

Turning Point

Turning Point - Hagden Lane

Inspection report

336-338 Hagden Lane
Watford
Hertfordshire
WD18 7SH
Tel: 00 000 000
www.turning-point.co.uk

Date of inspection visit: 31 July 2015
Date of publication: 16/10/2015

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 

Overall summary

The inspection took place on 31 July 2015 and was unannounced. When we last inspected the service on 19 June 2014 we found them to be meeting the required standards. At this inspection we found that they had continued to meet the standards.

People living at the home and their relatives were positive about the home, the managers and the staff. Their feedback was sought and any suggestions were acted upon.

Hagden Lane is registered to provide accommodation for up to 6 people with mental health needs and learning disabilities. It does not provide nursing care. At the time of our inspection there were six people using the service.

The home had a manager in post who is registered with the Commission. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are

Summary of findings

'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.

CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. Staff knew how to recognise and respond to allegations of abuse.

People felt safe at Hagden Lane and were confident to approach the staff for their support. People had health care and support plans in place which ensured staff knew how people liked their needs to be met. Risks to people's safety and welfare had been identified and care had been planned to enable people to live as safely and independently as possible.

There were sufficient numbers of staff available to meet people's care and support needs. Medicines were managed safely and people received their medicines in accordance with prescriber's instructions.

Staff members understood their roles and responsibilities and were supported by the manager to maintain and develop their skills and knowledge. People enjoyed a varied healthy diet and their health needs were well catered for.

The atmosphere of the home was both welcoming and relaxed. Staff had developed positive and caring relationships with the people they supported. People were actively involved in all aspects of their care and support as much as they were able. People were supported to access support from external advocacy services to help them make decisions about matters in their daily lives. Relatives and friends were encouraged to visit at any time and people were actively supported to maintain relationships that were important to them. Staff promoted people's dignity and treated them with respect.

The confidentiality of information held about people's medical and personal histories had been securely maintained. People were supported to be individuals. The provider had made arrangements to support people and their families to raise concerns and regular meetings were held for people to discuss all aspects of the care and support provided in the home.

Measures were in place to monitor the quality of services provided, reduce potential risks and drive improvement. The manager co-ordinated and delegated specific responsibilities with regard to monitoring of all aspects of service provision. They personally and regularly checked key aspects of service provision in a formalised and structured way.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff knew how to recognise and report allegations of abuse.

Staff did not start work until satisfactory employment checks had been completed.

People's medicines were managed safely

Good



Is the service effective?

The service was effective.

People received support from staff that were appropriately trained and supported to perform their roles.

Staff sought people's consent before providing all aspects of care and support.

People were supported to enjoy a healthy diet.

People were supported to access a range of health care professionals ensure that their general health was being maintained.

Good



Is the service caring?

The service was caring.

People were treated with warmth, kindness and respect.

Staff had a good understanding of people's needs and wishes and responded accordingly.

People had access to advocacy services.

People's dignity and privacy was promoted.

Good



Is the service responsive?

The service was responsive.

People were supported to engage in a range of interesting and social activities.

People were very well supported to be involved in decisions about their care as much as possible.

People's concerns were taken seriously.

Good



Is the service well-led?

The service was well-led

People had confidence in staff and the management team.

The provider had arrangements in place to monitor, identify and manage the quality of the service.

The atmosphere at the service was open and inclusive.

Good



Turning Point - Hagden Lane

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 met 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 under the Care Act 2014.

This inspection took place on 31 July 2015 and was unannounced. The inspection was undertaken by one inspector due to the size of the service.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection we observed staff support people who used the service, we spoke with five people who used the service, five support staff, the deputy manager and the registered manager.

We spoke with one relative subsequent to the inspection visit to obtain their feedback on how people were supported to live their lives. We also received feedback from representatives of the local authority health and community services.

We reviewed care records relating to three people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Is the service safe?

Our findings

One person told us that “I like all the staff here and we go out a lot; we go to London on the train.” Another person we spoke with told us “I like the people here and the staff are kind to me.” People told us they felt safe at the home.

We checked the rotas for the month of June and July 2015 and the information seen confirmed that there were sufficient numbers of staff to support people effectively. There was a minimum of two staff during the daytime hours and one waking staff member per night, with additional staff provided in order to support people with their daily activity programmes. For example on the day of the inspection there were three staff on duty in order to support people on a social outing. We found therefore that the staffing provided was adequate to meet people’s needs.

Staff recruitment records showed that all the required checks had been completed prior to staff commencing their employment. This ensured that only staff suitable to work with people were employed. We were told that new members of staff were rota’d on shift to “Shadow” a more experienced staff member as part of their induction programme. This meant that people were only supported by competent and well trained staff.

Staff confirmed they had attended training in safeguarding people from harm. They knew how to raise concerns, both internally and externally, and how to report potential abuse by whistle blowing. Information and guidance about reporting concerns, together with relevant contact numbers, was displayed at the home and had been provided both to staff and people who stayed there. There had been no safeguarding incidents or referrals since the last inspection took place. This meant that people were protected from the risk of harm by staff that knew and understood the safeguarding procedures of the home.

People’s health and safety risk assessments were carried out and measures were taken to minimise these risks. The risks included, risks associated with road safety. We found

that alternatives measures were used, for example ensuring that the person has identification with them in cases of emergency. In addition, where people had been assessed to be at risk of harm, due to behaviours that challenge others, measures were put in place to minimise this risk. For example when a person’s behaviour challenged others there were various distraction techniques available for staff to use. This person also had a checklist in place that was completed both before and after they accessed the community in order to identify any triggers and also to reduce the risk of harm to themselves and the general public. The manager told us that carrying out this checklist with the person had made a significant difference to their quality of life and had reduced their behaviour that challenged significantly. This person told us that “I like to go out on my own so I can go shopping into Watford, it makes me happy.” We saw that this person’s risk assessment had been reviewed and updated in February 2015.

People’s medicines were managed safely. We saw medicines were stored safely and within safe temperature levels. Medicine administration records were in place and the recording of medication was accurate. Staff told us they had received updated training in medicine administration within the past year. Following training, staff were regularly monitored to demonstrate their knowledge and ensure they were competent. Staff told us they followed appropriate guidance with regard to the administration, safe storage, and disposal of medicines.

We saw that medicine audits were undertaken periodically as part of the overall quality monitoring at the home. We found that plans and guidance had been put in place to help staff deal with unforeseen events and emergencies which included relevant training, for example in fire safety. Personal evacuation plans, tailored to people’s individual health needs, had been drawn up for each person who lived at the home. Regular checks were carried out to ensure that both the environment and equipment used, including safety equipment, were well maintained and kept people safe.

Is the service effective?

Our findings

One person [Relative] expressed their great satisfaction at the care and support their family member had received and spoke highly of both the care staff and the management team. “They told us. “ I am very impressed with the support they give my [Relative] and there is always someone around if I have a query or a question.” This person [Relative] also told us that they considered staff understood people’s needs well and had the skills necessary to provide the appropriate support. People we spoke with and one relative told us that they considered that staff were both competent and professional.

Staff demonstrated they knew people in the way that they related to them. We observed that people were supported in a way that promoted and respected their dignity. For example one person entered the office and joined in a conversation that two staff members were having. We saw that both the staff members stopped what they were doing, and asked the person’s opinion on the topic that was being discussed. We saw that this made the person feel both valued and involved in the home in which they lived.

Staff felt well supported by the management team and were encouraged to have their say about any concerns they had and how the service operated. They had the opportunity to attend regular meetings and discuss issues that were important to them. We also saw evidence that confirmed staff had regular supervisions with a member of the management team where their performance and development was reviewed. One person told us that “This is the best place I have worked and we really enjoy working as a team”. Another staff member told us “We have so much training here.” We spoke with two staff who both confirmed that they received a good and ‘thorough’ induction when they started. They explained how they completed an orientation day followed by two to three weeks of shadowing more experienced staff members.

Staff told us that the training they received was relevant to the needs of the people who used the service. Records

showed that this included equality and diversity, safeguarding, medication, autism, behaviour that challenges, person centred care, risk assessment, health and safety, infection control, positive behaviour support, first aid, leadership and management and fire safety.

We saw records that confirmed that all staff had received training in relation to the Deprivation of Liberty Safeguards (DoLS) and how to obtain consent in line with the Mental Capacity Act (MCA) 2005. All five staff we spoke with were knowledgeable about how these principles were applied in practice, which people had DoLS authorities in place, the reasons why and the extent to which their freedoms could be restricted to keep them safe.

During our inspection we saw that people were supported individually with the preparation of their lunchtime meal. We saw this was both a positive and sociable occasion for everyone involved.

Staff used the weekly house meetings to discuss menus and menu planning. Drinks were available at all times and people, where appropriate were supported to help them eat a more healthy diet. All staff had received food hygiene training which helped to ensure that people were protected from the risks associated with the storage, preparation and consumption of food. One person told us that “I always like fresh vegetables, not frozen.”

We observed staff practice and saw that they worked in accordance with training. For example, in relation to supporting people whose behaviour challenged. Staff were able to tell us the appropriate way to support people with specific needs with a range of issues which included managing their finances, medication and road safety.

As part of each person’s individual health plan we saw that staff had supported people to attend GP appointments, and also people had the opportunity to access the dentist, chiropodists, community mental health team and the local opticians. Staff told us that they were also available to support people to attend their appointments with their mental health worker.

Is the service caring?

Our findings

We spoke with five people who lived at Hagden Lane and all five were very positive about the support and guidance they received from the staff and manager. One person told us that “The staff here are good listeners and always have time for a chat.” Staff spoke of respecting people’s dignity at all times and making sure they supported people in the way they wished and encouraged them to build on and expand their skills. During our visit we observed staff were always courteous and kind towards people they supported, often sharing jokes between each other in a respectful and dignified way. We saw that people were supported in a kind and professional manner.

People were encouraged to give their views and opinions on the way the house was run and how they wanted things done. There were a range of opportunities for people at Hagden lane to have a ‘voice’ regarding the service provided. For example we saw that regular meetings were held for the people who used the service to share their views and opinions, as well as monthly one to one wellbeing meetings. There was also an initiative called the ‘People’s parliament’ which offered people throughout the organisation opportunities to come together collectively and enjoy social and leisure events and also to give people the opportunity to discuss any issues they may have about the care and support provided. Information about the local advocacy service was displayed within the home and contained contact details of how people could access both Powher and an IMCA [Independent Mental Health Advocate].

We saw several examples where people had been involved in planning their care and had been encouraged to try new things or set attainable goals. For example one person whose behaviour could challenge had been unable to go out independently due to their anxiety of other people’s

behaviours and their body language which they found difficult to interpret. However staff worked consistently and tirelessly to reassure and support this person through positive encouragement and with the introduction of a checklist to use before they left the home and also to use as a debrief for when they returned. This system had both reduced this person’s anxiety and increased their confidence in going out, which they now do completely independently.

Staff always knocked and waited for the person to respond before they entered a person’s bedroom and all five people we spoke with confirmed that staff always respected their privacy when supporting them. People told us that they had the choice of having their own bedroom door key or for staff to safeguard their keys on their behalf. One person invited us into their room and did so by using their own door key. They explained how they liked to know that their personal items were safe when they were out. One person confirmed that staff “Never” went into their room without their permission.

Menus were created on an individual basis and each person discussed their meals for the week with their keyworker. They then produced a shopping list and were supported if required, to purchase their food for the coming week. We saw in one person’s care plan that advice had been sought in relation to managing their diabetes from the community dietician. We saw that the plan of care provided information on how to manage a diabetic episode and the foods the person should avoid eating.

Confidentiality was well maintained throughout the home and information held about people’s health, support needs and medical histories was kept secure. Information about local advocacy services and how to access independent advice was prominently displayed and made available to staff and people’s relatives.

Is the service responsive?

Our findings

We found that people were relaxed and welcoming when we visited. They were encouraged to become involved in daily living and with the care planning format which included reviewing the times when people required support and guidance in their everyday lives. A staff member said “We are encouraged to be fully involved in care planning and always involve the person.”

Care plans contained individual profiles which included a social history, assessment of need, likes and dislikes, people who were important to them, known as the ‘Circle of support’, information on the person’s medical and health care needs and their social interests and activities. Staff demonstrated that they knew how people wished to be supported and encouraged people with their everyday living tasks. Staff worked hard to introduce choices and preferences for people. For example, one person’s care plan stated that “I like to watch the soaps and go to the bank on a Thursday.” Another person told us that they were able to do their own shopping but needed staff to help them with use the cooker.

Staff said they use a link worker system, which involved meeting with the person on a monthly basis in order to review their care plan. One staff member told us that they encouraged people to talk about any concerns they had with their support worker. We saw that people were offered the opportunity of discussing their views and opinions on how the service was provided.

There was a range of home and work based activities offered to people at Hagden Lane. For example people were supported to attend their local daycentres. One person told us how they learnt how to look after gardens and grow vegetables at their daycentre. The home displayed photographs of social events that had been held during the year which included a summer bar-b-q.

A staff member explained how they supported one person in looking after the garden at the home. We saw that this person took great pride in what they had achieved and was able to describe each plant in turn and how it should be looked after as well as demonstrating how they tended to the hedges and lawn. They told us “I am the only one here that knows anything about gardens and it’s my job to make sure it’s kept under control.”

There were arrangements in place to support people to share their views and talk about any improvements or changes they would like to make. One person told us “We have meetings when I can talk about things that worry me or if I want to make any suggestions to go out somewhere.”

People and one relative we spoke with told us they would be confident to raise their concerns or complaints with staff or management. A copy of the complaints policy was freely available for people to review within the home. There was also an easy read version displayed within the kitchen area which ensured that people who were unable to understand the written word were able to fully comprehend the details of how to make a complaint. We looked at the complaints records and saw that no complaints that had been received since the last inspection took place. Guidance was available for people about organisations that could assist them with making a complaint, and also for people such as the ombudsman and Care Quality Commission.

One relative we spoke with confirmed that they had been informed about the complaints procedure at the time their [Relative] moved into the home but had never had cause to complain and stated that “The manager and staff are all very kind here and there is always somebody at the end of the phone if I need to discuss any concerns I may have.”

Is the service well-led?

Our findings

People who lived at Hagden lane, staff and professional stakeholders were all positive about how the home was run. They were very complimentary about the manager and deputy manager who they felt were approachable, supportive and demonstrated strong visible leadership. We saw several positive comments had been received from the local community mental health team about the manager and staff which included “We have a high opinion of the staff and facilities that Hagden Lane offers. There is a warm and caring atmosphere, with staff who promote independence and responsibility.”

We spent time talking to a variety of the staff team, which included, the registered manager, the deputy manager and five support staff. We were told by all five staff that the philosophy of the management team was one of openness and inclusiveness. One staff member described how the registered manager took a ‘hands on’ approach working alongside support staff which ensured they remained knowledgeable and up to date with the changing needs of each person who used the service. This was confirmed by people who used the service. Throughout the inspection we found that both members of the management team demonstrated they had an in-depth knowledge of people who used the service, their complex needs, personal circumstances and their relationships with others.

Staff were very clear about their roles and the vision and purpose of the service. They told us that their main focus was to provide high quality support which was tailored to meet people’s individual needs, helped their development and promoted their independence. One person who used the service commented on how the manager was always available to raise any concerns or issue with they also stated that “They always stay on when they should have left to go home if I need an extra bit of support and that means a lot to me.”

Staff were supported to obtain the skills, knowledge and experience necessary for them to perform their roles effectively as part of their personal and professional development. This included specific awareness about the complex mental health needs of the people they supported.

Information gathered in relation to incidents that had occurred were reviewed on a regular basis, shared appropriately with staff and professional stakeholders and used to update support plans and improve upon the services provided.

We found that people’s views, experiences and feedback about how the service was received and discussed in an open and transparent culture which had led to several improvements across the service. This included many positive changes to the way people lived their lives both within the home and involving the local community. For example people being supported to manage their own finances, to be offered the opportunity to enjoy activities outside of the home, to be involved in their plan of care and to have a ‘pro-active voice’ about how changes to the service could be made. This was particularly evident in how the service had promoted people’s voices with the ‘People’s Parliament’ initiative which encouraged people from Hagden Lane to join people from other Turning point services to take part in social and activities, for example a recent ‘sports day’ event in which two people from the home had taken part.

House meetings and individual keyworker meetings were held regularly and enabled people to discuss any aspects of their care and support that they were not happy with or wished to change. This meant that any informal complaints could be dealt with promptly.

The managers carried out regular checks and audits which they used to prepare a monthly service report for the provider. This included information about staffing issues, training, health and safety, complaints, statutory notifications, emergency plans, the environment, risks and support requirements.

Throughout our visit we found positive examples of how people were supported to maintain and to further develop their independence skills with a view to moving on to more independent living. One person explained how they hoped to eventually move on to living in a flat on their own and they told us that “Staff have been helping me to learn new things that will help me move out of here, when I am ready. That will be a great day.”!

We saw records of visits carried out by a representative of the provider which offered supervision to the manager as well as carrying out regular audits on the service. This included care plan checks, health and safety, training,

Is the service well-led?

speaking to people who live at Hagden Lane and environmental checks. There is also an Internal Quality Auditing Tool used to assess the quality of the service and identify areas that required improvement.