Turning Point

Turning Point - Sybden

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 18 March 2016 and was unannounced. The service provides accommodation and personal care for up to six people with a learning disability or autistic spectrum disorder.

The service did not have a registered manager as they had recently left the organisation. A new manager had been appointed but was not yet registered. 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 felt safe and they were protected against the possible risk of harm. Risks to individuals had been assessed and managed appropriately. There were sufficient numbers of experienced and skilled staff to care for people safely. Medicines were managed safely and people received their medicines regularly and as prescribed.

People received care and support from staff who were competent in their roles. Staff had received relevant training and support for the work they performed. They understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. They were aware of how to support people who lacked mental capacity. People's nutritional and health care needs were met. They were supported to maintain their health and wellbeing and had access to and received support from other health care professionals.

The experiences of people who lived at the home were positive. They were treated with kindness and compassion and they had been involved in decisions about their care where possible. People were treated with respect and their privacy and dignity was promoted.

People's care needs were assessed, reviewed and delivered in a way that promoted their wellbeing. They were supported to pursue their leisure activities both outside the home and to join in activities provided at the home. An effective complaints procedure was in place.

There was a caring culture within the service and effective systems in operation to seek the views of people and other stakeholders in order to assess and monitor the quality of service provision.

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 did not have any concerns about their safety.

Risks to people had been assessed and reviewed regularly.

There were sufficient numbers of staff on duty to care and support people.

There was a robust recruitment process to ensure that all relevant checks had been carried out before an offer of employment had been made.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff were skilled, experienced and knowledgeable in their roles.

Staff received relevant training and support so that they were competent in the work they performed.

People's dietary needs were met.

People had access to other health and social care professionals when required.

Is the service caring?

Good

The service was caring.

People and their relatives were involved in the decisions about their care.

People's privacy and dignity was respected.

People's choices and preferences were respected.

Is the service responsive?

Good

The service was responsive.

People's care had been planned following an assessment of their needs.

People pursued their social interests in the local community and joined in activities provided in the home.

There was an effective complaints system.

Is the service well-led?

Good

The service was well-led.

There was a caring culture at the home and people's views were listened to and acted on.

The manager was visible, approachable and accessible to people.

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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 18 March 2016 and was unannounced. The inspection team was made up of one inspector.

We reviewed information we held about the service. We looked at the reports of previous inspections and the notifications that the provider had sent to us. A notification is information about important events which the provider is required to send us by law.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we met with the majority of people. Due to their learning disabilities most people were unable to communicate with us. However, we were able to speak with two people. We observed how the staff supported and interacted with them. We also spoke with two care staff and the manager.

We looked at the care records including the risk assessments for two people, the medicines administration records (MAR) for the majority of people and four staff files which included training records. We also looked at other records which related to the day to day running of the service, such as quality audits.

Good

Is the service safe?

Our findings

People we spoke with told us that they felt safe and did not have any concerns. One person said, "The staff are nice here. I feel safe. The fact that there is a gate that stops people coming in helps. There is always staff around." Another person said, "Yes" when asked whether they felt safe. Staff confirmed that they had completed their training in keeping people safe. One member of staff said, "The training helped me what signs to look out for. People would let us know if they were not happy with something or someone." Another member of staff told us that they were aware of their responsibilities to report any concerns they had to the manager in order to protect people from the possible risk of harm. They also told us that they would be confident to report under the whistle-blowing policy if they identified a colleague using unsafe practices. We noted that information about the safeguarding procedures had been displayed on the notice board and safeguarding referrals had been made to the local authority and the Care Quality Commission had been notified as required.

Each person had their individual risks assessed which included a plan on how to support them to manage the risk. For example, the risk assessment for one person gave clear guidance for staff the action they should take to support the person if they spent a lot of time in their own room with long periods of isolation which could lead to relapse in their mental health. The risk assessment also included how staff should encourage the person with gentle prompting to join in activities within the home. We noted that people also had other risk assessments carried out to ensure that they were supported appropriately to manage the risks and keep them safe. These included environmental risk assessment, health and fire safety and risk relating to the side effects of their medicines. Staff confirmed that they were aware of their responsibility to keep risk assessments current, and to report any changes and act upon them. The care records showed that individual risk assessments had been regularly updated. Up to date guidance was in place for the management of risks such as manual handling and nutrition. For example for one person whose behaviour had a negative impact on others, the risk assessment provided guidance to staff on how to support the person and how to manage the risk. For another person who had difficulty in swallowing and was at risk of choking, the risk assessment stated that their food should be cut up in small and manageable pieces. The service kept a record of all accidents and incidents, with evidence that appropriate action had been taken to reduce the risk of recurrence.

The service had an emergency business plan to mitigate risks associated with the environment within the service. The plan included the use of the nearby sister home. The plan also provided contact details of the utility companies and the management team. Each person had a personal evacuation plan in place for use in emergencies such as in the event of a fire. Regular fire drills had been carried out so that staff were up to date with the fire safety and evacuation procedures. Staff demonstrated they were aware of the actions they should take if required.

People felt that there were sufficient numbers of staff on duty to meet their needs. One person said, "There is always staff here." We noted that the majority of people had to be escorted by staff when they accessed the local community facilities. We saw that there were sufficient numbers of staff allocated to ensure that people attended their day activities as planned. One member of staff said, "We have enough numbers of

staff on duty. When we are short we would call other staff, then bank staff and if that fails then we would ask for an agency staff."

There was a robust recruitment process in place to ensure that staff who worked at the home were of good character and were suitable to work with people who used the service. The staff records we looked at showed that appropriate checks such as proof of identity, references, and satisfactory Disclosure and Barring Service (DBS) certificates had been obtained before they had started work at the care home. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

There were systems in place to manage people's medicines safely. Staff confirmed and we saw evidence that only trained staff who had successfully completed their competency tests administered people's medicines. Medicine administration records (MAR) had been completed correctly and there were no omissions of the staff signatures which confirmed the staff had administered the prescribed medicines. One member of staff said, "We make sure people get their medicines as prescribed. Regular checks were carried out to ensure that all medicines received into the home were accounted for and medicines that were no longer required had been returned to the pharmacy for safe disposal.

Good

Is the service effective?

Our findings

People received care and support from staff who were skilled, experienced and knowledgeable in their roles. One person said, "The staff know me well. I have a keyworker and the staff are nice." Staff demonstrated in the way they communicated with people that they knew their preferences. Staff had the necessary skills to support the people whose behaviours could have a negative impact on others.

Staff received a variety of training to help them in their roles. Staff had also attended other relevant training, such as supporting people with epilepsy and autism and mental health needs. One member of staff said, "We do have opportunities to attend other training." The provider had supported them to gain nationally recognised qualifications in health and social care. E-learning courses in supporting people with a learning disability and mental health had been completed by staff. A member of staff told us about their induction which also included a period of shadowing an experienced care staff and supervision by a senior member of staff.

Staff confirmed that they had received supervision and appraisals for the work they did. One member of staff said, "I have regular supervision and we discuss our work and the training I need to help me with my work."

Staff confirmed that they had received training in Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). 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. Care records showed that people who lacked mental capacity had an assessment carried out so that specific decisions made regarding their health and welfare would be made in their best interests. One member of staff said, "We assume that people have mental capacity, if not then they have a mental capacity assessment done." DoLS were in place for five people because the main gate was kept shut and was only accessible by the use of a safe key code.

People were asked for their consent before support was given. One person said, "The staff always ask me if I need any help or support. I attend to my own personal care." We observed staff asking people if they wanted a drink or do some indoor activities. Staff told us that they always asked people how they would like to be supported with their personal care. One member of staff said, "Although some people are unable to communicate verbally, they understand everything and will let us know by their reactions or facial expressions. We know what they like or dislike."

One person said, "Food is nice. The staff cook the food." Staff told us that the menu was planned and people chose what they would like from pictures of food available for them. People told us that there were choices available to them and they could ask for other alternatives. People told us that they had enough to eat and drink. A member of staff said that they were aware of how to support a person who was required to be fed through a tube to their stomach. When people returned from the day centre, we noted that they were offered a variety of drinks to ensure they had enough to drink.

Care records showed that a nutritional assessment had been carried out for each person and their weight was regularly checked and monitored. For example, one person who had difficulty in swallowing had been assessed by the speech and language therapist and their advice had been followed by staff to assist the person with their meals. The manager said that if they had any concerns about an individual's weight or lack of appetite, they would seek appropriate medical or dietetic advice.

Each person had a 'purple health folder' which they took with them when they attended their appointments with a health care professional. People had access to other health care services so that they received appropriate support to maintain good health. For example, one person had attended the ophthalmologist for the cataract in their eye. People had regular on-going reviews with their health care professionals and they saw their GP when required.

Good

Is the service caring?

Our findings

The majority of people were not able to communicate verbally. However, the two people who were able to talk to us said that they were well cared after. One person said, "Staff are good, they are very caring." Another person nodded positively when asked whether they were happy with the care they received. One member of staff said, "People receive good care and they are well looked after." They also said that they knew people well including their preferences and personal histories. We saw there was good interaction between staff and people. We observed that staff were able to understand what an individual wanted by the expression on their face and their reactions. For example, one person went to their room and sat on their bed looking out through their windows and smiling. A member of staff said, "When [name] is happy, they like to look out and enjoy the scenery." We observed that staff showed a very warm and friendly approach towards people and constantly communicated with them as they carried out their tasks.

People and their families had been involved in decisions about their care and support. Regular meetings with their keyworkers showed that people had been kept up to date about their support plans and that they had been involved in the discussions on how their needs should be met. The care records contained information about people's needs and preferences, so the staff had clear guidance about what was important to people and how to support them appropriately. The staff we spoke with had a good knowledge about the care needs of people they supported. One member of staff said, "We work together as a team with people and their relatives, so that we have the information we need to provide very good care to them."

We observed staff knocking on people's door and waiting for a response before entering. One person said, "Staff are respectful. They treat me with respect to my privacy and dignity." One member of staff explained that when supporting people with their personal care, they ensured that the door was shut and curtains were drawn. The manager said that they promoted peoples' privacy, dignity and ensured that their human rights were maintained.

People's relatives acted as their advocates and had been involved in supporting individuals in making decisions about their care. We noted that information about the advocacy service was available to people. The manager said that if a person would express their wishes to obtain the support of an advocate they would facilitate this service.

Staff were able to tell us how they maintained confidentiality by not discussing about people outside of work or with agencies not directly involved in their care. We also saw that the copies of people's care records were held securely within the office.

Good

Is the service responsive?

Our findings

People received care that was personalised and responsive to their needs. We noted from the care plans that an assessment of needs had been carried out. We saw evidence in the care plans that people or a family member had been involved in the care planning process wherever possible. Information about people's individual preferences, choices, likes and dislikes had been reflected in the care records. For example, one person's support plan stated, "I like to wake up on my own accord. I like to prepare my own breakfast and lunch." We observed that staff demonstrated an awareness of individual's likes, dislikes and their care needs. One person said, "Staff ask me what is important to me. I do arts and letter writing to friends and families."

Care records had been written in a person centred way, were detailed and had been kept up to date. There was sufficient information for staff to support people in meeting their needs. Staff told us that they found the care plans informative and helpful in knowing the identified needs of the person and how the needs were met. The care plans had been reviewed regularly to reflect any changes in the persons' care needs so that staff would know how to support them appropriately. For example, one person when feeling anxious or distressed, would exhibit behaviour that impacted on others and the care plan provided clear guidance for staff on how to support the person in managing their behaviour.

People said that they maintained contacts with their families and friends who were able to visit them at any time. One person said, "I go to my parents at weekends."

People were supported to follow their interests and participate in social activities. They said that they were able to access a variety of facilities within the local community and were involved in activities of their choice. One person told us, "I go swimming twice a week. I am going to Cornwall for my holidays." Another person said, "I like going to the day centre." People had their individual weekly activity programme planned which included activities such as going out for lunch, shopping and arts and crafts. The manager said that people had set goals of what they wanted to achieve and they encouraged them to be as independent as possible.

The provider had a complaints procedure. One person said, "The staff listen to us. If I have any concerns, I would talk to my keyworker or the manager." One complaint which had been received from the neighbour regarding the hedges had been recorded and dealt with. The manager said that if there were any concerns, they would discuss it with the person and address the issues. People we spoke with expressed their satisfaction with the care and support they received.

Good

Is the service well-led?

Our findings

The service did not have a registered manager because they had recently left the organisation. A new manager had been appointed but was not yet registered with the Care Quality Commission. Their application for registration was in progress.

There was an open and caring culture at the home, where people could see the manager whenever they needed. The two people we spoke with felt that their views were listened to. When we asked whether they knew who the manager was, one person said, "Yes. I see her every day. She is approachable." The staff we spoke with felt that the manager was supportive and listened to what people had to say. They said that they worked as a team and supported each person in meeting their needs.

The manager told us they had good relationships with staff and other health professionals who visited the home. Staff told us that they attended regular staff meetings and we saw that these had been documented and that the minutes were available to staff who were unable to attend.

The manager and staff demonstrated to us that they understood their roles and responsibilities towards the people who lived at the home. Staff told us that they felt supported by the manager to carry out their roles and provide good care to people. All of the staff we spoke with told us they enjoyed working in the home. One staff member said, "I have worked here for over three years and we work well together."

There was a quality assurance system in place. The manager had regularly completed audits in a wide range of areas to identify, monitor and reduce risks, such as those relating to the environment and infection prevention. We also noted other regular audits relating to the safe administration and management of medicines and health and safety had been carried out so that people lived in a safe and comfortable environment. Regular checks were also undertaken by external companies to ensure that all equipment and heating systems were in good working order.

The feedback from people who spoke with us was positive. The staff told us that due to people's learning disabilities and lack of verbal communication, they sought their views about their general wellbeing by observation of their facial expressions.

Staff confirmed that they had daily handovers during shifts to ensure that continuity of care was maintained. They said that they shared information between staff following incidents, care reviews or comments received from the families and other professionals. This was to ensure that they learnt from any incidents to prevent them from happening again.