

Turning Point

Turning Point - Bradford

Inspection report

Bradford Domiciliary Care
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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 – Bradford provides care and support to people living in 14 supported living settings across Bradford. These are adapted houses or bungalows in the community, arranged so that people can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of the inspection the service was supporting 59 people.

People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Right Support: People received care and support to promote their independence. Positive risks were taken to ensure people could access the community and do the things that were important to them. 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.

Right Care: People received care from staff who knew them well and had received the right training and supervision. Medicines were managed safely. Risks to people's health and safety were assessed and appropriate plans of care followed to keep people safe. People were safe from abuse, staff understood how to keep them safe, and action was taken to fully investigate any concerns.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. People received good outcomes from the service through staff working closely with a multidisciplinary team to meet peoples' goals and aspirations. Staff took responsibility for ensuring the service worked to a high standard and managers regularly audited and checked service quality.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (May 2018).

Why we inspected

This inspection was prompted due to the age of the previous rating.

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

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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 was carried out by a senior specialist 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.

This service provides care and support to people living in 14 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

What we did before the inspection

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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals 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 visited people in their homes at 11 supported living settings. We spoke with 4 people who used the service, 13 relatives and a health professional who works closely with the service. We spoke with 23 members of staff including the registered manager, service manager, site managers, team leaders and support workers. We reviewed a range of records. This included elements of 8 people's care records and multiple medication records. We looked at 5 staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including 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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm.
- People and relatives spoke positively about the staff who supported them. One relative told us "[Person] is treated extremely well, they love [Person] to bits, like she's one of their own. They always go above and beyond, in the way they deal with me as well."
- Staff understood how to identify and report concerns and said when they had done this, management had taken appropriate action. Documentation confirmed any allegations of abuse were well documented, reported to the relevant agencies and action taken to investigate and keep people safe.
- Care was planned in a way that restrictive practices were kept to a minimum and positive behaviour support techniques were used to manage emotional reactions, with staff receiving training and guidance in how to do this for effectively for each individual.
- Finances were managed safely with appropriate safeguards and checks in place to ensure people's money was not misused. Where any discrepancies were identified these were investigated and people, relatives and appointees were immediately informed.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and mitigated.
- People and relatives were confident the service kept people safe and said people had experienced positive outcomes using the service. One relative said, "She's safe, she seems to have come on leaps and bounds since being there" Another relative said, "He's very safe, he wouldn't be there if he wasn't."
- Care plans and risk assessments were in place which demonstrated risks to people's health and safety had been assessed. The provider had recently moved to an electronic care system. Whilst the required risk assessments were in place, there was some inconsistencies in the quality and detail of these assessments, depending on the supported living setting. The registered manager assured us were in place to address this.
- Staff knew people very well and their plans of care which provided us with assurance people were kept safe. Staff supported people to take positive risks to access the community.

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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is

usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Mental capacity assessments and best interest decisions took place involving people, their families, advocates and healthcare professionals to help support people to make important decisions.

Staffing and recruitment

- There were suitable quantities of staff deployed by the service.
- Staffing levels allowed people to have access to a range of activities and opportunities, doing the things they wanted to do in the community. People and relatives told us staffing level were safe. One relative said, "There's plenty of staff." Staff also told us there were enough staff to ensure people received a good level of support.
- Staff were appropriately skilled. Staff were knowledgeable about the people they were supporting and had received appropriate training bespoke to the people they were supporting. Training including how to communicate with people with a learning disability.
- Safe recruitment procedures were in place.

Using medicines safely

- Medicines were managed in a safe and proper way.
- People's care plans contained clear information on the medicine support they required to help staff provide safe and consistent support. Medicine administration records (MAR) were well completed indicating people had received their medicines as prescribed.
- Where "as required" medicines were prescribed, clear protocols were in place for staff to follow. Where these medicines were used to reduce emotional reactions, this was done as a last resort and non-pharmaceutical interventions were used first.

Preventing and controlling infection

- The home was kept clean and robust infection control procedures were in place.
- People and relatives said that staff supported them to keep their homes clean. One relative said, "Whenever I visit, it is always clean and tidy."
- We observed communal areas of people's homes to be clean and tidy and all equipment was kept in a clean and hygienic state. Cleaning schedules were in place and staff were clear on their responsibilities in regard to cleaning and infection prevention.

Learning lessons when things go wrong

- The service learnt lessons from incidents and when things went wrong.
- One relative told us the "The manager spoke to me and my brother about an incident. They're very transparent, it wasn't a problem, but it could have been."
- Incidents were clearly recorded, investigated and analysed. Actions were put in place to prevent a re-occurrence and the frequency of different incident types was monitored to look for any trends.

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. The rating for this key question 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

- We found a positive and person-centred service with people experiencing good outcomes.
- Feedback from people, relatives and a health professional was very positive about the service. One relative said, "Every time I've visited the staff have been phenomenal. Each person has different needs, and they attend to all of them." Another relative said, "They're wonderful there, they really are. It gives me such peace of mind."
- Relatives spoke positively about the management team and said they felt involved in decisions and communicated was good. One relative said, "Because they [managers] always call us we feel very involved in all decisions." Another relative said, "The manager is just great, she always says just call me anytime, she's so approachable."
- Staff knew people well and demonstrated good caring values and a desire to improve people's outcomes. We saw examples of how staff and management had supported people to gain independence and confidence from using the service. People's progress was regularly reviewed during monthly meetings focusing on attaining the goals that were important to people.

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 registered manager understood their responsibilities under duty of candour legislation. Systems were in place to ensure people and families were communicated with following any incidents, and full investigations were undertaken and the findings fed back to people and used to drive improvements to care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems were in place to assess, monitor and improve the quality of care.
- A range of audits and checks were undertaken by staff and the management team. Where these picked up issues, actions were generated and assigned to the relevant staff to improve quality. The registered manager had good oversight of the audits that took place to ensure staff were completing these as per the audit schedule.
- The provider had recently moved to an electronic care record system. This allowed real time monitoring of care and support tasks. Overall, the quality of record keeping was good, although this differed depending on individual supported living setting. The registered manager assured us this would be addressed through

audit and improvement work over the coming months.

- Staff and management were clear on their responsibilities. They understood the risks and challenges that each supported living setting faced. Where concerns had previously been raised, we saw consultation with people and staff and action plans had been put in place to improve the service.

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

- People were fully involved in decisions about the service. People had regular review meetings where their needs, goals and aspirations were recorded, and action was taken to meet these. Advocates and relatives were involved where appropriate. One person told us they attended the Providers 'People's Parliament', which was a meeting to involve people who used the service in how the service was run.
- Staff told us they felt engaged with. They said they were able to make suggestions to improve the service and had regular supervisions, annual appraisals, and regular staff meetings.

Working in partnership with others

- The service worked effectively with others to ensure a high-quality service and ensure people had meaningful and fulfilling lives. For example, they worked with other organisations effectively where people received support from multiple providers and services to ensure people had a range of activities and opportunities.
- The service had commissioned Telemedicine support which staff could access 24 hours a day. Telemedicine is the use of technology to provide health care remotely, such as through phone, video, or internet. Staff used this to help manage people's health care needs and get instant medical advice when they needed it.
- A health professional we spoke with told us the service worked very effectively with the multi-disciplinary team to ensure people's needs were met.