeing was monitored and responded to as necessary.

Processes were in place to train and support staff in carrying out their roles and responsibilities.

Is the service caring?

Good 

The service was caring.

People made positive comments about the staff team. They said they got on well with management and staff and were happy with their approach. They indicated their privacy and dignity was respected.

People were supported and cared for in a way which promoted their involvement, safety and independence.

Staff were aware of people's individual needs, personalities and preferences.

Is the service responsive?

Good ●

The service was responsive.

People told us they were involved with the planning and review of their or their support.

People said the service was flexible and responsive to their changing needs and preferences. People were supported to participate in a range of activities, hobbies and interests.

Processes were in place to manage and respond to complaints and concerns. People were aware of who to speak to and were confident they would be listened to.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The service had a registered manager who provided clear leadership and had a presence in the service.

There were systems in place to consult with people on their experiences of the service and to monitor and develop the quality of the service provided.

Arrangements were in place to monitor, review and develop the service. However some audits had not identified areas of concern we found during inspection. Other audits had not been completed.

Turning Point - Bradford

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.

The inspection took place on 18 and 31 August 2016 and the visit was announced. This was our first inspection of Turning Point Bradford.

The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed the information we held about the service. This included speaking with the local authority contracts and safeguarding teams. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This document was completed and returned to us within the specified timescales.

We looked at how people were supported throughout the day with their daily routines and activities. We reviewed a range of records about people's care and how the service was managed. We looked at four care records for people that used the service and three staff files. We spoke with two people who used the service, an area manager and a registered manager from another service run by the provider, the registered manager on the second day of inspection and two support workers. The registered manager was on annual leave during the first day of our inspection. We looked at quality monitoring arrangements and other staff support documents including supervision records, team meeting minutes and individual training records.

Is the service safe?

Our findings

People spoken with did not express any concerns about the way they were treated or supported. People told us, "The staff are great" and, "Yes I feel very safe here." Another person said, "They're [staff] lovely and I trust them." During the inspection visits we did not observe anything to give us cause for concern about how people were treated. We observed people were comfortable and relaxed around staff. We observed that staff interaction with people was friendly, encouraging and caring.

We saw the service had policies and procedures in place in relation to the safe and secure handling, storage, error reporting and administration of medication. However, we found the guidance provided was not always being followed in practice. For example, we saw when staff had hand written medicines on the Medication Administration Records (MAR) the entry had not always been signed and witnessed by two members of staff as required.

We found staff were not always completing the MAR's correctly as we found a number of gaps whereby staff had failed to sign the MAR or entered a code if the person had refused their medicines. In addition, we found protocols were not always in place for medicines administered on an 'as and when required' (PRN) basis, to give staff clear guidance as to when and under what circumstances the medicine could be administered. We were therefore concerned people had not received their medicines as prescribed. During our visit to the two houses, we found one person's medicines records also contained errors and gaps and a lack of documentation.

We also found the arrangements in place for the administration of topical medicines such as creams and ointments were not always clear and the application of creams was not always recorded on the MAR.

The above concerns were discussed with the registered manager who confirmed staff had received appropriate training and returned the MARs to the office once completed. However, they acknowledged the shortfalls in the service had not been identified through the quality assurance audits completed by senior staff.

The provider had failed to protect people against the risks associated with unsafe management of medicines. This was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Policies and procedures were available at the main office and staff had online access to view these. We saw the service had policies and procedures in place in relation to safeguarding people. Staff spoken with expressed a good understanding of safeguarding and protection matters. They had an awareness of the service's 'whistle blowing' policy and expressed confidence in reporting concerns. They were clear about what action they would take if they witnessed or suspected any abusive practice. However, we found staff were not always reporting concerns appropriately. For example, the night report for one person stated the staff had noticed the person had a large bruise on the inside of their right leg at the top. The morning report following this observation made no mention of the bruising although the communication book had been

completed by the night staff to show their findings. We looked at the daily records completed both before and after the date in question and found no mention of the bruising or of any accident or incident which may have caused it. This matter was discussed with the registered manager who confirmed they were not aware of the bruising therefore no accident or incident report had been completed, no investigation had taken place and no safeguarding referral made.

The provider had failed to protect people against the risks associated with Safeguarding service users from abuse and improper treatment. This was a breach of Regulation 13 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the recruitment records of three members of staff. We noted that a number of checks had been completed before staff began working for the service. These included the receipt of a full employment history, written references, an identification check and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. The manager from another service supplied by Turning Point told us it was their (the provider) policy to carry out DBS checks every four years on all staff. One person's DBS check confirmed they a criminal history, although this was a long time ago, the service had not risk assessed the employment of this person to see if they were suitable to work with vulnerable adults. We asked the manager from another service if they thought every four years was sufficient for a DBS check The manager said it would be something they would raise with senior management team for review.

Face to face interviews had been held and a record of the interview and the applicant's responses had been maintained. This helped to show a fair selection process had been used. Staff spoken with confirmed the appropriate recruitment checks had been carried out prior to them commencing employment. Staff received job descriptions and contracts of employment. People using the service told us they were involved in the recruitment and selection process and were able to meet with applicants. We saw a 'Service user reaction to new staff' sheet completed for a member of staff.

We looked at the staff rotas. Staff were allocated to both houses and to the people living there. There were enough staff available to flexibly provide the level of support people needed and to keep them safe. At the time of the inspection six people received support from the service. The staffing rotas showed all shifts had been covered by regular staff to promote consistency. People told us there was always enough staff to support them with their needs. Staff told us they were flexible in line with people's needs and preferences. Any shortfalls due to leave or sickness were covered by existing or bank staff which ensured people were supported by staff who knew them.

We looked at the arrangements for keeping the houses clean and hygienic. We visited both houses and found them to be clean and odour free. People told us they helped clean houses and they were given encouragement and support to maintain this.

We saw financial transaction sheets were in place if staff spent money on behalf of people who used the service and they were checked twice daily by the staff on duty. We saw receipts were obtained for any purchases made by staff.

Risk assessments were present within the care files we looked at. These included risks associated with supporting people with personal care, assisting them when they are in the community, moving and handling and risks associated with specific medical conditions.

Is the service effective?

Our findings

People we spoke with indicated they were happy with the service they received from Turning Point Bradford. People said, "I like living here, staff always help me" and "I get everything I need." Comments from another person included, "I am happy here" and, "Staff are good."

We looked at how the service trained and supported their staff. Everyone we spoke with said the staff were competent in their work. Records showed staff had completed induction training when they started work. This included an initial induction on the organisation's policies and procedures, working through the care certificate and working with experienced staff to learn from them and gain an understanding of their role. The care certificate is a recognised training course backed by the government. One staff member told us new staff would 'shadow' experienced staff until they were confident to work as part of the team. Staff told us their induction had been 'useful' and gave them direction and knowledge to move forward.

Staff told us about the training they had received and confirmed they received ongoing training, supervision and support. One member of staff told us, "There is plenty of training. If we need something we can always ask for it. Otherwise they tell us when I am due a refresher course." Records confirmed staff received training in moving and handling, health and safety, food hygiene, fire safety, first aid, safeguarding and safe management of medicines. Specialised training was arranged as needed in response to people's specific needs and included management of epilepsy.

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. In the case of Domiciliary Care, applications must be made to the Court of Protection. We found the service was working within the principles of the MCA and the manager had an understanding of how these principles applied to their role and the care the service provided.

We saw people's capacity was regularly assessed as part of the care planning process and we saw mental capacity assessments and consent forms in all four files we looked at.

There was evidence within the care documentation we looked at that showed where people were unable to consent to care and treatment their preferences were discussed and reviewed and a best interest decision made. This demonstrated to us that before people received any care or treatment they were asked for their consent and the provider acted in line with people's wishes.

The support plans we looked at showed staff encouraged people to eat a healthy diet and make choices about the food they ate. Records also showed staff encouraged people to develop and maintain their self-

help skills and independence. For example, the care record for one person stated 'Staff to encourage me to take my plate back to the kitchen as I am able to wash and dry my own dishes. Staff to encourage me to use the training kitchen to make drinks with the one touch kettle as I am able to do this myself.' The support plan for another person showed they wanted to be involved in shopping, menu planning and preparing their own meals with the assistance of staff.

We saw people's weight was monitored on a monthly basis and the manager told us if people experienced any significant weight loss it was discussed with their GP or other healthcare professionals as appropriate. However, we looked at the weight record for three people and found two people had not been weighed since May 2016 and one person had not been weighed since June 2016. A fourth person had a weight record in place but there was nothing on the form. This was discussed with the manager who acknowledged staff were not completing the form as required and this had not been identified through the quality assurance audits in place but said people were not malnourished.

People's care records showed they had access to a range of healthcare professionals which included GPs, dieticians, speech and language therapists, opticians etc. The manager confirmed staff had a good working relationship with other healthcare professionals and always followed their advice and guidance. People told us they had access to healthcare services to maintain good health. One person said, "Staff ring the doctor if I don't feel well." Staff told us and we saw that people's care plans included details of their health professionals.

Is the service caring?

Our findings

People spoken with made positive comments about the staff team. They said they got on well with management and staff and were happy with their approach. They told us, "Staff really help me" and, "They do what I need." Another person told us, "Staff are lovely to me" and, "I really like them." Staff told us, "All of the team are great" and, "We all work hard and we know we are in people's homes so we always treat them with respect."

We spoke with people about their privacy needs. One person told us that staff always respected them by knocking on their door and greeting them when they first arrive on shift. People also told us they had their privacy respected if they wanted some private time. Policies and care records referred to people's rights and for staff to knock on doors and for people to be given options of what they wanted to do.

We asked people if they were supported and cared for in a way which promoted their involvement and independence. People told us they were supported to maintain and build their independence skills both within their home and as appropriate, in the community. One person told us, "We do our bits of cleaning but staff help us" and, "I do as much cooking as I can." Another person said they were supported to do activities and to lead their own life.

From our discussions, observations and looking at records we found staff understood their role in providing people with person centred care and support. They said they gave people choices and encouraged them to do as much for themselves as possible. Staff were able to tell us about people's individual needs, including their preferences, personal histories and how they wished to be supported. One staff member said, "We read people's plans, and if they are updated this gets passed on to us." The staff member also gave us examples of how people liked to be supported and any special requests they had. This showed us they were familiar with the content of people's support plans. This helped them to meet people's needs in an individual way. During our visits we noted caring and friendly interactions.

Is the service responsive?

Our findings

People told us they received a service that was responsive to their needs and preferences. People's comments included, "Staff know what I like", "They know me", "I ask for things if I want them" and "If I don't want to do something I don't have to."

We looked at the way the service assessed and planned for people's needs, choices and abilities. Initial assessments were undertaken to identify the person's support needs. The support plans were kept under review in discussion with the person using the service and with their relatives. The support plans and other care documentation we looked at was person centred and provided staff with the information required to provide people with the appropriate care and support. We found reviews of people's needs and levels of support were regularly being carried out. People confirmed they had been involved with the review process. They told us they were aware of their support plans and confirmed they had been involved with them. One person said, "They asked me questions and if I wanted anything changing."

We saw people's personal care needs and preferences were clearly recorded in their support plans and wherever possible people were encouraged to maintain some level of independence. We saw support plans included information about how people could be involved in making decisions about their care and welfare and how they wanted their care and support to be delivered.

The support plans also showed where people had limited or no verbal communication, staff used a variety of different methods to understand their needs. These included observing their body language and facial expressions and using pictorial prompts.

The supporting manager told us at the time of our inspection a copy of the people's support plans was not kept in the main office. However, this matter had been identified through the internal quality assurance audit system and was being addressed. On the day of inspection the supporting manager had to arrange for the support plans to be collected and brought to the office.

From our discussions and from looking at records it was clear people were encouraged to participate in a range of appropriate activities and to pursue their hobbies and interests. Activities were tailored to the individual. On one day of inspection a person was due to go to work in an allotment. The person told us they enjoyed this job and they also got paid so they earned their own money. Where necessary staff supported and encouraged people to access the local community. This helped them to participate in their local community, and to improve their confidence. People told us they were able to maintain relationships with friends and family.

The provider had a complaints procedure in place although the manager told us no complaints had been received since the service had been registered. However, they confirmed that if a complaint was received it would be acknowledged and responded to within set timescales and a thorough investigation would always be carried out. The registered manager told us they had a proactive approach to managing complaints and they were always available to talk to people and deal with any concerns as soon as they arose.

Is the service well-led?

Our findings

People were aware of the management structure at the service and did not express any concerns about the management and leadership arrangements. People told us, "I like the manager", "I see the manager" and, "They come see us." Staff said, "I feel supported, we can go to them with our problems."

There was a registered manager in day to day charge of the service who was supported by an area manager. The manager from another service told us about their identified areas for improvement and how the service would be developed. We were told the registered managers' practice was monitored by a senior person in the organisation. There was evidence to show the registered manager had received regular support to ensure they were achieving the organisations required standards in the running of the service.

People told us the registered manager provided clear leadership and was committed to the continuous improvement of the service.

There were systems in place to seek people's views and opinions about the running of the service. Parents and people living in the houses had a direct influence on how the service was run from day to day discussions, from monthly meetings and from involvement in reviews. We looked at the minutes from a team meeting. Areas for discussion included operations of the service, financial matters and any other business relating to the running of the organisation.

Turning Point Bradford was a small service and as such the registered manager visited the houses regularly. This helped them to monitor staff practice, review the quality of information in people's records and to obtain people's feedback about the service provided. We saw quality audit records and daily records had been monitored. However we noted that the monitoring and auditing of medicines had not taken place at one of the two locations where people lived. We asked the registered manager about this and they told us the provider did have paperwork for the completion of medicines audits; however they had not been completed for this location. This led to errors being made with the people and recording of their medicines and potentially medicines not being administered in line with their prescription. The second location we visited showed checks had been made on medicines, but no evidence of an audit to cover all aspects of the management of medicines. The monitoring of peoples weights had not identified some people had not been weighed for over three months leading to an increased risk of malnutrition. The supporting manager told us these checks should have been completed.

Systems were in place for monitoring any accidents and incidents and checking they were recorded and outcomes were clearly defined to prevent or minimise any re-occurrence. However we found a number of accidents had not been reported appropriately and had not been actioned. The area manager was not aware of one incident because an audit or check had not been completed to identify this.

Staff had not always been risk assessed if they had a criminal background. Criminal records checks were completed every four years.

The provider had failed to protect people against the risks associated with good governance. This was a breach of Regulation 17 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was meeting CQC registration requirements. There were clear lines of accountability and responsibility within the organisational structure and they were made aware of the provider's vision, values and philosophy. Staff told us they enjoyed working for the service. They had been provided with job descriptions, employment policies and procedures and contracts of employment which outlined their roles, responsibilities and duty of care. Staff had access to policies and procedures in the office and online. However we noted some paper copies of policies and procedures had not been reviewed for some time. The manager told us all policies and procedures were currently being reviewed but acknowledged hard copies should be available in the event of a system failure.

There was a statement of purpose in place. The statement of purpose included details of the agency's aims and objectives, the staffing structure and provisions of service, their right to complain contact details for contacting 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People's medicines were not always managed in accordance with safe procedures and records contained gaps.
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment We found examples of staff not reporting potential abuse appropriately.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance We found audit and monitoring systems had not identified issues picked up during inspection.