

## Turning Point

# Turning Point - The Poplars

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

We inspected The Poplars on 21 September 2015 as an unannounced inspection.

The Poplars is registered to provide accommodation for a maximum of four people with a learning disability or autistic spectrum disorder. There had been two people living at the home until very recently. There was only one person living there at the time of our inspection visit.

There was a registered manager 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 2008 and associated Regulations about how the service is run.

There were enough staff to meet people's needs. There was always a member of care staff at the home to support the person living there on a one to one basis with their health and care needs. Staff had the support and training they required so their skills were kept up to date.

Staff understood their responsibility to report any concerns they had about people's wellbeing in

# Summary of findings

accordance with the provider's safeguarding procedure. Medicines were stored and managed safely. Staff received training and they were regularly assessed to ensure they were competent to give people their medicines.

The provider and registered manager understood their responsibilities under the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS). This ensured people were looked after in a way that did not inappropriately restrict their freedom.

People were involved in making choices about what food they wanted and staff understood people's dietary requirements. People were supported to attend regular healthcare appointments and advice was sought when changes in health were identified.

Staff were kind and respectful and took time to understand people's communication needs. People were supported to maintain relationships with friends and family.

Staff were responsive to people's social needs and supported people to maintain interests that were important to them. People were involved in planning their care and involved in regular reviews.

The provider completed a number of checks to ensure they provided a good quality service. This ensured the service continuously improved.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff had a good understanding of abuse and their responsibility to report any concerns about people's wellbeing. Risks associated with people's care had been identified and staff knew how to manage them. Medicines were given safely and consistently.

Good



### Is the service effective?

The service was effective.

Staff were supported to deliver effective care. They received regular training to make sure they had the skills required to meet the needs of people at the home. Staff engaged with other healthcare professionals to maintain people's health and wellbeing.

Good



### Is the service caring?

The service was caring.

Staff were kind and caring and spoke in respectful and positive ways. People were supported to maintain relationships with others who were important to them.

Good



### Is the service responsive?

The service was responsive.

Care records were up to date and staff had the information they needed to support people in a way they preferred. Staff were responsive to people's social needs and supported them to access interests and hobbies they enjoyed.

Good



### Is the service well-led?

The service was well-led.

Staff felt supported and were given opportunities to share their views of the service. There were informal systems in place, so people who lived in the home could share their views about how the home was run. Checks were carried out to ensure the quality of the service was maintained.

Good



# Turning Point - The Poplars

## 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 21 September 2015 and was unannounced. The inspection was undertaken by one inspector.

As part of our inspection we asked the provider to complete a Provider Information Return (PIR). The PIR 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. Our inspection visit confirmed the information contained within the PIR.

We reviewed the information we held about the service. We looked at information received from external bodies and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We spoke with the person who lived in the home and spent time observing how they were cared for and how staff interacted with them so we could get a view of the care they received. We also spoke with one relative.

We spoke with the registered manager and two staff members. We reviewed one person's care plans and daily records to see how their support was planned and delivered. We reviewed records of the checks the staff and management team made to assure themselves people received a quality service.

# Is the service safe?

## Our findings

One person lived at the home at the time of our inspection. We observed the interactions between this person and the staff who provided care and support. We saw they were relaxed and comfortable with staff. The relative we spoke with confirmed they were confident their family member was safe and well looked after and told us, “I feel [person] is very safe there, I wouldn’t want them to be anywhere else.” They went on to say, “I fully trust them.”

Staff knew and understood their responsibilities to keep people safe and protect them from harm. Staff told us they would act quickly to report any concerns they had about a person’s wellbeing to the registered manager. A staff member explained, “I know [person] well and if I thought something had changed, their demeanour, their looks or their body language, I would know something was wrong and report it to the manager.” One staff member was not clear what the registered manager would do with the information. However, they were able to show us where the safeguarding policy was so they could refresh their understanding of the safeguarding process. There were arrangements in place to keep people’s money safe and protect them against financial abuse.

The provider had a whistleblowing policy which staff could follow if they had concerns about poor practice in the home. There was also information displayed in the office reminding staff of their obligations to report any poor practice on a dedicated confidential whistleblowing telephone line. A staff member explained, “We have a whistleblowing policy and it is always easy to find on the intranet. I would whistleblow and there are numbers for safeguarding in the office.” Another said, “I would have to speak to my manager and raise my concerns.”

There were enough staff to meet people’s needs. There was always a member of care staff at the home to support the person living there on a one to one basis with their health and care needs. In addition, the registered manager was available from Monday to Friday. The registered manager told us they never used agency staff as they were able to cover the rota with their own staff. This ensured continuity of care and support the person received.

The provider had recruitment procedures in place to ensure people who worked at the home were of a suitable character to work with people who lived there. One staff member told us, “I had to have my Disclosure and Barring Service (DBS) checks and had to have good references.” Another said, “They [new staff] don’t start for ages because of the DBS.” DBS checks make sure new staff do not have any previous convictions of concern.

Staff knew how to manage risks associated with people’s care. Care records had risk assessments in place and guidance for staff on how to manage the risk. Where equipment was needed to keep people safe, we saw it was in place. Staff confirmed they referred to the information in risk assessments and care records to manage any risks to people. Staff told us they were confident to manage risks when working alone and said, “None of us would do anything we weren’t sure about.”

The provider had systems to minimise risks in the environment, such as regular safety checks. Emergency plans were in place if the building had to be evacuated, for example in the event of a fire. Staff had a good understanding of the emergency procedures. There was a service continuity plan should people be unable to return to the home which made sure they continued to receive safe, consistent care.

We observed how medicines were administered. Staff had the training they needed to give medicines safely and had observational checks to make sure they remained competent to do so. Medicines were stored safely and securely and there were checks in place to ensure they were kept in accordance with manufacturer’s instructions and remained effective. Medicine administration records (MARs) showed people received their medicine at the right time and in the correct quantities. We observed a member of staff giving medicines. They did not sign the MAR chart until the person had been seen to take their medicines, as confirmation that they had been given. There were detailed protocols for the administration of medicines which were given on an “as required” basis to make sure they were only used when necessary. Regular medication audits were carried out to make sure people received their prescribed medicine. Medicines were safely managed in the home.

# Is the service effective?

## Our findings

Care staff told us they received the training necessary to support them in providing effective care. We asked the relative we spoke with if they thought staff had the necessary skills and they responded, “I do, very much so. I imagine everyone is very individual in their needs and staff have learnt how to communicate with [person] and fulfil all their requirements.”

New staff received induction and training that met people’s needs when they started work at the home. The induction was linked to the new Care Certificate which provides staff with the fundamental skills they need to provide quality care. Existing staff were also working through some modules of the Care Certificate that had not been covered when they were inducted to the home. New staff were given a mentor and initially worked alongside more experienced staff. One staff member explained, “We mentor them when they start and they would never be left on their own for quite a while.”

Staff said the registered manager encouraged them to keep their training up to date. One staff member told us, “I might notice I need training and I will pick this up with my manager and she will make sure I get the training to meet people’s individual needs.” Another said, “We are all up to date. They are red hot on it.”

Staff told us they had regular supervision meetings with the registered manager which provided an opportunity to discuss their training requirements and any concerns they had. Staff also worked alongside the registered manager who carried out observations of their practice. The registered manager explained, “As part of the one to one and support supervisions we do observational one to ones.” The observations were used to check staff were following best practice and implementing their training effectively. One staff member told us, “Every month we have one to ones when we discuss any issues or changes. She [registered manager] will observe me carrying out some task and she will take me to one side and talk about it.”

The Mental Capacity Act 2005 (MCA) supports and protects people who may lack capacity to make some decisions themselves. Care staff we spoke with had received training

and understood the requirements of the MCA. Staff understood the importance of allowing people to make their own decisions and we saw staff ask for the person’s consent before they assisted them during the day.

The management team understood their responsibility to comply with the requirements of the MCA if a person was not able to make a decision. Assessments had identified where people were not able to make decisions so they could be taken in their best interests. Documents showed that relatives were involved in making decisions in the best interests of their family member. One staff member explained, “Everything we do is in their best interests. There are best interests meetings to ensure it will make their life better. You only do things in their best interests.”

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS make sure people in care homes are looked after in a way that does not inappropriately restrict their freedom. The registered manager understood their obligations under the legislation.

Staff had a good understanding of people’s dietary needs and special diets. Adapted equipment promoted people’s independence around eating and drinking. People were involved in choosing what meals they wanted. Weight was monitored to ensure people ate sufficient amounts to remain healthy. Where there were concerns around people’s diet or nutrition, they had been referred to the speech and language therapy team and dietician for support.

Records showed people were supported to attend other appointments with health care professionals such as the GP, physiotherapist, optician, dentist and podiatrist. Detailed records of appointments were maintained and we saw advice given by the GP at a recent appointment was being followed.

Staff told us information was handed over at the end of their shift to new staff members coming on duty. Daily records and a communication book gave staff enough information to let them know about changes in health or any special arrangements for the day. One staff member said, “We write it down and give verbal communication as well.”

# Is the service caring?

## Our findings

There was a relaxed and friendly atmosphere in the home. Staff were kind and caring and spoke in respectful and positive ways. The relative we spoke with described staff as “very caring” and went on to say, “I can see the interaction between staff and [person]. I have seen [person] thrive since they have been there. They are very happy. They look very healthy, well-groomed and clean.”

We asked staff whether they thought The Poplars provided a caring environment. A typical response was, “I think it is very caring. All the staff make sure the priority is the individual.” During our visit we observed staff offering physical and verbal reassurance.

Staff took time to understand people with limited verbal communication. Staff clearly knew the person living in the home well, and were able to interpret their vocalisations, non-verbal signs and facial expressions. Where necessary, staff used visual aids to support people to make every day decisions. For example, picture cards helped people make meal choices. Staff explained that an important aspect of helping people to make choices was knowing their preferences. “A lot is respectful guessing from knowing what they do and don’t like.”

Some staff had worked at the home for a number of years. The relative we spoke with was positive about the

consistency of staff and told us it made a difference to their family member when they were supported by staff they knew well. They told us, “[Person] has a keyworker who has been with them since day one. She is so in tune with them. I feel they know [person’s] needs better than I do.”

People were encouraged to do as much for themselves as possible in order to maintain their independence. Staff understood what people could do independently, and what they needed assistance with. The registered manager explained, “We break their involvement down into small tasks that they can do. You find the areas they are actually able to achieve.”

People were supported to maintain relationships with others who were important to them. People were able to have family and friends visit them in the home and staff assisted people to celebrate personal and family events.

Staff understood the importance of maintaining people’s confidentiality. Staff told us they would not speak with people about others, and ensured any information they held about people was kept safe and secure. One staff member told us, “I would not share any confidential information over the phone. We know who can have access to information. If we take any documents out for, say a doctor’s appointment, we sign them out.”

# Is the service responsive?

## Our findings

Staff understood the importance of responding to people's social needs and supporting them to follow their interests and hobbies. The relative we spoke with was pleased their family member's social needs were met and said, "They are amazingly well met. [Person] is a very sociable person and loves having people around them. They have made friends outside The Poplars which I feel is very important."

During the morning we saw a member of staff discussing with the person their activities for the coming week and providing choice about how to spend their time if they were not going out. Activities planned included a drama group, a coffee morning in the local community and lunch at one of the other homes within the provider group. There was also involvement in everyday tasks like shopping for food.

Staff told us and records confirmed that people and those important to them were involved in planning their own care. Care plans were person centred and showed people's likes and dislikes and how they wanted to receive care. We saw care plans included personal photographs and life histories and were tailored to meet the needs of people according to their support requirements and preferences. We found the care delivered matched the information in care records.

Care plans were formally reviewed on an annual basis, but they were also looked at each month when people met with their named key worker. One member of staff told us, "There are regular keyworker meetings so any needs we have identified or any concerns, we bring it up in the meeting." A relative told us, "I attend a meeting once a year and go through it with [registered manager] and one of [person's] keyworkers." We saw the annual reviews involved looking at what had gone well for the person over the previous twelve months and identifying where things had not gone so well so appropriate action could be taken.

People had information in an easy read format in their care records about who they could talk to if they had a complaint or were worried. Staff told us they were watchful for signs that people with limited communication were unhappy with any aspect of their care. The registered manager explained, "If [person] was showing they were unhappy around a certain area, it would be picked up quickly. We are advocates for them as well as their family." Records showed that staff had advocated on the person's behalf in respect of accessing an activity that took place outside the home.

A relative told us they had not raised any complaints, but said if they did have a concern, "I feel I would go to [registered manager]. If I wanted to take it further I would go to Turning Point direct." No complaints had been received since our last visit.



# Is the service well-led?

## Our findings

People and staff were positive about the service provided at The Poplars. A relative told us, “I think they have an amazing team who work there. The Poplars is the best thing to happen to [person] and they have thrived in that environment.” A staff member said, “I love it here. I really enjoy working here.”

Staff we spoke with told us they felt supported by the management team as the registered manager worked alongside them on a daily basis. One staff member said, “She is a good manager.” Another said, “She is nice. She is easy to work alongside. She knows what is best for the individuals. I feel very supported.” The manager told us there had been some recent changes within the home, especially as they were now providing care and support to only one person. They explained, “We are so used to working together and the biggest challenge to them [staff] now is that there is more lone working, but I think they have all done exceedingly well and still support [person] in a positive way. As a staff team they have really been very supportive.”

Staff told us they had regular meetings to discuss people’s care needs, issues at the home and to gather views about any changes that may be required. Staff told us they found the meetings useful and were encouraged to share their views with the registered manager. One staff member said, “She [registered manager] is very open to new ideas.” Staff also wrote in a communication log about any issues at the home that needed to be resolved and action was taken by the registered manager.

There were informal systems in place, so people who lived in the home could share their views about how the home was run. For example, people took part in weekly planning meetings where they were able to discuss what activities they would like to take part in and what food they would like. People also contributed to reviews of their care so they could say how they would prefer their care and support to be provided.

People were involved in making decisions about staff recruitment. One member of staff told us, “They [people] were part of the interview. It was really good they were part of the process.”

Visitors to the home were invited to complete quality questionnaires about the service provided. We looked at two questionnaires that had been recently completed. The responses were positive, but where a concern had been raised, the registered manager had responded in full. For example, one person had indicated they were not clear about the complaints procedure. The registered manager had sent them a copy of the complaints policy and procedure.

There was a system of internal audits and checks completed within the home to ensure the quality of service was maintained. For example, regular audits in medicines management, health and safety and care records. The provider also carried out audits from which action plans had been generated where a need for improvement had been identified. Follow up checks were subsequently made to ensure the necessary action had been taken. For example, the most recent audit had identified that some care records needed to be reviewed. The care records we looked at had been reviewed and were up to date. These checks ensured the service continuously improved.

The registered manager told us they received support from their line manager and were able to share good practice and improvements with managers from other homes within the provider group. Other managers offered support and oversight when the registered manager was absent from the home.

The manager understood their legal responsibility for submitting statutory notifications to us, such as incidents that affected the service or people who used the service so we could make sure they had been appropriately acted upon.