

## Turning Point

# Turning Point - Alfred Minto House Care Home

### 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 ●

# Summary of findings

## Overall summary

This inspection took place on 3 May 2016 and was unannounced. Turning Point – Alfred Minto House provides accommodation and treatment for up to ten men with support needs associated with mental health. The aim of the service is to support people to become more independent and move on into their own accommodation. On the day of our inspection ten people were using the service.

The service had a registered manager. 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.

Staff ensured people were safe living at the care home and understood their responsibilities to protect people from the risk of abuse. Any risks to people's health and safety were assessed and a management plan put into place. Action was taken following any incidents to try and reduce the risks of similar incidents happening again.

People were supported by a sufficient number of staff and staffing levels were flexible to meet people's needs. Effective recruitment procedures ensured staff were safe to work with vulnerable adults. There was a focus on supporting people to manage their own medicines with the required level of support from staff.

Staff were provided knowledge and skills to care for people effectively and received regular supervision of their work. People received support from health care professionals when needed. People managed their own dietary intake with support from staff.

The Care Quality Commission (CQC) monitors the use of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People had the capacity to make their own decisions and this was respected by staff. Procedures were in place to assess a person's capacity to make a decision should this be required.

Positive and caring relationships had been developed between people and staff. People were in control of planning their own care and treatment and made choices which staff respected. Staff treated people with dignity and respect and ensured their privacy was respected.

People were provided with support that was responsive to their changing needs. Staff encouraged people to be as independent as possible and worked with them to improve their life skills. Activities were available which were tailored to people's interests. There was a clear complaints procedure in place and people told us they felt able to make a complaint.

There were systems in place to monitor the quality of the service and these were well utilised and resulted in improvements being made. The registered managers led by example and staff felt able to speak with them

about any concerns. There was an open and honest culture in the home.

## 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 received the support required to keep them safe and reduce risks to their health safety.

There were sufficient numbers of suitable staff to meet people's needs.

People were able to manage their own medicines with the appropriate level of support from staff.

### Is the service effective?

Good ●

The service was effective.

People were cared for by staff who supported through training and supervision.

People provided consent to any decisions about their care and treatment.

People had access to sufficient food and drink and access to healthcare professionals such as their GP and dentist when needed.

### Is the service caring?

Good ●

The service was caring.

People were cared for by staff who had developed positive, caring relationships with them.

Staff ensured people were fully involved in planning their own care and treatment.

People's privacy and dignity was respected.

### Is the service responsive?

Good ●

The service was responsive.

People received the support they required to develop their skills and increase their independence.

People felt able to make a complaint and there was a clear procedure in place for handling complaints.

**Is the service well-led?**

**Good** ●

The service was well led.

There was an open and transparent culture in the home.

The registered managers led by example.

Systems to assess the quality of the service were well embedded and resulted in improvements.

# Turning Point - Alfred Minto House Care Home

## **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.

We visited the service on 3 May 2016, this was an unannounced inspection. The inspection team consisted of one inspector and a specialist advisor who was a qualified Mental Health Nurse. Prior to our inspection we reviewed information we held about the service. This included information received about the service and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with five people who were using the service, four members of staff, a visiting healthcare professional, the referral and development lead and one of the registered managers. We also observed the way staff cared for and interacted with service users in the communal areas of the building. We looked at the care plans of three people and any associated records such as incident records. We looked at three staff files as well as a range of records relating to the running of the service such as audits, training and supervision records.

# Is the service safe?

## Our findings

The people we spoke with told us they felt safe living at the home. One person said, "I feel totally safe." Another person told us, "Yes I feel completely safe." During our visit we observed that the atmosphere in the home was calm and relaxed. People were very independent and able to come and go at their leisure. Staff treated people equally and this resulted in people feeling relaxed and at ease living at the home.

People were protected from the risk of harm and staff worked proactively to maintain their safety. The staff we spoke with were aware of the different types of abuse that can occur and told us they would not hesitate to report any concerns. There was a good awareness of how to report concerns and staff felt that the registered managers would act appropriately. One staff member said, "I wouldn't have any worries about reporting any abuse from staff to service users and would do so right away, with no fears of repercussions." People and staff had access to information about safeguarding which was available in the home. The provider had ensured staff received appropriate training and development to understand how to protect people. Information had been shared with the local authority about any incidents which had occurred in the home.

The staff we spoke with told us that generally the atmosphere in the home was relaxed and there were very few incidents between people living at the service. Staff had received training and support in managing any challenging situations and told us they felt able to manage situations where people may be affected by the behaviour of others. For example, staff knew that some people liked to go for a walk in the local community as a way of helping them to calm down should they be distressed. When incidents had occurred, the registered managers worked with staff to understand why it had happened and what could be done differently next time.

The people we spoke with told us that staff worked with them to reduce any risks to their health and well-being. One person said, "Staff are aware of my past and the risks, but they don't judge me at all. They have helped me develop to the point where I am almost ready to move on." Another person commented on the safety of the building and told us, "There are never any hazards on the floor to trip over and if there was anything broken or damaged it would get fixed."

Risks to individuals were recognised and assessed and staff had access to information about how to manage the risks. We saw from a person's care records that there were some restrictions on who they could have contact with due to known risk factors. The level of risk had been assessed prior to them moving into the home and was reviewed on a regular basis. A care plan was in place which identified what strategies staff should use to reduce risks to the person and to others. When we spoke to staff they displayed a thorough understanding of which techniques they should use to manage risks.

Risks associated with any healthcare conditions people had were also assessed and the appropriate management plans were in place. For example, where people had diabetes the impact of this on their daily living was assessed and guidance available for staff in their care plans. Whilst people were fully independent and able to make their own decisions, staff actively supported them to eat and drink healthily and to reduce

their sugar intake. We saw that there wasn't such detailed information available for one person's healthcare condition, although staff were clearly able to describe how they supported the person. Staff took immediate action to improve the quality of the information in this person's care records.

People were cared for in an environment which was well maintained and appropriate safety checks were carried out. Routine maintenance tasks were reported to a maintenance provider in a timely manner. Regular safety checks of the building were carried out, such as testing of the fire alarm and gas safety checks.

The people we spoke with told us they felt there were enough staff to meet everybody's needs. One person said, "If I ever need someone to talk to, they will make themselves available straight away." Another person told us, "Yes I do think there are enough staff. I pretty much do everything for myself but if I ever need help I don't have to wait long." During our inspection we saw that staff were available to support people when required.

Staff were able to respond quickly because there were sufficient numbers of suitable staff. One person asked to go for a walk with a member of staff and this was facilitated without delay. Another person asked to have a discussion with a member of the management team about a personal matter and this was also carried out in a timely manner. The staff we spoke with told us they felt there were enough staff working in the service to meet the needs of people and to ensure they could take their planned rest days.

Staffing levels were flexible and were based on the needs of people living at the home. For example, if people required staff support to attend a healthcare appointment the registered managers ensured extra staff were available to support this. Staff were also allocated time to attend training courses and other events away from the home. This time was booked onto the rota whilst ensuring there were sufficient numbers of staff working at the home. The service also had access several regular bank workers who could cover shifts at short notice to ensure staffing levels were maintained.

The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

The majority of people managed their own medicines with varying levels of support from staff which was appropriate to their assessed level of independence. Some people received a week's supply of medicines whereas others received less. One person told us that staff had taken over control of their medicines temporarily but understood why this had been done and felt it was for their own safety. People told us they were satisfied with the medicines management procedures in the home and that they always had access to the medicines they needed.

We found that there was good information about each person in respect of their medicines including any allergies, how they preferred to take their medicines and how they should be supported to be as independent as possible. Medicines were safely stored and there was an effective system in place for ordering and disposing of medicines. Staff received training in the safe handling and administration of medicines and had their competency assessed. People's ability to manage their own medicines was assessed and staff signed out the agreed amount of medicines to those people. Staff regularly checked that people were taking their medicines as prescribed and took appropriate action should they have any concerns.

# Is the service effective?

## Our findings

People told us they felt that staff were well trained and competent. One person said, "The staff are excellent. They all know what they are doing." Another person commented, "I have also been on some of the training that staff have attended so I know it is good." Whilst the training records we saw showed that not all staff had received the training required for their role, a plan was in place to address this. For example, some staff required their safeguarding training to be updated and we saw that dates had already been arranged. The staff we spoke with told us they received good quality training that was relevant to the needs of the people they cared for, such as mental health awareness and supporting people with a personality disorder.

Staff told us that they were encouraged to take part in professional development and were able to share their knowledge amongst the team. For example, one staff member told us they had completed a diploma and disseminated relevant information to the other staff which had helped to improve the standard of care that people received. Other staff had attended a training course about diabetes in order to provide effective care to people who lived with diabetes. One staff member told us that professional development was encouraged by the provider and staff felt confident in asking to attend additional training courses.

New members of staff had undergone a comprehensive induction comprising of shadowing experienced colleagues, attending various training courses as well as an introduction to relevant policies and procedures. The competency of new staff was assessed prior to them supporting people. Staff also received regular supervision and an annual performance appraisal. Staff told us they felt very well supported through supervision and also that they felt able to approach the registered manager at any time. We saw that these systems were used to assess the performance of staff and encourage their development by setting objectives for the year ahead.

People told us they were fully involved in planning their own care and were able to provide consent to any decisions that needed to be made. One person said, "I have been involved in, seen and signed my records." Another person confirmed, "Yes I have given consent and signed my care plan." During our inspection we observed that staff respected people's autonomy and any decisions they made.

The people living at Turning Point – Alfred Minto House all had the capacity to make their own decisions. Should people's capacity to make a decision be in any doubt procedures were in place to ensure the provider would follow the principles of the Mental Capacity Act 2005 (MCA). The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Nobody living at the home was subject to a DoLS, however the registered managers were aware of the application procedure and when this may be

required. The staff we spoke with had a good understanding of the MCA and described the importance of people making their own decisions. Staff had been provided with training in understanding the MCA and how it may impact on the support they provided.

People were able to buy the food that they wanted to eat and were supported to manage their budget to ensure they always had access to enough food and drink. One person said, "I have complete control and buy what I want to buy." Another person told us, "Staff will advise me about healthy eating and just keep an eye on what I am buying." There was a range of shops in the local area and people told us they were able to go to any of the shops whenever they needed to buy food or drink.

Each person had their own fridge and cupboard space to store their food items. Staff provided support when required to enable people to prepare and cook their meals. One person said, "Staff have helped me to learn how to cook. I couldn't at all when I came here." Another person commented how they valued the help staff had given them in managing their dietary intake and increasing their culinary skills. People were able to access their own food and drink whenever they wanted and staff also encouraged people to keep hydrated.

The staff we spoke with told us people got enough to eat and described how they planned menus with each person and offered advice about a balanced diet. Staff told us that they had taken action to support one person to manage their weight. The person was being weighed on a regular basis and encouraged to eat more healthily in order to try and lose weight.

People had regular access to a range of healthcare professionals when required for physical and mental health appointments. One person told us, "If I need to see a doctor I'll let staff know and they'll arrange it. The doctors is just down the road." Another person told us that staff would let them use the house phone to make any medical appointments themselves. During our visit a healthcare professional visited the home to carry out a mental health review with one person. They told us that they enjoyed a good working relationship with staff.

Staff ensured that people regularly saw their assigned mental health workers to review their progress and ensure that people received the medicines they needed as part of their treatment programme. We saw that there were comprehensive case review notes in people's care plans which demonstrated the progress people had made in becoming more independent. Staff followed any guidance and treatment plans that were provided to them by mental health professionals.

People were also provided with swift access to services such as their GP and dentist. Records were made in people's care plans when they had attended an appointment and staff noted any guidance that had been provided. Staff also told us that they would not hesitate to contact the emergency services in a more urgent situation.

## Is the service caring?

### Our findings

The people we spoke with told us that staff were very caring and that they had built up positive relationships with them. One person said, "Staff are very understanding and are really recovery focussed." Another person told us, "I think all the staff are nice and we get on well. They treat us like adults." We were also told, "I can't fault any of the staff. They are nice and we can have a laugh as well."

We observed many positive interactions throughout our visit between staff and people who used the service. Staff demonstrated that they understood people's individual personalities and treated them as their peers. People told us that they appreciated this and felt that it had helped them settle into the home well. Staff also showed an interest in what people were doing and how their day had been. One person went out for a long walk during the morning and staff talked with them in detail about this on their return. Another person had chosen to stay in the home but staff still regularly engaged them in conversation about their day and any future plans they had.

People were supported by staff who knew them well and understood their individual needs. Staff gave detailed information about how people preferred to be supported and told us they enjoyed working at the service. Staff told us that they felt all staff were caring towards people who used the service. One staff member told us that they felt staff were able to spend time with people developing relationships rather than being task focussed.

People were fully involved in planning their own care and making decisions about the support they wanted. One person said, "I am involved in regular reviews where I can talk about how things are going." Other people confirmed that they had been involved in writing their care plan when they first moved into the home and that this was regularly reviewed with them. People were also able to be involved in the recruitment process for new staff. One person told us that they had asked questions to people who attended the home for an interview and had input into the decision making process.

The staff we spoke with described how people were involved in the running of the home and making their own decisions. One staff member said, "Service users are included in their care and running of the home, they take part in interview process and service user meetings." During our visit we observed staff reminding people to carry out any tasks they needed to, such as doing their laundry and washing up. However, staff also respected the choices people made about how they wished to spend their time.

There had been an assessment of people's needs, likes and dislikes upon admission to the home. This information was used to form their care plans and people's wishes were taken into account in the way they were cared for. Records we saw and staff we spoke with also confirmed that people were regularly involved in reviews of their care and treatment and suggested if any changes needed to be made. Information was available about advocacy services and some people had made use of this service. Advocates are trained professionals who support, enable and empower people to speak up.

The people we spoke with told us that staff treated them respectfully and ensured their right to privacy was

maintained. One person said, "The staff treat all of us properly." Another person added, "They treat us like adults, the staff are very respectful." We were also told that people had keys to their rooms and that staff knocked and waited to be invited into bedrooms. We observed this to be the case during our inspection.

People were treated in a respectful way by staff. We observed that staff spoke politely to people but also enjoyed sharing a joke when it was appropriate. Staff clearly knew each person well and communicated in an appropriate manner. People were able to manage their own correspondence and mail where this was appropriate. This was important to people because they told us they would need to manage this when they moved into more independent accommodation.

Staff had an appreciation of the importance of having privacy. One staff member said, "I don't go in rooms without knocking first. Keyworker meetings are held in the meeting room to allow for privacy." There were several areas of the home people could access should they wish to be somewhere quieter as well as their own bedroom. Staff were discreet when discussing people's support needs and ensured conversations were held in private areas of the home.

## Is the service responsive?

### Our findings

People received person-centred support and told us that staff were responsive to their changing needs. One person said, "The staff here have turned me around. I wouldn't have got to where I am without their help and support, its great here and the staff are fantastic." Another person told us, "I think it is five star here, one of the best homes in the country." We were also told, "They are focussed on helping me look after myself so I can move on eventually."

People did not require any support with managing their personal care needs. Staff told us that they would sometimes need to prompt people but did not need to provide 'hands on care'. This enabled staff to focus on helping people to develop independent living skills. For example, staff spent much of their time developing important life skills with people such as cooking, cleaning and shopping. The people we spoke with were very complimentary about the help that staff had provided such as how to operate an oven or washing machine. People's skills and development were assessed on a regular basis and the level of support provided was adjusted as people become more competent.

In addition, people were supported to further their education by accessing courses at a local recovery college. One person told us that they used to enjoy woodwork and showed us items that they had made which were used in the garden. We spoke with a registered manager who agreed to look into woodwork courses at the recovery college and to support the person to choose the best course for them. Staff supported people with managing their finances, budgeting and completing relevant applications. This was done with a focus on people being able to manage their own finances more independently.

Activities were also arranged within and outside of the home and these took place on a daily basis. For example, on the day of our inspection the arranged activity was a game of tennis at a local park. People also enjoyed going for walks, bike rides and visiting local attractions. Access to a computer and the internet was also available which enabled people to keep in contact with friends and family as well as access education and other resources. Information about how people had responded to activities was noted and used for the future planning of activities.

The staff we spoke with had a good understanding of how people preferred to spend their time and felt that the information in people's care records was helpful. Staff also told us they were updated when people's support needs had changed. There was a handover between morning staff and afternoon staff during our inspection. This was used to give relevant information about all the people living at the home and gave additional information to staff who hadn't been at work recently.

The people we spoke with told us they would feel able to make a complaint but had not needed to do so. People were provided with the complaints procedure and it was also displayed in a prominent place. Staff also regularly reminded people of their right to make a complaint during 'residents meetings'. The staff we spoke with told us that they would help somebody to make a complaint should they be the first to receive the information.

Whilst there had not been any complaints received in the 12 months prior to our inspection, the registered manager was clear that any complaints received would be taken seriously. There was a clear process in place to ensure that complaints could be investigated and responded to as required. A number of compliments had been received from people which praised the work of staff.

## Is the service well-led?

### Our findings

People benefitted from an open and transparent culture in the home and the people we spoke with told us that the culture of the home was relaxed. One person told us that they were a 'service user representative' which meant they regularly travelled to attend national meetings and conferences representing the home. They told us that this enabled them to have influence over the development and direction of Turning Point – Alfred Minto House. Another person said, "It is very open. I feel very involved in the way the home is run."

The staff we spoke with also felt that the culture was relaxed and transparent. One staff member said, "There is always involvement from the whole team, making sure all aspects of care are done and meet legislation, keeping everyone on the same page." Staff told us that they felt confident that they would be treated fairly if they made a mistake and would be willing to tell either registered manager. One staff member told us, "All work has transparency, everything we do and record is typed up and is put in the file. If a mistake is made the manager would be informed straight away, not telling anyone would be the wrong thing to do."

There were formal and informal ways that staff could influence the development of the home. There were regular staff meetings and records confirmed that staff were able to contribute their ideas or concerns during meetings. There were good links with community and health care services in the area. A visiting professional commented that the staff interacted positively with them during their visits. They also felt staff were responsive to their suggestions and there was good two-way communication.

There were two registered managers in post and they both understood their role and responsibilities. People told us that they had a good relationship with the management team and this was evident during our visit. We saw one of the registered managers interacting with people and they clearly knew people's personalities very well and engaged in an open and inclusive way. There was an 'open door' policy meaning that people could speak with a manager whenever they needed to. Staff told us the registered managers led by example and had an appreciation of the work they carried out. One staff member commented, "Either manager is very approachable. I can talk to them about anything."

There were clear decision making structures in place, staff understood their role and what they were accountable for. Certain key tasks were delegated to staff to carry out, such as the ordering of medicines and updating care records. Resources were provided to enable staff to meet people's needs, for example the provider had recently funded some replacement flooring. This work was carried out on the day of our inspection. One of the registered managers told us they were given sufficient control over the home's budget to ensure the facilities and equipment staff needed were always available.

Records we looked at showed that CQC had received all the required notifications in a timely way. Providers are required by law to notify us of certain events in the service. Whilst people's care records did not always contain sufficient detail to understand their needs, this did not impact negatively on the support staff provided. The registered managers responded to our feedback positively and took immediate steps to ensure that additional detail was added to care plans.

The people we spoke with told us there were many different ways they could provide feedback about the quality of the service. One person said, "There are regular service user meetings which I always try to attend." Another person told us that they had received and completed a satisfaction survey.

There were fortnightly meetings for the people living at the home to discuss various matters such as food, activities and maintenance of the building. We saw that people's suggestions were taken seriously and acted upon where possible. For example, there had been a discussion about the use of the shared television and a solution had been agreed together. Satisfaction surveys had recently been provided to people, relatives and healthcare professionals. These showed a high level of satisfaction with the service. A report and action plan was put into place to address any areas for improvement identified.

There were robust systems in place to monitor the quality of the service provided. Audits were carried out internally by the manager such as checks of the environment, record keeping and people's involvement in their care. Where any issues were identified these were addressed by the registered managers. For example, a recent audit had identified that some building related risk assessments required a review. We saw that this action had been taken. The staff we spoke with told us that they felt their opinion about the quality of the service was respected.