

Turning Point

Turning Point - Tameside

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

Turning Point – Tameside provides support to people with learning disabilities. It is part of the national organisation 'Turning Point', a social care organisation which provides services for people with complex needs, including those affected by drug and alcohol misuse, mental health problems and those with a learning disability.

Turning Point – Tameside provides care and support to people living in 'supported living' settings, so that they can live in their own homes as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate the premises used for supported living. This inspection looked at people's personal care and support. At the time of the inspection the service was supporting 34 people who lived in seven different properties in and around the Denton area of Tameside. One of the properties is a block of 17 one-bedroom flats, the other six are shared houses with individual bedrooms and shared communal areas. All properties have staff on site 24 hours a day.

The service has been developed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. By following these principles, services can support people with learning disabilities and autism to live as ordinary a life as any other citizen.

Systems were in place to help safeguard people from abuse. Staff knew how to identify signs of abuse and what action to take to protect people they supported. Risk assessments had been completed to show how people should be supported with everyday risks, while promoting their independence. Recruitment checks had been carried out to ensure staff were suitable to work with vulnerable people.

People were looked after by small teams of staff who were committed to providing support in a person-centred and caring way. People and relatives were very complimentary about the service.

Medicine management was carried out safely. Records showed that staff received training and competency assessments before they were permitted to administer medicines. Some people were supported by staff to manage their medicines themselves.

Staff had undergone training to ensure they had the knowledge and skills to support people safely. All staff received regular supervision and an annual appraisal. This gave them the opportunity to discuss their work and training needs and reflect on what was working well for them.

The service was working within the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff support people to make their own choices, such as what they would like to eat and wear and what activities they would like to do. People could choose what they would like to do and were encouraged and helped to take part in a variety of activities both inside and outside their home. This

helped to build their confidence and promote their independence.

Staff worked closely with health and social care professionals to ensure people were supported to maintain good health. People's support plans contained detailed and comprehensive information about their preferred routines, likes and dislikes and how they wished to be supported. People and their families were involved with planning and reviewing their care. This ensured it was tailored to meet their needs.

The service was well-managed. The registered manager and team leaders were committed to putting Turning Point's vision and values into practice. Audits and quality checks were undertaken on a regular basis. This ensured service provision was maintained at a high standard.

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.

Arrangements were in place to safeguard people from harm and abuse. Recruitment processes were robust and protected people who used the service from the risk of unsuitable staff.

Arrangements were in place to ensure medicines were safely administered.

Risk assessments were in place to help manage risks to people and keep them safe.

Is the service effective?

Good ●

The service was effective.

Staff received regular training and supervision.

Staff helped people to make choices about their everyday routines. The service was working within the principles of the Mental Capacity Act.

Is the service caring?

Good ●

The service was caring.

Staff were kind and considerate.

People were treated with dignity and respect and were supported by staff who knew them well.

Staff helped people maintain and develop their independence.

Is the service responsive?

Good ●

The service was responsive.

People were supported by staff who understood needs and what was important to them.

Care records and care plans were very detailed, informative and person-centred.

People were encouraged and helped to take part in a wide variety of activities which they enjoyed and which helped build their confidence.

Is the service well-led?

Good ●

The service was well-led.

There was committed and knowledgeable leadership from the registered manager and team leaders.

Staff and relatives felt supported by the staff team and were complimentary about the way the service was managed.

There were systems in place to monitor and improve the quality of the service.

Turning Point - Tameside

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.

The inspection took place on 23 and 25 October 2018 and was carried out by an adult social care inspector. In line with our inspection methodology we gave short notice of the inspection visit. We gave the provider two days' notice of our inspection. This was because the service supports people in the community and we needed to be sure that the registered manager would be in the office to assist us with our inspection.

Before the inspection we reviewed information we held about the service. This included the statutory notifications the CQC had received from the provider and the Provider Information Return (PIR). Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. A PIR 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.

Prior to the inspection we contacted the local authority and Healthwatch to ask if they had any concerns about the service. We received positive comments about the service from the local authority. Healthwatch had not received any feedback about the service. Healthwatch is the national independent champion for consumers and users of health and social care in England.

During our visit we spoke with the registered manager, four support workers, and two people who used the service. We also saw how staff interacted and spoke with people. We talked to five relatives on the telephone to gather their opinion of the service.

As part of the inspection we looked at four sets of care records. These included support plans, risk assessments, daily notes and medicines records. We reviewed other information about the service, including training records, minutes of meetings, six staff personnel files and quality assurance records.

Is the service safe?

Our findings

Two people were able to tell us they felt safe living in their supported accommodation. Other people we saw were unable to tell us if they felt safe. However, we saw they responded to staff in a positive way and they appeared happy, relaxed and comfortable in their presence. All the relatives we spoke with, without exception, were happy with the support provided by staff. Comments included; "He's very happy" and "We are completely happy with the support." Staff understood how to keep people in their care safe and how to report, when necessary, any concerns they had. Staff received training in safeguarding and there was information and guidance in an accessible format (pictures) on how to raise safeguarding concerns, displayed in the properties we visited.

The service had safe recruitment practices. Full employment checks were carried out before staff started work at the service. We looked at six staff files, which were well organised and contained the required documentation. This included an application form with full employment history, interview record, references, photographic identification and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safe recruitment decisions as they identify if a person has had any criminal convictions or cautions.

We looked at staffing arrangements. People were supported by small groups of staff who were familiar with their needs and wishes. Some staff had supported the same person for a considerable number of years, which meant they had developed close and caring relationships.

One relative told us, "There's always someone for him to talk to. It's a fantastic support network." There was an on-going recruitment drive to ensure there were sufficient staff to maintain the level of support the service provided.

There were systems in place to support people to take their medicines safely. All staff were trained to give medicines and were assessed to ensure they were competent. People had individual medicines files, which contained their medicines care plan, medicine administration record (MAR) and information sheets about each of their medicines. These explained what the medicine was for and possible side effects. Some people managed their own medicines. However, staff checked that they had taken their medicines and completed their own MAR. This helped to ensure people took their medicines as prescribed, at the same time as promoting their independence. All the MARs we reviewed had been completed correctly. There was a process in place for dealing with medicines errors. This included an investigation and subsequent action, such as staff re-training.

Risks to people's health and well-being, such as from self-neglect, choking, behaviour that challenges, social isolation and poor nutrition had been assessed and were reviewed regularly. Risk assessments were detailed and included plans to reduce the level of risk, while helping to maintain people's independence. Where people went out on their own, for example to go shopping, or the swimming pool, this had been risk assessed and they had a 'missing person's action plan' in place. People were asked to tell the on-site staff when they left the building and returned. This helped keep them safe.

Everyone had a personal emergency evacuation plan (PEEP), which was kept at their home. PEEPs explain how a person should be evacuated from their home in the event of an emergency. Buildings were fitted with smoke and carbon monoxide detectors. One premises had recently had sprinklers fitted. Monthly safety checks were carried out, for example of the water temperatures, first aid box service and service vehicles. Substances which are hazardous to health, such as cleaning fluids, were locked away. Staff wore gloves and aprons when assisting people with personal care. This helped prevent the spread of infection. These measures helped protect people from potential risks to the safety.

All staff were responsible for recording accidents and incidents onto an electronic system. They were then reviewed by the registered manager and the provider's risk and assurance team to see what action, if any, needed to be taken to prevent a future occurrence. This showed the service was committed to ensuring that lessons were learned when things went wrong or mistakes were made. For example, when it was identified there had been a slight rise in medicines errors, the policy was reviewed and a different procedure put in place for reporting and responding to errors. This had led to a reduction in the number of medicines errors within the service.

Is the service effective?

Our findings

People were supported by staff who had the appropriate skills and knowledge. All new staff completed an induction programme, which was in line with the 'Care Certificate'. This is a set of standards that describes the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It helps prepare staff, particularly those new to care work, to carry out their roles and responsibilities. A programme of training was provided, which staff completed through e-learning and face to face. This included medicines management, moving and handling, infection control, health and safety, safeguarding, first aid and behaviour that challenges. Where staff supported people with specific needs, such as with a PEG tube (a type of feeding tube that goes into the person's stomach through their abdomen), they had received the appropriate training. One support worker told us, "Training is really thorough. I feel confident in my role."

Staff received regular supervision and an annual appraisal. Supervision is important as it provides staff with an opportunity to discuss their progress and any learning needs they may have. Staff we spoke with told us they found supervision meetings useful and that they felt well supported by the management team. One support worker told us, "I think it is helpful so that I know if I'm doing anything wrong, or if I need to do something better."

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. In line with the MCA, people supported by the service had mental capacity assessments in place for different decisions. For example, consent to support with personal care, finances, personal safety and medicines. During our inspection we saw that staff always asked people for their consent before supporting them, and were pro-active in ensuring that people were helped to make their own choices about everyday things. For example, one support worker told us they laid out a choice of clothes each morning so that the person they supported could choose what they would like to wear.

Everyone had a health action plan, which included information about their weight, sight, hearing, mental health and skin condition and described how they should be supported with their health and wellbeing. People were supported to maintain good health and had access to relevant healthcare services, such as the speech and language service and physiotherapists. When people attended medical/health appointments, information was recorded in their care files about the outcome. This ensured staff were kept up-to-date with people's changing health needs.

Staff supported people with meals. Some people managed their own meals and food shopping, while others needed a greater level of support, as they were unable to shop or cook for themselves. Where people needed staff to cook for them, they chose which food they would like. Everyone could choose their own individual meals. Some people were involved with a new Turning Point initiative called 'Fresh Foundations', which aims to promote fresh and nutritious foods, support people with healthy eating and meal planning,

and give practical hands on sessions around food preparation and baking. Some people had completed a training course in food hygiene through the initiative.

The service supported some people to live in their own one-bedroom flat, within a block of 17 flats. Other people lived in houses with several other people, where they had their own bedroom. There were staff on site 24 hours a day at all properties. We visited one of the bungalows where three people were supported, which was maintained to a good standard. There was a large, attractively decorated communal lounge with dining area, a kitchen and a bathroom. Each person had their own bedroom which had been decorated to a high standard and was personalised according to their individual taste. There was a garden which contained garden furniture, shrubs, and plant pots, with wheelchair access. Where people needed specialist equipment, this was in place. For example, one person who could not move without help, had a special 'track' hoist installed.

The service was committed to taking part in the 'Tameside and Glossop Red Bag Scheme'. This is part of a national drive to improve communication and safety for people as they transfer across different care settings. As well as personal belongings, each person's red bag contained their health action plan, medicines administration record and their 'what you need to know' document, which gave a snapshot of their health, care and communication needs. This gave hospital staff the necessary relevant information to support people appropriately.

Is the service caring?

Our findings

The two people we spoke with told us staff were caring and kind to them. Staff treated people with dignity and respect and this was rooted in the provider's value to 'treat each other and those we support as individuals however difficult and challenging'. Our conversations with staff showed they understood people's rights to be treated with respect and we observed them putting this into practice during our inspection. For example, people were asked if they had any preference about the gender of staff helping them their personal care. We saw that staff spoke with people in a caring and considerate manner and used touch appropriately to reassure them. Staff we spoke with demonstrated they knew the people they looked after well, understood their needs and how best to support them in a way that promoted their well-being.

Staff supported people with their personal care and helped them maintain their appearance. During our inspection we saw that people looked well-groomed and wore good quality clothes that they had chosen themselves. One person's care plan stated that they liked to have their handbag with them at all times and we saw that staff had ensured this, attaching it to their wheelchair so they could reach it easily.

People were encouraged to be as independent as possible. Their care plans guided staff on how to promote their independence. For example, staff had enabled one person to go swimming on their own by 'shadowing' them over a period of weeks as they walked to the pool. Once they had become confident and staff felt they were safe, they had started walking there on their own. Relatives told us people were supported to be independent. One said, "They are giving her the opportunity to be independent" and another said, "He receives a lot of praise from the staff."

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand so they can communicate easily with health and social care services. Turning Point – Tameside was working within this standard. Key documentation that the service used was produced using words and pictures so that it was easier for people to understand. One person, who was not able to communicate verbally, used pictures to show staff, for example, what they would like to eat. In the house we visited there was a notice board in the kitchen which displayed, in both words and pictures, the names of staff on duty, the date and meal choice.

Is the service responsive?

Our findings

The staff who worked for Turning Point – Tameside were knowledgeable about the needs, likes and dislikes and aspirations of the people they supported. Staff we spoke with told us, in detail, about how they helped people to live as full lives as possible and had developed innovative ways of involving people in their care. For example, one support worker talked to us about a person who had very limited communication and movement. They told us about how they had worked with the person to make their wishes known, through non-verbal communication, such as head gestures, laughs and other verbal noises and how they communicated back using touch and by standing directly in front of them and speaking clearly and slowly.

The service provided staff with the necessary information to support people in a person-centred way. Care records provided enough information for people unfamiliar with the person to quickly understand their needs and how they liked them to be met, but also provided specific and detailed information to ensure needs were met in a person-centred way. Each person had a care file which contained specific and detailed information about their personal history, likes and dislikes, their 'circle of support' (people important to them) and their preferred routines. Support plans, such as for mobility, behavior, nutrition and medicines, were very detailed. For example, one person had a mobility support plan which described how the person should be moved using a hoist. The support plan included details, in words and pictures, about the type of hoist sling, which sling straps to use and how the person should be positioned in their specially adapted chair to ensure maximum comfort and relief from potential pressure damage to their skin. Another person had a support plan to guide staff on how to manage their PEG tube (feeding tube). The plan contained step by step information about administration of the feed and maintenance of the feeding tube, including about how it should be cleaned and rotated to ensure it functioned properly. All the support plans we viewed were comprehensive yet easy to read.

The service focused on providing person-centred care. People were involved in reviewing their support plans each month and were helped to set goals. This ensured they were fully involved with planning the support they required and gave them the opportunity to explore ways in which they could develop their capabilities and potential. Each person who used the service had a key worker. This was a support worker who took a special interest in their support needs, updated their support plan and ensured they had everything they needed, such as toiletries and clothes.

People were supported to participate in activities which reflected their interests and preferences. For example, people went to the gym, swimming pool, shops, local cafes, library and clubs. One person had guitar lessons. People also took part in activities in their own home, such as arts and crafts. Two people received reflexology. The service took people on days trips, for example to the theatre or to Blackpool and over the last two years eight people had been supported to attend the music festival 'Frogtastic in the Park' which is held as part of Disability Awareness Week. People were encouraged and helped to take an annual holiday, sometimes travelling abroad. Others took holidays in the United Kingdom, in specially adapted holiday venues. One person had been supported by the service to undertake a work placement. This had involved attendance at a local college for classroom based learning and work experience at a local hospital. At the end of their 12-month work placement they had been offered and had accepted part-time paid

employment. We were told this had boosted their confidence and self-esteem.

People who used the service were encouraged and supported to influence the way the service, the provider, and their care were managed. In consultation with them, the service had developed and supported people to participate in Turning Point's 'Tameside People's Parliament'. This is a local forum, where people supported by Turning Point – Tameside are encouraged to express their likes and dislikes, share their views and help to influence the organisation at a local level.

The service was keen to support people who used the service to raise the profile of people with a learning disability and promote community links. We read an article in 'The Link', which is a magazine produced by Turning Point (the national organisation). It described how Tameside People's Parliament had discussed with their local councillor how they could become more involved in the community. The suggestion was made that they take part in their local carnival to raise money for the local community. Consequently, some people were helped to take part in the carnival and won the prize for the 'best walking group'. Two people had attended and given a presentation about their community involvement, at the Turning Point 'National People's Parliament'. This is an annual event which brings together representatives from each regional people's parliament.

The service demonstrated its value that 'everyone has the potential to grow learn and make choices' through its 'extraordinary person of the month award'. This was presented to a person who had achieved something on a personal level, above and beyond their normal expectations.

We were told about one person who had recently received this award. With support they had built raised beds and garden furniture for their home. They had planted flowers and vegetables and had helped make the garden a more pleasant environment for the three people who lived there. Another person had moved away from their family home where they had lived for most of their life. This was a considerable step for them and presented them with a huge challenge. However, with the support of staff they had overcome their anxieties and started to gain independence and develop life skills.

Although Turning Point – Tameside is not an older people's service, some people had complex health/medical needs. Where it was appropriate, people's end of life care needs had been discussed with them or their family. People had an 'end of life' care plan, which contained information about people's preferred choices around their end of life care and funeral arrangements.

The service had a complaints policy and all people who used the service were given information about how to make a complaint, in an accessible format. The service had not received any recent complaints, and neither of the people we spoke with, or relatives, had any complaints or concerns. One relative told us, "I've no concerns at all. It's a great place for him to live". Another said, "Turning point were a breath of fresh air when they took over."

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who had registered with the Care Quality Commission in February 2018. 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. The registered manager was supported in her role by a locality manager.

We received many positive comments about the management of the service and the staff team. One relative said "The management is so much better than before. The manager is brilliant." Staff told us they felt the service ran well and that everyone worked together for the benefit of the people they supported. One support worker told us, "We've all got our different strengths. That's what makes us a good team." Another told us, "The house runs well. We're a good team and we all get on well. It's a really happy house."

There was a clear management structure which ensured the service ran smoothly, quality and safety were monitored and people and staff were supported fully. As well as the registered manager, each property had a team leader who was responsible for the day-to-day management of their team. Monthly team meetings gave staff the opportunity to raise any issues they had about the service and the people they supported. Each team had a yearly review. This gave staff the chance to look back over the previous year, discuss what had and had not gone well, and plan for the future. Each property had staff on site 24 hours a day. The registered manager and team leaders provided 'on-call' management during the night and at weekends. This meant there was always an experienced member of staff available to support staff and offer advice in the event of an accident or incident.

The service had up to date policies and procedures to guide staff on their practise and conduct. These were found on the provider's intranet, which also contained other information, such as news about service development, policy changes and staff well-being. All staff had access to the provider's intranet.

The registered managers and team leaders had an organised process for overseeing health and safety and the quality of the service. Environmental safety checks were carried out at each property and regular audits were undertaken of different aspects of the service, such as training compliance, accidents and incidents, medicines records and support documentation. This showed us that the management team were committed to continually reviewing and improving the service.

The service sought feedback from people who used the service and families through an annual survey. This gave people the opportunity to comment on the service and the support it provided. Relatives commented that communication between themselves and the staff team was good. One person told us "They always keep us informed." During 2018 the provider had developed a magazine for people who use the service and their relatives, called 'The Family Link'. It featured articles about different aspects of Turning Point's work and 'good news' stories from its services around the UK.

The registered manager was aware of their responsibility to notify the CQC of important events/incidents

that happen in the service or affect people using the service. This meant we could to see if appropriate action had been taken by management to ensure people were kept safe.