

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

We carried out an unannounced inspection of Alfred Minto House on 11 January 2019. Alfred Minto House is a three-storey care home which provides care and support for up to 10 adult men with support needs associated with mental health. The aim of the service is to support people to become more independent and transition from hospital to independent living. At the time of this inspection there were eight people living at the service. At the last inspection in May 2016 the service was rated Good.

At this inspection we found the evidence continued to support the rating of 'Good' and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is required to have a registered manager and at the time of our inspection a registered manager was 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 and associated Regulations about how the service is run.

Effective recruitment procedures helped to make sure staff had the required skills and were of suitable character and background. There were enough staff available to meet the needs of people living at the home at the time of our inspection.

Staff understood what it meant to protect people from abuse. They were confident any concerns they raised would be acted upon by the management team.

Care and support was planned and delivered in a way that ensured people were safe. People had been involved in planning their care. Support plans clearly outlined peoples' needs and any risks associated with their care, as well as their abilities and preferences.

People's medicines were managed and administered in line with best practice and staff had received medicines training and their competency had been assessed.

An effective induction and an ongoing training programme ensured staff had the right skills and knowledge to fulfil their role. Staff were supported through regular supervision and annual appraisal.

People were supported to maintain good health and have access to health and social care services. People

were also supported to maintain a balanced diet that met their individual needs and choices.

Staff consistently put people at the heart of everything they did. Staff were clear they worked as a team and for the benefit of people living at Alfred Minto House. Staff provided enthusiastic and individualised support to people. People spoke highly of the support they received and were motivated to achieve their goals with positive staff input. People were supported by caring and compassionate staff who respected their privacy, dignity, preferences and independence.

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

Individualised social activities and events were promoted and available for people to take part in, if they wished to.

People were able to raise concerns or complaints and were asked for feedback about the service they received.

The service had a strong leadership presence with a registered manager and deputy manager who had a clear vision about the direction of the service and were spoken of highly by staff and people who used the service.

Regular quality systems were used to raise standards and achieve positive care and facilities for everybody living and working at the home.

The service understood their legal responsibilities for reporting and sharing information with other services.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good.	<b>Good</b> ●

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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 checked 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 11 January 2019 and was unannounced. The inspection was undertaken by one adult social care inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service. This included feedback from the local authority and past reports and notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with two people who used the service, four staff members and the registered manager. We looked at three care records and medicine administration records. We reviewed two staff members' recruitment, training and supervision records. We also checked records relating to the management of the service including quality audits.

## Is the service safe?

### Our findings

The service was safe. One person said, "Absolutely safe." Another person told us "I feel very safe and there are always staff around to help when needed. It's a fantastic place to be." People were encouraged to discuss any safety concerns with staff. Records of resident's meetings showed that people's safety was discussed.

Staff told us they thought the home was a safe place for people. One staff member said, "Yes, I do feel it's a safe place for people to live." Staff had received training in safeguarding adults. Staff training records confirmed all staff had received this training. All staff spoken with were aware of indicators of abuse and knew how to report any concerns. Staff were confident that any concerns would be fully investigated to ensure that people were protected. One staff member told us, "I would report any concerns I had, no matter how small. This helped to ensure people were protected from abuse.

There were enough staff employed to meet people's care and support needs in a timely way. This was confirmed by the people we spoke with, staff and our observations. We saw staff supporting people in an unhurried way and spending time talking with them about their plans for the day.

Recruitment procedures remained safe. Staff files contained the required information, such as written references to confirm their suitability for the post applied for, proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have.

The registered provider continued to protect people from potential harm, because they had taken steps to identify areas of risk and minimise these risks. Risk assessments had been carried out to assess potential risks to each person using the service, staff and the environment. These included assessments of people's specific risk assessments to support them and promote their independence, such as people who looked after their own medicines. Staff were knowledgeable about risks to people and worked in line with the assessments to make sure people remained safe.

Medication was managed safely. Staff responsible for supporting people to take their medicines had completed training and regular competency checks on this subject. Medication was stored securely and the system to monitor medication going in and out of the home was robust. The medication administration records [MAR] we sampled had been completed correctly and any 'as and when required' medication had been clearly recorded. Systems were in place to check the stock levels for medicines not contained in blister packs. We observed the lunchtime medicines being administered, this was done in line with best practice. People we spoke with said they received their medication as prescribed.

There were plans in place for emergency situations which were covered within a business continuity plan. The plan was reviewed annually or in response to an actual or potential occurrence. Regular fire drills were held. The home's emergency plans provided information about emergency procedures and who to contact in the event of utilities failures. The registered manager or other senior members of the staff team were 'on call' each day so that staff were able to access extra support or advice in an emergency.

A record was kept of accidents and incidents. Staff completed an accident or incident form for each event which had occurred. These records were reviewed by the registered manager each month to look for any trends which may result in changes to people's care. Details of action taken to resolve the incident or to prevent future occurrences were recorded where appropriate.

The home was clean and well maintained. A person told us, "No complaints at all it's a great building, always clean and a lovely, calm outside space." The saw the home was clean and free from odours. There were detailed cleaning schedules in place and staff had access to equipment and hand sanitizers to reduce the risk of spread of infection.

## Is the service effective?

### Our findings

People received effective care because they were supported by an established and trained staff team who had a good understanding of their needs. Recovery was an integral part of the ethos at Alfred Minto House and a peer support worker was employed as part of the staff team to embed recovery throughout the care and support provided. Comments received from people who lived at the service included, "All the staff are knowledgeable, there is definitely a positive relationship" and "I cannot speak highly enough of the staff here, just fantastic."

New staff had completed a structured induction, which included essential training and becoming familiar with the home and the people who lived there. The registered manager told us new staff shadowed an experienced member of staff for at least a week, sometimes longer, depending on their confidence. This was confirmed by the staff we spoke with.

Ongoing support for staff continued to be provided through training, supervision and appraisals. Staff we spoke with told us they had received regular supervision with their line manager, which along with their annual appraisal had been used to plan their training and development needs. Clinical supervision is provided by an external professional on a monthly basis for staff to access. All the staff we spoke with felt well trained and supported.

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The service held an appropriate MCA policy and staff had been provided with training in this legislation.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive people of their liberty had the appropriate legal authority and were being met. Mental capacity assessments were decision specific and best interest meetings had included all relevant people involved in a person's care.

People's plans included detailed information about their dietary preferences and the level of support they needed to make sure they received a balanced diet. People were encouraged to maintain a healthy diet and their dietary requirements for health or cultural needs were provided for. There was a large kitchen, where every person had their own fridge and cupboard space. One person told us they planned, shopped for, prepared and cooked their own meals. They said, "There are no restrictions, sometimes we cook and eat individually and sometimes we have communal meals but it's never forced, expected or contrived. They went on to say, "We talk about health and diet, which I enjoy. We have made some vegan energy balls this morning and they really work."

People were supported, if needed, to manage their day to day health needs. If they were unable to access to health care and social care professionals independently, staff and managers liaised with health and social care professionals to assist people as needed.

Staff told us and we observed that handovers were comprehensive and covered all aspects of the service. Information regarding each person was discussed on each staff change to ensure they were kept up to date on current issues with people's care and to inform decisions about future care needs.

We saw involvement from a variety of different professionals recorded in people's care plans which included; mental health teams, social workers and GP's.

People were encouraged to be involved in decisions about the home and how these could be best used to meet their needs. For example, one person liked to spend time quietly, and with support from staff had transformed the garden area into a space they described as, 'tranquil'." People also told us they personalised rooms, and had input with the look of the communal areas of the home. These included areas where people could chat and socialise and eat together if they wished. This included a relaxation and meditation room, which was a quiet space where family and friends could meet with people.

## Is the service caring?

### Our findings

The service had a strong, visible person-centred culture. People were at the heart of the service and their care and support was designed around their goals. People told us they had been involved in planning their care. Involvement of people who used the service was clearly embedded into everyday practice. People and staff were collaboratively leading on setting up a social enterprise with the intention of providing the opportunity for people to gain work experience and life skills such as, team work, time keeping, and to gain a sense of self-worth and achievement. This was centred around the vegan energy balls which were made on site, by people who were being supported to access and pass food hygiene courses. The produce was to be sold at various community events. Support staff and people met regularly to discuss the standards required regarding food preparation and evidence how the standards were being met.

Staff treated people with dignity and respected their privacy. We saw staff knocked on doors and waited for a reply before entering people's rooms. They spoke respectfully about the people they supported and emphasised the importance of maintaining dignity and independence. Staff clearly knew people's likes and dislikes very well. We heard friendly conversations between people using the service and staff. The staff we spoke with demonstrated a good understanding of each person, their preferred routine and any specific needs they had.

The service complied with the Equality Act 2010 and had systems in place to ensure people were not treated unfairly because of any characteristics that are protected under this legislation, such as gender or age. Staff had received training in equality and diversity, to help them support people appropriately. We saw posters and guidance displayed regarding the local Lesbian, Gay, Bi sexual and Transgender (LGBT) network. A 'Stay Safe Workbook' was completed and reviewed by people, with staff support, on an individual basis. The workbook highlighted issues such as discrimination, racism, safeguarding and bullying.

People were encouraged maintain relationships in whatever form they took. This included with family members and friends. The service had recently invited family and friends to an open event at the service which had been welcomed by people who lived at Alfred Minto House.

The storage and use of personal information relating to people who used the service was stored securely and was accessible by staff when needed. This meant people's confidential information was protected appropriately in accordance with data protection guidelines.

## Is the service responsive?

### Our findings

The service continued to effectively assess the care and support people needed, and delivered this in line with their individual support plan. Initial assessments had taken place prior to each person moving into the home and these assessments had been used to develop people's tailor-made care plans. This enabled progress to be measured, outcomes and achievable goals to be identified and worked towards. One person described how they had moved into the home and how staff had helped them become familiar with the home and the people who already lived there. They told us they found this a very positive experience.

Each person's care records provided information about the care and support they required, as well as their preferences, religion, culture and daily routines. The plans provided staff with clear guidance about how to meet each person's needs, and daily notes showed staff had followed the plans. Plans also highlighted people's abilities, so staff knew what they could do for themselves and where assistance was needed, which helped them to promote people's independence. One person told us, "Staff have given me so much support. I have benefitted immensely from practical support around life skills for when I get my tenancy but also the emotional support that has given me the mental tools to keep the tenancy successfully."

People had access to a varied programme of meaningful activities and social opportunities, which everyone said they enjoyed. Activities were not structured but fluid to the changing wants and needs of the individual. These included, arts and crafts, shopping, attending the cinema and spending time at an allotment. We saw people were also involved in cleaning their rooms, shopping, cooking and other daily household tasks, with support from staff as needed.

People were encouraged and supported to develop links with the local community. For example, a local theatre company consulted with people and staff at the service to ensure they portrayed mental health accurately in their production. Following the performance, staff, people from the service and performers held an organised discussion with members of the audience regarding mental health.

People told us they knew how to complain and who to. The complaints procedure was visible on entry to the home and clearly displayed throughout areas of the home. It was also included in the service user guide. The home had not received any recent complaints although the registered manager had procedures in place to maintain a record of any complaints received, details of who had complained, the nature of the complaint and actions taken to address the complaint. The registered manager told us they would treat all complaints seriously, regardless of the severity and would be proactive in implementing any changes to address any issues raised. People told us; "I've got no reason to complain, but if I did, I would speak to the manager directly and I know they would sort it out," "I couldn't find anything to complain about."

Whilst it was not applicable to anyone living at Alfred Minto House at the time of our inspection there were end of life procedures in place to take account of people wishes wherever required.

## Is the service well-led?

### Our findings

There was a registered manager employed at the service. 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.

A dedicated and enthusiastic registered manager was in place who led a motivated staff team that followed best practice and pursued opportunities to improve care and people's experience to attain better outcomes for people. The registered manager and deputy manager promoted an open culture which was person centred, inclusive, open and transparent.

Staff spoke positively about the leadership and told us they felt valued, empowered and motivated to make a difference. Comments included; "It's a really positive place to be, the entire staff team are united in supporting people to achieve their desired outcomes and goals", "It's a great place to work. The registered manager is always approachable."

People using the service were regularly asked for their views on the service, so it could continually improve. People could attend meetings where they could share their views and say how they wanted the home to operate. Periodic surveys were used to gain people's views. Information gathered was all positive. For example, feedback from a recent questionnaire by professionals included; "I have had very positive experiences with my patients at Alfred Minto House. I find they receive an excellent standard of care; staff are very attentive and invested in rehabilitation, recovery and generally making patient's quality of life better, treating them individually." "I rate the service exceptionally highly. It is the best supported accommodation in the area and in regard to forensic needs, the staff are very risk-focussed."

Policies and procedures were in place to guide staff and people using the service, as well as the home's contingency plan, so all staff knew how to deal with routine and emergency situations if the management team were not available.

There were quality assurance systems in place. These were used consistently and appropriately. These included audits of medicines, daily notes, care plans and the environment. Any issues identified resulted in an action plan so that they could be addressed. The provider had a quality team which undertook comprehensive, periodic audits of aspects of the service such as, health and safety. The most recent of these audits was rated as outstanding.

The provider worked with other agencies. There were links to care provider associations who provided advice, support and training if needed. The local authority commissioners had awarded the service a Good rating at their last monitoring visit.

The registered manager understood their responsibilities and was aware of the need to notify the CQC of significant events in line with the requirements of the provider's registration.

