Turning Point

The Octagon

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?	Requires Improvement

Summary of findings

Overall summary

Our inspection took place on 30 November 2016 and was unannounced. We last inspected the service on 30 April 2014 and we found the provider was compliant with the standards we inspected. This was the service's first ratings inspection.

The Octagon provides accommodation for people requiring personal care who may have a learning disability. At the time of the inspection there were 6 people living at the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by a staff team who knew how to keep people safe from the risk of harm and abuse. People were kept safe as potential risks had been assessed and staff were working in ways to reduce these risks. People were supported by sufficient numbers of staff who had been recruited safely. People received their medicines as prescribed from suitably trained staff.

People received care and support from an appropriately trained staff team. People were asked for their consent to care and support and the principles of the Mental Capacity Act 2005 were followed. People's capacity was being assessed where appropriate, and where required, decisions were being made in the best interests of people.

People were provided with the appropriate support to eat and drink and were offered choices. People were supported by staff who understood and catered for their specific dietary needs.

People were supported to maintain their health and staff appropriately sought healthcare professional's advice where there were concerns about people's health and wellbeing.

People were treated with kindness and respect. People's privacy, dignity and independence was promoted and people were supported to maintain relationships that were important to them.

People's individual care needs and preferences were understood and met. Staff knew people's care needs well and supported them appropriately. People and their relatives were involved in the planning and review of their care. The provider had a complaints process in place to ensure complaints were appropriately investigated.

The management of the service had been inconsistent and as such staff did not always feel supported or well communicated with, and there was low staff morale.

People and their relatives were provided with opportunities to give feedback on the service. The registered manager had systems and processes in place to monitor and analyse the quality of the service, and they used information from quality checks to drive improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were supported by staff who worked in ways to reduce risks.
People were supported by a staff team who knew how to keep people safe from the risk of harm and abuse.
People were supported by adequate numbers of staff who had been recruited safely.
People received their medicines as prescribed by suitably trained staff.

Is the service effective?

Good

The service was effective.

People received support from appropriately trained staff.
People were asked for their consent to care and support and the principles of the Mental Capacity Act were followed.
People were provided with appropriate support to eat and drink and were offered choices. Specialist diets were catered for and dietary advice was being followed.
People were supported to maintain their health.

Is the service caring?

Good

The service was caring.

People were treated with kindness and respect.
People's privacy, dignity and independence was promoted.
People were supported to maintain relationships that were important to them.

Is the service responsive?

Good

The service was responsive

People's care needs were understood and met.
The provider had a system in place to ensure complaints were appropriately investigated and resolved.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Staff did not always feel supported or well communicated with. People, relatives and staff were given opportunities to provide feedback.
The registered manager had systems and processes in place to monitor and analyse the quality of the service. Information from quality checks was used to drive improvement.

The Octagon

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 30 November 2016 and was announced. We gave the provider 48 hours notice as this was a supported living service and we needed to be sure the registered manager was available to support the inspection. The inspection team consisted of one inspector.

Before our inspection, we reviewed the information we held about the service. The provider completed a Provider Information Return (PIR). This is a document that CQC asks providers to complete to give some key information about the service. The PIR tells us how they are meeting the standards and about any improvements they plan to make. We also reviewed statutory notifications the provider had sent to us since the last inspection. Providers are required to send us notifications to inform us of certain events and incidents, such as serious injuries sustained by people living at the service. We sought information and views from the local authority who commission services with the provider and the local authority safeguarding team. We considered this information when we planned our inspection.

During this inspection we spoke with one person who used the service and two relatives. We also spoke with three care staff, the team leader and the registered manager. We visited three people's homes and observed how staff interacted with the people who used the service during these visits.

We looked at three people's care records to see if these records were accurate, up to date and supported what we were told during the inspection. We also looked at three staff files and records relating to the management of the service. These included medication records, complaints and compliments, and the provider's self-audit records.

Good

Is the service safe?

Our findings

The person we spoke with told us they felt safe. The two relatives we spoke to told us they felt their family members were safe. One relative said, "[Person] is absolutely, totally safe because staff are proactive, there is a good staff ratio and staff are consistent".

People were supported by a staff team who knew how to keep people safe from the risk of harm and abuse. Staff were able to recognise the signs of potential abuse and were confident to report concerns about people's safety. One staff member said, "I would report any concern to the manager. If I felt it had not been dealt with I would escalate further". Staff were confident to report unsafe practice and knew of the provider's policy and procedure to do so if they had concerns. One staff member said, "I would be confident to use the whistleblowing policy if anyone's safety was in question without hesitation". Staff were trained in how to keep people safe and we saw the
registered manager was appropriately referring concerns about people's safety to the local authority.

People were supported by a staff team who had a good understanding of risks to people and how to manage them. Risks to people were assessed and regularly reviewed and staff were working in a way that reduced these risks. For example, where people were at risk of poor nutrition their food intake and weight was monitored. Accidents and incidents were being recorded and analysed and this information was being used to reduce the risk of accidents and incidents from re-occurring. For example, changes were made to people's risk management plans, where an accident or incident had occurred, to reduce risks to people.

People received support from sufficient numbers of staff who had been recruited safely. Both relatives we spoke with told us they felt there were adequate numbers of staff to ensure their family members safety. One relative said, "[Person] needs two staff when going out and when they come to visit there are two staff. There are enough staff to look after [person]". Our observations confirmed what relatives had told us. Staffing levels were based on the needs of the people accessing the service and were regularly reviewed in line with changes to people's needs and staff absence was appropriately managed. Staff told us, before they could start work, the provider completed pre-employment checks which included reference checks and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people. Staff records we looked at confirmed this.

People received their medicines as prescribed. One person told us, "Staff give me my medicines". One relative said, "I have no concerns about [person] getting their medicines, I'm sure staff are meticulous about that". We looked at people's Medication Administration Records (MARS) which confirmed people were given their medicines as prescribed. People received their medicines from staff who had been suitably trained and had regular competency checks completed to ensure they were giving people their medicines safely. People's medicines were stored safely, for example in a lockable cupboard. People's care records contained clear instructions on how and when "as required" medicines should be given to people. Records we looked at showed people were receiving these medicines appropriately and in line with the guidance provided. Regular checks of medicines were being carried out and were effective at identifying errors or concerns. We saw appropriate action was taken where there were concerns over the administration of people's

medicines.

Good

Is the service effective?

Our findings

People received effective support from a skilled and appropriately trained staff team. Both relatives we spoke with told us they felt staff were well trained. One relative said, "Staff seem well trained". Before staff could start working with people they were given an induction to their role which consisted of training and observing more experienced staff. The providers induction was compliant with the care certificate standards. The care certificate is the minimum set of standards that should be covered as part of the induction training of new care staff. Staff received regular ongoing training to ensure their skills and knowledge was kept up to date and was in line with best practice.

One staff member told us, "We have ongoing refresher training courses, the last one I did was autism it gave me an understanding of one of the people I support. Understanding the importance of routines and how to give people time and space to do their routines". They went on to tell us, "The training is useful you can use it in your practice".

People were supported by staff who sought their consent to care and support. Staff told us they asked people if it was ok to carry out care and support activities and confirmed they would not carry out care without consent. One staff member said, "I check people are happy for me to support them, I ask them. I talk to people and tell them what's happening. If they refuse I will encourage but it's their choice. I would never force someone". Another said, "If someone signalled they didn't want to do something I would stop".

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. Staff had received training in the MCA and had an understanding of how to apply it when supporting people who lacked the capacity to make decisions for themselves. One staff member said, "Capacity is people's ability to make decisions for themselves. Some people have decisions made in their best interests". They went on to say, "If people have capacity and they make an unwise decision you can talk to them about it but there's nothing you can do".

Staff had a good understanding of people's levels of capacity. We saw where people lacked capacity; a capacity assessment had been completed and contained information on the specific decisions that people were not able to make for themselves. Decisions and actions that were required to be made in people's best interests had been documented and staff were acting in the best interests of people where required. Where people had the legal right to make decisions on people's behalf and held Lasting Power of Attorney (LPA) this was verified and documented. The provider was appropriately applying to the Court of Protection where they had identified that a person's liberty was being restricted. The provider was applying the principles of the MCA and people's rights were protected.

People were given choices of food and drink and relatives told us they had no concerns about the support their family member was receiving with eating and drinking. One relative said, "[Person] seems to be well fed

and getting enough to drink and seems to be offered choices". During a visit to one person we observed staff supporting the person to choose what they wanted to eat by showing them some options as they were unable to communicate this verbally. People were able to eat in their own flats or could choose to go out to eat. One person told us how they had been out for fish and chips and sometimes went to the local pub for a meal. People's specific dietary requirements were understood by staff and were catered for. Staff knew which people were at risk of choking and told us how they prepared meals in line with the Speech and Language Team (SALT) recommendations. For example, staff knew how to provide a soft diet or food through a Percutaneous endoscopic gastrostomy (PEG) tube, where required. This is a tube that passes directly into a person's stomach where it is unsafe to give food by mouth.

People were supported to maintain their health. One relative said, "The slightest thing they are worried about staff will get the doctor involved or call the emergency services if required". Another relative said, "Staff are proactive in getting a doctor out if there are any concerns". People's records contained information on healthcare appointments the actions that should be taken to support people to maintain their health. We found staff were following the guidance from healthcare professional. For example, by administering the appropriate medication and providing a high fibre diet where people were suffering with bowel problems.

Good

Is the service caring?

Our findings

People were supported by staff who were caring. One person said, "Staff are nice". Relatives we spoke with felt staff treated their family members with kindness and respect. One relative said, "Staff are definitely kind and caring. Staff are brilliant and do whatever they can. They look after [person] like they are their own family". Another relative said, "Nothing comes close to the care and attention that [person] gets". They went on to say, "Staff are kind and caring, they are proactive. They think about what they can do to enrich [person's] life". Relatives also told us they felt staff developed good relationships with people. One relative said, "Staff get in with [person], they communicate well with [person] and have a good relationship with [person]. They have a laugh and a joke". Another relative said, "The great strength of the service is the quality of the staff".

During visits to people's homes we observed positive caring interactions between people. For example, we saw that staff took the time to talk with people while carrying out care and support and regularly asked people if they were ok or needed anything. We also saw how staff had developed positive relationships with people. For example, we saw one person asking when a particular staff member was going to be on shift. Staff told us how fond the person was of the staff member.

People were provided with choices about how their care and support was provided where possible. One relative said, "[Person] is given choices, [person] will tell staff what they want". Staff gave us examples of how they provided people with choices. For example asking them about what they want to eat and drink, what they wanted to wear and how they would like to spend their leisure time. One staff member said, "We will ask people what they want". People were provided with support to make choices where they had difficulty communicating verbally. For example we saw staff showing people food options to enable them to make choices about the food they ate.

People were treated in a dignified way and their privacy was maintained. Relatives we spoke with told us they felt staff worked in ways to maintain their family member's privacy. One relative said, "As far as I have seen staff maintain [person's] privacy. I can't imagine the care being anything other than dignified". Staff gave us examples of how they acted in ways which respected people's privacy, such as closing doors before carrying out personal care, knocking on doors before entering people's flats and keeping people's personal and confidential records safe. We observed some of these practices during the inspection. For example, we observed staff knocking on people's doors before entering.

People were encouraged to be independent. One person said, "I did my hair myself". Staff told us the ways in which they supported people to maintain their independence such as encouraging them to be involved in daily household chores such as cooking and cleaning. One staff member said, "[Person] can do a lot for themselves and we encourage them to do so. [Person] Is very independent, will do a lot for themselves I will support only where needed". Another staff member told us, "Some people can't physically do a lot for themselves, but just by giving them choices about things makes a difference".
People were supported to maintain relationships that were important to them. Relatives told us how they were able to visit their family members at any time, and how staff were obliging in taking their family

members to visit them.

Good

Is the service responsive?

Our findings

People's relatives felt staff knew their family members well and were able to provide care and support in a way that met their personal needs. One relative said, "Staff know [person] so well, what [person] likes or doesn't like, they are meeting [person's] needs without a doubt". Staff were able to tell us about people's care and support needs and how they liked their care delivered. One relative told us, "[Person] is always beautifully turned out, this was important to [person] and staff keep this up". Staff told us about this person and how they ensured their hair and makeup was done on a daily basis. People's care records contained details about their likes, dislikes, personal history and preferences and confirmed what staff told us about people's care needs and preferences. People were supported by consistent staff. Staff told us this was useful in helping them to get to know people's needs and preferences well and to provide consistent care. One relative confirmed this, they said, "The continuity of staff means [person] gets good quality care".

People and their relatives were involved in the planning and review of their care. One relative said, "I have been asked about [person's] care. I can have input or a say but everything seems fine". Another relative said, "I can be involved in the care planning if I want to but I am delighted with the care [person] is getting". Relatives also told us they felt they were well communicated with and were kept informed of their family members progress or any incidents. Staff told us they tried to involve people in their care planning as much as possible. One staff member said, "We try to involve people as much as possible, understand their likes and dislikes so we can provide care that is right for people. Families are also invited to attend reviews. There was one not so long ago for [Person]".

People's changing needs were regularly reviewed and care plans were updated to reflect changing needs or risks. Staff told us they were kept up to date with people's changing needs and risks through a daily handover. They also told us, where people's changing needs had been documented, they were required to read and sign their care plans to demonstrate they were aware and understood the changes. Records we looked at confirmed this.

People had easy read versions of the complaints procedure and staff told us how they would support people to make a complaint if required. Relatives told us they had no complaints but knew how to raise a complaint and felt confident to do so if required. One relative said, "I have no complaints but I know how to make one if needed, I'm confident complaints would be addressed appropriately". Another relative said, "[Team leader] would definitely listen to you and resolve complaints appropriately, they would be looked into". The provider had not received any complaints, however they had a process in place to ensure complaints were appropriately investigated and resolved.

Requires Improvement

Is the service well-led?

Our findings

Staff we spoke with told us that the management of the service had been inconsistent over recent months. One staff member told us, "There has been three managers in a short space of time; we have a new one starting next week". Two out of the three care staff we spoke with told us they did not always feel supported by management. One staff member said, "Management has been inconsistent, it can be confusing as different managers have different opinions on how things should be done". They said that this could sometimes cause confusion on how care and support should be provided to people. They also went on to say, "There is a general lack of support from management". Staff did not always feel that they had the appropriate support to provide effective care to people who used the service. For example, one to one sessions were not always consistent to enable staff to discuss their performance, training needs or concerns.

Staff told us communication could also be improved. They told us that team meetings were not being held regularly. One staff member said, "We've not had a team meeting for a while, about four to five months ago, it would be nice to have one to see where we are going, we feel a bit in the dark". Staff told us they felt confident to make suggestions for improvements however some staff did not always feel that their ideas would be considered. One staff member said, "Ideas and suggestions are listened to but not implemented".

All of the staff we spoke with told us that staff morale was low and some staff we spoke with told us they were planning to leave the service and felt there had been high levels of staff absence as a result. The registered manager had recognised these concerns and had recently recruited a new service manager, who we met in the day of the inspection. They told us of the plans to ensure these concerns were addressed. The registered manager said, "There is low morale at the minute, changes need to be made, communication needs improving and staff need to be encouraged to have their input and engage in giving feedback". Staff we spoke with told us they had met the new service manager and had confidence they would make the necessary improvements which they felt would improve staff morale. We saw that some of these improvements had started to be made. For example, we saw a staff team meeting taking place during the inspection. However we needed to see further improvements were made and sustained in order to improve the rating.

The person we spoke with told us they liked living at the home and relatives were complimentary about the service and the management. One relative sad, "[Person] seems happy, I would recommend the service, I am happy with the service". Another relative said, "Absolutely fantastic, exemplary, couldn't be better". They went on to tell us, "The management is good; it's well led, well run".

People and relatives were given opportunities to provide feedback. One relative said, "Occasionally we have a questionnaire sent out". Another relative said, "If I wanted to make a suggestion or a change I'm sure the manager would listen and look to see if it could be implemented". People were invited to attend residents meetings to gain their feedback and regular satisfaction surveys were sent out to relatives. One staff member said, "We have monthly residents meetings, people can discuss things they may want to change and things they want to do". We also saw the service had a suggestions box in the communal area where people, relative, staff and visitors could provide the service with feedback. Feedback was analysed and used

to make improvements. For example we saw a suggestion relating to the care of people had resulted in a change to staff practice.

Systems to monitor the quality of the service were being regularly completed and were effective at identifying the areas which required improvement. Information from quality checks was used to make improvements. For Example audits had identified concerns with the recording of medicines and we saw appropriate actions were being taken to address this, such as additional training for staff. We found checks on staff training had identified the need to update the staff training records. We saw the registered manager had completed this action. The provider had completed the Provider Information Return (PIR) and we saw the actions the provider told us they would complete had been completed or were being progressed.

The registered manager and staff had a good understanding of their role and responsibilities. For example the registered manager was appropriately notifying us of certain events they are required to such as serious incidents. The registered manager was keeping up to date with current legislation and best practice to ensure effective care and support was being provided to people living at the home. The registered manager was well supported by the provider. They told us, "I have good support, supervision, we work together to make sure we are getting the best outcomes for people".