Turning Point

Turning Point - Northamptonshire & Milton Keynes

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 announced inspection took place on 20 and 21 December 2018. Turning Point – Northamptonshire and Milton Keynes was first registered with the Care Quality Commission (CQC) on 22 December 2017; this was the first comprehensive inspection of the service.

The service provides care and support to people living in 'supported living' settings, so that they 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 our inspection, there were two people in receipt of personal care support. The service provides support to people who have mental health needs, a learning disability, autistic spectrum disorder or complex health needs.

Not everyone using Turning Point – Northamptonshire and Milton Keynes receive the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

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 in a safe way. Staff understood the signs of abuse and the safeguarding procedures that should be followed to report abuse. All the staff we spoke with were confident that any concerns they raised would be followed up appropriately by senior staff. People had risk assessments in place to cover any risks that were present within their lives, but also enabled them to be as independent as possible.

There were safe systems in place for the administration of medicines and people received their medicines as prescribed. Staff supported people in a way which prevented the spread of infection. Staff used the appropriate personal protective equipment to perform their roles safely.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. References and security checks were carried out as required. Staffing levels were planned individually for each person and adjusted when needed to ensure people's needs were met. Staffing rotas showed that staffing was consistent.

Staff attended induction training where they completed mandatory training and were able to shadow more experienced staff. Staff were encouraged to update their mandatory training with refresher courses. Staff were well supported by the registered manager and senior team, and had one to one supervisions.

Where needed staff supported people to have access to suitable food and drink. Staff supported people to health appointments when necessary. Health professionals were involved with people's care as and when required.

People were involved in their own care planning as much as they could be, and were able to contribute to the way in which they were supported. Care planning was personalised and considered people's likes and dislikes, so that staff understood their needs fully. People were in control of their care and listened to by staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. People told us they were happy with the way that staff spoke to them, and they provided their care in a respectful and dignified manner.

The service had a complaints procedure in place. This ensured people and their relatives were able to provide feedback about their care to help the service make improvements where required.

Quality monitoring systems and processes were in place and audits were taking place within the service to identify where improvements could be made.

The service worked in partnership with other agencies to ensure quality of care across all levels. Communication was open and honest, and improvements were highlighted and worked upon as required.

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.

There were systems in place to protect people from the risk of harm and staff were knowledgeable about these.

Risks were managed and reviewed regularly to keep people safe from harm, injury and infection.

Sufficient numbers of staff were deployed to meet people's needs.

People were supported to take their medicines safely.

Is the service effective?

Good

The service was effective.

Systems were implemented to ensure that people's capacity to consent to their care and support was assessed.

People's needs were assessed before the provider agreed to provide their support.

Staff were skilled and had completed the training they needed to provide effective care.

People were supported to maintain their health and well-being. If people needed assistance with their meals and drinks staff provided this.

Is the service caring?

Good

The service was caring.

The staff were kind and caring and understood the importance of building good relationships with the people they supported.

Staff supported people to be independent and to make choices. People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People were supported to be involved in the planning of their care. They were provided with support and information to make decisions and choices about how their care was provided.

Information provided by the service was available to people in accessible formats.

A complaints policy was in place and information available to raise concerns. People knew how to complain if they needed to.

Is the service well-led?

Good

The service was well-led

There was clear leadership and management of the service which ensured staff received the support, knowledge and skills they needed to provide good care.

Feedback from people was used to drive improvements and develop the service. People's individual needs were recognised, respected and promoted.

Audits were completed regularly at the service to review the quality of care provided.

Turning Point - Northamptonshire & Milton Keynes

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.

This inspection took place on 20 and 21 December 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure staff would be available to meet with us. We visited a person who used the service and the office location on the 20 December. We made telephone calls to a person's relative and staff on the 21 December.

The inspection team consisted of two inspectors.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law. We contacted health and social care commissioners who place and monitor the care of people supported by the service. We also contacted Healthwatch England, the national consumer champion in health and social care to identify if they had any information which may support our inspection.

We spoke with one person using the service and two people's relatives. We also spoke with the registered manager, a team leader and two support workers. We looked at records relating to all aspects of the service including care, staffing, and quality assurance. We also looked at two people's care records and three staff recruitment records.

Good

Is the service safe?

Our findings

People and their relatives said people were cared for safely. They told us staff supported people safely and that people felt safe when staff were in their homes. One person said, "I have no problems with any of the staff, they are a great group." The service was committed to supporting people to understand how best to keep themselves safe. One person had recently attended a workshop on safeguarding to help them to understand potential risks and how they could protect themselves.

We talked with the staff about safeguarding people from abuse, and they understood the correct procedures to follow. Staff told us they received regular training in safeguarding; training records reflected this. One member of staff said, "I've had safeguarding training and I've recently done a refresher. You can ring the number for safeguarding in Milton Keynes [to report a safeguarding concern]." Staff were confident that concerns were always followed up promptly by senior staff and told us that they would not hesitate to report concerns to senior staff. The registered manager had reported safeguarding concerns to the appropriate authority when required.

People and relatives said staff protected people from risk. One person's relative said, "The staff are very good, they have a good understanding of [person's name's] needs and the boundaries that need to be in place."

People had risk assessments in place so staff knew how to support them safely. Risk assessments were specific to each person and covered areas such as medicines, behavioural risks and safety in the community. Where risks were present, risk management plans had been put in place to reduce and manage the risk; these control measures took account of people's choices and independence. For example, staff were provided with clear guidance on how to support one person manage how they responded in different situations and the behaviours that they may display.

Safe recruitment procedures were carried out by the provider. We looked at staff files which showed that all staff employed had a criminal record check, and had provided references and identification before starting work.

Enough staff were deployed to meet people's needs and staff were specifically allocated to people based on the support they required. People, their relatives and staff told us that there were enough staff to provide their care and support and we saw that staffing levels were adjusted if people's needs changed. Rotas we looked at showed us that when agency staff were required, a regular agency and consistent staff were used. This meant that staffing was consistent, and people were given care and support by staff who knew them well.

People and relatives said they were satisfied with how staff supported people with their medicines, providing the assistance people needed. Where appropriate people had been supported to develop their skills so that they could administer their own medicines with minimal staff support. One person said, "It makes me feel good, proud to do my own medication."

Staff had been provided with training on the safe handling, recording and administration of medicines, in line with the service's policy and procedure. Staff competency to administer medicines was regularly checked by senior staff and people received their medicines as prescribed.

All staff understood their responsibilities to record any accidents and incidents that may occur, and lessons were learned from any mistakes that were made. One person's relative said, "They communicate with us very well, any incidents they let us know." A senior member of staff told us about a recent incident that had occurred involving a person who used the service. They described in detail the actions that had been taken in response and how the person's support had been adjusted to minimise the risk of a similar incident in the future.

We saw records of incidents that had occurred within the service, these had been reviewed by senior managers and action taken as necessary. Through regular team meetings and staff supervision, any concerns were regularly shared within the staff team to enable learning and improve practice. Records were updated to reflect any changes in people's needs to enable staff to support people in the safest manner possible.

People were protected by the prevention and control of infection. Staff told us that they washed their hands and wore disposable gloves and aprons when providing personal care. Staff were trained in infection control and followed the service's infection control policy and procedures.

Good

Is the service effective?

Our findings

People's needs were assessed to ensure that the service could provide them with effective support. Staff worked with people's existing providers of care to plan their transition to the service and carried out transitional outreach work, over several pre-assessment visits. One person told us, "I was involved in everything, it [move from hospital to supported living] was all put together with the support of the team. They came up to the hospital and went through different parts with us each time." The assessment covered people's physical, mental health and social care preferences to ensure the service could meet their needs. The provider encouraged the involvement of the person, their relatives, people who knew the person well and any health or social care professionals if appropriate in the assessment.

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities. One member of staff said, "The training is online and face to face, I did the Care Certificate when I started. I've also done a couple of different levels of autism training which was really helpful, I'm also going to be doing more mental health training." The Care Certificate, covers the fundamental standards expected of staff working in care.

Staff told us they were well supported when they first started working at the service and had completed an induction. They told us they worked alongside an experienced staff member until they were confident to work unsupervised. Staff had received on-going training to enable them to confidently and competently support people. Staff training was relevant to their role and equipped them with the skills they needed to support people appropriately. There was a range of basic mandatory training as well as more specific training based on the needs of the people supported by the service. For example, training in providing positive person-centred support to people whose behaviour may challenge the service.

Staff told us they received regular supervision and were happy with the level of support available to them. One staff member said, "I have regular one to one with [team leader], we talk about how everything is going and whether there is anything we need to change." Records showed staff received regular formal supervision.

People were supported to eat and drink and maintain a healthy balanced diet. People were supported to do their own food shopping and choose their meals. Staff understood the importance of encouraging people to make healthy choices. One person told us that they had wanted to lose weight when they began receiving support from the service. Staff had supported them to follow an appropriate diet and they had made very good progress. They told us that this had had a significant impact on their health and quality of life.

People were supported to prepare their own food to develop their skills. People's care plans described how they were supported to prepare meals and make their own food choices. There was guidance for staff in relation to people's dietary needs, likes, dislikes and preferences.

The service worked and communicated with other agencies and staff to enable consistent and person-centred care. People had input from other professionals as needed to monitor and contribute to their on-

going support. We saw that following an incident involving one person who used the service the registered manager had communicated with a broad team of multidisciplinary professionals to ensure that the person's support was reviewed and amended appropriately.

People had access to the health care support they needed and staff had a good understanding of people's health needs. One person told us, "I go to the doctor by myself, but the staff do know my health needs well." Another person's relative told us that staff had identified that their family member needed to see a doctor and made the appropriate arrangements promptly. They said, "This was good, [person's name] wasn't themselves, they had no energy, staff took them to the doctor and it was found that they had [health condition]." Care plans included detailed information about people's health requirements.

People's support was provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 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 make 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 MCA. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. The registered manager and staff had a good understanding of the principles of the MCA and when a DoLS application was required. People's capacity to consent to their support had been assessed as required and people told us that staff always sought their consent before providing any care or support.

Good

Is the service caring?

Our findings

People told us staff treated them with kindness and compassion. One person said, "The staff are very, very nice, very polite." People's relatives made positive comments about the care staff who supported their family member. One person's relative said, "We are happy, [person's name] has settled in very nicely, we have a good understanding with staff."

Staff spoke of people they supported in a caring and compassionate way. They were able to demonstrate their knowledge of people and tell us what was important to people, their likes and dislikes and the support they required. Staff were proud of people's achievements and the progress people had made whilst receiving support from the service. Staff told us that they always considered people's emotional needs and understood it was important to get to know people well. People benefitted from continuity and the relationships they had built with the staff that provided their support.

People's choices in relation to their daily routines and activities were listened to and respected by staff. We saw that staff were allocated to support people on an individual basis and daily routines were centred around the person's preferences and needs. People told us that their life was much improved due to the support they received. One person said, "I love my life now, it's a lot better than it was, I have freedom and I call the shots."

Staff understood the need to respect people's cultural needs and support them to follow their beliefs and customs. People could choose whether they wanted male or female staff to provide their personal care.

People had access to their care plans and notes. People, and relatives where relevant, said they could contribute to care plans. People told us that they had regular review meetings with staff to discuss the care plan and ensure it was still accurate. One person said, "I have regular one to ones with my keyworker, we talk about any problems, social activities and future planning."

People told us that they felt involved in all decisions related to the care and were supported to make their own choices. One person said, "If changes are needed to my support plan I just tell them [staff] how they can make it better for me."

The service was able to source information for people should they wish to use an advocate and advocacy information was available to people. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to make their needs and choices known.

People told us that staff encouraged them to maintain their independence. One person told us how staff supported them to be more independent with household activities such as making their bed, hoovering and cooking. They said, "I love it, moving around keeps up my mobility."

Staff respected and promoted people's privacy and dignity. Staff understood the importance of providing people with dignified care and support. One member of staff said, "We keep private files locked away and I

ensure I talk privately if I need to discuss anything with a team member, but if it is related to [person's name] then I involve them in the conversation."

Good

Is the service responsive?

Our findings

People and relatives said they were satisfied with the care and support provided which was personalised and met their needs. One person said, "They [staff] couldn't do any better, I'm enjoying my life and I love my life so much."

Care plans provided step-by-step guidance for staff when working with each person. They were focussed on the individual and contained detailed information about their past life history and how they communicated their everyday care needs. The things that were important to people were clearly identified so staff could support them to make decisions about what they wanted to do. For example, people's care plans provided clear information on how they may behave if they were anxious or unwell and what staff should do in response. We found detailed sections on people's mental health and emotional needs, physical health needs and personal care needs. Each section contained guidance for staff on how people liked their care to be given.

Care plans contained the information staff needed to help ensure people's equality, diversity and human rights (EDHR) needs. Staff demonstrated a clear understanding of people's social and cultural diversity. Staff were knowledgeable about people's beliefs, preferences, and language and other communication needs.

We saw that staff supported people with a wide variety of social activities to further develop their life skills. One person told us that they enjoyed many varied activities including; attending an art group, shopping, swimming and going to the gym. Staff had worked with the person to reduce their anxieties when they were out in areas that may be busy with other people. We saw photos of the person looking happy and relaxed while they were out and about. They told us about the Christmas party that was due to take place the day after the inspection; saying, "I'm going to the party tomorrow, it'll be fantastic, I can't wait."

People had access to the information they needed in a way they could understand it. This meant the service complied with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. For example, people's care plans contained information about their communication needs and people had communication passports in an appropriate format for their needs. The service user guide was available in different formats including pictorial and easy to read.

People and relatives told us they felt able to make a complaint if necessary and said they would speak to senior staff if they had any concerns. One person's relative said, "Any minor things we point out and staff respond promptly, there's never been anything major and I've never needed to make a formal complaint." No complaints had been made about the service, however a process was in place to ensure that complaints were logged, investigated and followed up appropriately by the registered manager.

At the time of the inspection, no people using the service were receiving end of life care. The provider had an end of life policy in place and the registered manager understood the importance of providing good end of

life care to people. They confirmed that support would be given to people who wished to make advance decisions about the end of their life.

Good

Is the service well-led?

Our findings

The service had a clear vision and strategy to provide individualised care for people. The registered manager described how the service aimed to work with people, to support them to be as independent as possible and live life as they wanted to. The registered manager and staff we spoke with, all had a good knowledge of the people that were using the service, and how to meet their needs. Staff were clearly very proud and supportive of the things people had achieved since receiving support from the service.

People and relatives were regularly asked for their opinion of the service they received. This was discussed during their care reviews and they were asked to complete surveys. One person's relative said, "We have regular meetings and we are involved in all decisions." We saw copies of surveys that had been completed by people and they contained positive feedback.

People could attend regular meetings called 'People's Parliament', where they had the opportunity to talk about what was important to them and what they wanted from the service. This was held at a local and national level and one person told us that they had been invited to speak at a recent national event. They said, "Me and [person's name] from Milton Keynes went to talk about our achievements, it was really positive." We saw records of meetings where people had discussed public transport services, health promotion measures and plans for social events. We saw that where people made suggestions these were implemented. For example, the planned Christmas party had been suggested by a person using the service.

Staff told us they enjoyed working at the service. Staff made positive comments about the registered manager and senior staff and there was a positive sense of teamwork as staff worked together to provide people's support. One staff member said, "They [provider] is good to work for, you can always ask any questions you need to."

Staff told us they had the opportunity to feedback and discuss any concerns as a team, and said they were listened to by management. We saw that regular team meetings were held which covered a range of subjects, including medicines management, staffing and health and safety.

Quality assurance systems were in place. Audits were carried out by the provider, registered manager and senior staff across all areas of the service including, client support, medicines and health and safety. Audits were focussed on the experiences of people receiving support from the service. For example, the regional manager and registered manager's audits involved visiting people in their own homes to check they were receiving suitable support. We saw that any areas for improvement were clearly identified and acted upon by the provider or registered manager. For example, the need for new staff to be recruited had been identified as an area where improvements were required and systems were in place to ensure consistent agency staff were used until sufficient permanent staff were in post.

The service maintained links within the local community and had developed positive relationships with people's relatives. People using the service were regularly supported to access community groups and activities.

We saw that the service was transparent and open to all stakeholders and agencies. The service worked in partnership with other agencies in an open honest and transparent way to bring about improvement to the quality of care provided. For example, the provider was supporting some people who had been discharged from hospital as part of the Transforming Care Programme. This programme aims to improve the lives of children, young people and adults with a learning disability and/or autism who display behaviours that challenge, including those with a mental health condition. The programme has three key aims; to improve quality of care for people with a learning disability and/or autism, to improve quality of life for people with a learning disability and/or autism and to enhance community capacity, by reducing inappropriate hospital admissions and lengths of stay in hospital.

The management team were aware of the requirement to submit notifications to the Care Quality Commission (CQC) of any accidents, serious incidents and safeguarding allegations. A notification is information about important events that the service is required to send us by law.