

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?	Good ●

Summary of findings

Overall summary

About the service:

The Octagon provides accommodation for people requiring personal care who have a learning disability. At the time of this inspection the service was providing accommodation and personal care to six people with learning disabilities and other complex needs.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible and in their best interests.

People's experience of using this service:

People were safe and supported by a staff team who knew them well. Staff were able to recognise potential signs of abuse and the registered manager was aware of the process to follow should an allegation be made. People received appropriate support to receive their medicines when they needed them. Risks to people were assessed and plans were in place to help keep people safe.

People were protected from the risks associated with the control and spread of infection and the accommodation was suitable to provide a homely environment.

Staff understood, and protected people's rights and people were treated as individuals. People were encouraged to be as independent as they were able. Staff worked effectively with health and social care professionals to ensure people's needs were met.

People had opportunities to engage in activities that were of interest to them.

There were enough staff to meet people's needs. Staff were well supported and well trained. People told us that staff were kind and people were supported with respect and understanding.

There was a complaints procedure in place which was also available in an easy read format. Staff knew people well, meaning they could tell when someone was unhappy or uncomfortable.

Regular audits of the service showed people received good outcomes and a safe and well managed service. The management team were approachable and proactive to ensure the service met the needs of the people they supported. The service had good community links that promoted inclusion.

Rating at last inspection:

The service was rated Good at the last inspection in November 2016 (published January 2017).

Why we inspected:

This was a scheduled inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Octagon on our website at www.cqc.org.uk.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

The Octagon

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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

This service provides care and support to people living in a 'supported living' setting, 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

Inspection activity took place to the service on 4 July 2019, and a call to a relative took place on 19 July 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We used the information the provider sent

us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We met three people who used the service. Staff supported people to communicate their views with us, and we also received feedback from a relative following the inspection.

We spoke with three members of staff, a team leader, the registered manager and the locality manager.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People appeared at ease with the staff supporting them and told us they felt safe. A relative told us, "I know [Person's name] is in a safe place and is well looked after."
- Staff had received training to understand and recognise signs of abuse and were confident to report it.

Assessing risk, safety monitoring and management

- People received safe support as known risks were assessed and well managed. Staff told us how they assessed risks and records showed that assessments were undertaken, and actions plans put in place to manage risks safely.
- Personalised care plans were in place for staff to follow in the event of an emergency, such as a fire. We saw these detailed how people respond to touch and instruction. This meant staff could support people without causing additional distress.

Staffing and recruitment

- There were enough staff to support people to receive the support they required. People received one to one support to enable them to lead full and active lives with the supervision they required.
- Staff provided flexible support at times when people needed it. People had developed good working relationships with staff and staff told us consistency was achieved meaning they could offer safe and effective support.
- Staff confirmed they had been through a thorough recruitment process prior to starting work and records confirmed that all required checks had been made.

Using medicines safely

- People required support to manage their medicines to keep them safe. People's medicines were stored in their rooms, so they could be administered in private.
- Support plans were in place to identify individual support needs and records reflected when and how certain medicines were to be given.
- Records showed that staff were following detailed guidance to ensure people received their medicines safely and appropriately.
- Where protocols and risk assessments were in place, these had been signed by health professionals to ensure staff were acting in line with medical guidance.
- Staff were knowledgeable of their responsibilities when administering and recording medicines and training had been delivered as well as ongoing competency checks. Senior staff audited records and any errors were well managed.

Preventing and controlling infection

- Staff told us they had received training in relation to infection control and we saw that regular audits took place to ensure processes were being followed.
- We saw personal protective equipment was available for use as required.

Learning lessons when things go wrong

- Staff said that any issues identified during audits or spot checks were discussed in team meetings to ensure improvements could be implemented.
- Accidents and incidents were reported by staff and monitored by the registered manager and senior managers to identify any trends and take action to minimise reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them receiving support and this was used to decide if the service could meet the person's needs. Where people were unable to be part of this process family members were involved to ensure people's, needs were fully identified.
- Care plans were person centred, and contained details of people's diverse needs and aspects of their life that were important to them.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained to effectively meet their needs. Staff told us they received good training and was relevant to their role.
- Staff received training which enabled them to understand people and their behaviours. Training was delivered both electronically and via health professionals if this was required and was tailored to the person being supported.
- Relatives told us that they felt staff were trained, one relative said, "Yes, the staff are trained and know [relative] well and when they are anxious or upset the staff know what kind of things help to calm them."
- New staff were supported by existing staff and a detailed induction programme was followed.
- Staff told us they felt supported by each other and by the management team. One staff member said, "We have really good support here, we work as a team and support each other."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff understood people's individual dietary and nutritional support needs and assisted people to eat healthily and make informed choices about what they ate.
- Staff encouraged people to make plans for the day, so they could decide what and where they would be eating. For example, during the inspection one person was going out for lunch.

Staff working with other agencies to provide consistent, effective, timely care

- Staff told us they worked closely with outside agencies to ensure if people's needs changed they got the right support.
- Records showed health and social care professionals had input in developing people's plans and reviewing care and support needs. Staff told us that visiting health professionals were very responsive and meant staff were supported to care to keep people well.

Adapting service, design, decoration to meet people's needs

- Due to the service type each person had their own flat but could access communal areas independently or with support as required. One person enjoyed spending time in the garden, for example, and staff had supported them to personalise an area according to their taste.
- The flats we saw reflected the person's individual taste and they enjoyed spending time in this space.

Supporting people to live healthier lives, access healthcare services and support

- People received full support from staff to manage their health care needs and staff worked closely with health professionals to ensure people maintained good health.
- Staff knew people well and could recognise signs that a person was becoming unwell. They then sought appropriate support.
- Records reflected when routine health appointments were attended, and staff updated records following a visit.

Ensuring consent to care and treatment in line with law and guidance

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found that the staff were working within the principles of the MCA. People did not always have capacity to make decisions, so relatives were involved to support them. This way decisions could be made in the person's best interest.
- Staff understood what capacity was and had received training to assist them to support people with decision making when appropriate.
- Where restrictions were in place for a person the registered manager told us how they monitored these and had plans to review them when the timescales had lapsed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We spoke with three people who told us, "Staff are nice". We saw positive Interactions between people who used the service and staff and conversations were relaxed and friendly. Staff told us, "It's a lovely place to work, we all just want the best for people."
- We saw staff were patient and kind and gave people time to make decisions and do things for themselves where able.
- Relatives also expressed positive views. One commented, "I would say [they are caring]. [Relative] has got a very good relationship with them."
- Staff were aware of people's cultural and social needs and these were reflected in care planning.

Supporting people to express their views and be involved in making decisions about their care

- People were supported by staff that understood the need to include people in decision making. We observed staff ask people where they wanted to go and what they wanted to do. As staff knew people well they could offer choices based on peoples' preferences to assist decision-making.
- Where people were able to make decisions, they were supported with time and patience for them to do so.
- We saw that accessible information was available, such as the complaints procedure, had been produced in an easy read format with pictures.
- Staff told us that some people displayed body language to show their feelings and supported people accordingly based on their knowledge of what these behaviours were known to mean. Details of people's preferences were well documented to ensure staff had required information.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to be as independent as possible. We saw staff encourage people to do things for themselves where able.
- Personal care was carried out in the privacy of peoples' flats and staff were able to tell us how they maintained peoples' dignity, for example by closing curtains or blinds, and ensuring towels were used to maintain modesty.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People living at the Octagon received personalised, one to one support meaning they could receive a service based on their individual preferences.
- Some staff had supported people for several years meaning that they knew people well. This meant when people were unable to express themselves fully that support could be focussed around likes and preferences. Staff told us how they shared information as a team, one staff member said, "We share any changes immediately with each other, so that the person gets the right support, and also record them in the persons' notes."
- Care plans were in place and were seen to be detailed about all aspects of peoples care and support, including communication.
- Plans and risk assessments were reviewed and updated following incidents and when appropriate changes to plans were then made to maintain the correct level of support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff used a range of ways to communicate with people. They told us some people could respond to verbal communication, others relied on visual prompts. We saw staff understood peoples' different ways to share information and communicate.
- Staff closely observed people's body language and built up a knowledge of behaviours and what they were meant, and we saw these were recorded in peoples' plans.
- People enjoyed a range of activities both at home and in the community, and these reflected peoples' preferences.
- Staff worked flexibly to support people to live full and active lives. People had opportunities to attend educational and social activities of their choice. One person enjoyed going to church and another was involved in The people's Parliament. This was established to ensure people with learning disabilities are supported to influence and improve their lives.
- People were supported and encouraged to stay in touch with family and friends. Friends and relatives were invited to visit people at their home and they were made welcome.
- People used their own cars to access activities.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place that was easy to follow and readily available to people. People who used the service would not be able to follow this formal process however they were able to express dissatisfaction in other ways and staff were responsive to changes in people's behaviour to know when they were not happy.
- Relatives told us they knew how to raise a concern if necessary. They shared with us concerns they had raised and how they had been addressed.

End of life care and support

- There was no one using the service who required end of life support and staff felt that people would not be able to actively engage in discussions about their end of life.
- Staff told us they would discuss with relatives and health and social care professionals should the need arise.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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.

- At the last inspection staff told us they hadn't always felt supported due to inconsistent management. At this inspection staff told us the management was more stable and therefore they felt more supported. One staff member told us, "I feel supported-the manager is always available."
- The management team were aware of their responsibility to be open and transparent with addressing issues and investigating incidents and complaints. This was in accordance with the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
- People were consulted and involved as far as they were able to share views about the service. People attended meetings with the staff that supported them most and we saw where issues or ideas had been raised staff had acted on these.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was clear about their role and responsibilities. They worked alongside the deputy manager and locality manager to assess risks and monitor staff performance. Records showed these checks took place and staff told us that they were supported to carry out their roles.
- Notifications of incidents, events or changes were sent to us as required by law. These included safeguarding referrals and notifications of injury.
- The provider had audit and quality monitoring systems in place that identified any concerns relating to the safety and quality of the service.
- We saw that external audits had been acted upon. The locality manager shared details of their last visit with us. We saw that they produced action plans following visits and reviewed they had been acted upon.
- Staff were involved in carrying out internal audits and then there were a series of checks in place to ensure they had been done and actioned if necessary. This meant quality could be maintained and demonstrated.

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

- Staff told us how they involved and consulted people in relation to how their support was delivered. Staff had opportunities to discuss issues and make suggestions for improvements and changes based on people's needs and wishes.

- A relative told us how they were kept informed and were consulted when required, "They [staff] always keep me informed of any changes to [relative]health."

Continuous learning and improving care

- Staff told us they were encouraged to share any ideas they had regarding improving the service. They told us they shared information and experiences to try to improve people's care and support.
- Incidents were reviewed and discussed in staff teams. Accidents and incidents were also reviewed by the senior management team. Actions plans were developed when necessary and used to drive improvement.
- Following incidents staff had opportunities to discuss the incident and make suggestions for changes and improvements if appropriate. Staff received refresher training at regular intervals to ensure their knowledge was up to date and reflected current best practice guidelines.

Working in partnership with others

- The manager worked in partnership with health and social care professionals to achieve good outcomes for the people who received a service. These included local GP's and social workers.