

Turning Point Gulliver House

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 was an unannounced inspection that took place from 30 April 2018 to 2 May 2018. The service was last inspected in January 2016 when it was rated as good.

Gulliver House is the base for supported living and outreach services for people living with enduring mental health issues. Gulliver House itself has nine bedrooms for people who need support to help them recover or stabilise. There were seven people living in these tenancies at Gulliver House when we inspected. The service also provides outreach support to people in the local community. At the time of our inspection nine people were being supported in the wider community.

This service provides care and support to people living in one 'supported living' setting [Gulliver House], so that they can live in their own home as independently as possible. Houses in multiple occupation are properties where at least three people in more than one household share toilet, bathroom or kitchen facilities.

People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Not everyone using Gulliver House receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a suitably qualified and experienced registered manager. 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.

The staff and people who use the service told us the registered manager was very approachable and people trusted her ability and her integrity. The service had an open and inclusive culture where people were consulted and where staff views were respected.

Staff had received training on ensuring people were kept free from harm and abuse. The staff team understood how to report any safeguarding matters and the registered manager responded to any risks. Turning Point had a confidential phone line for staff to report any concerns.

Good risk assessments and emergency planning were in place. Accidents and incidents were monitored and analysed, action taken to reduce risks and consideration of the issues under a 'lessons learned' approach.

We saw that staffing levels were suitable to meet the assessed needs of people in the service. There had been a temporary increase in night staff to meet the assessed needs of people in the service.

Staff recruitment was thorough with all checks completed before new staff had access to vulnerable people. The organisation had suitable disciplinary procedures in place.

Medicines were appropriately managed. People had their medicines reviewed by specialist nurses, psychiatrists and by local GP's. Self-medication was encouraged as people moved through their recovery plan.

Staff were trained in infection control and supported people in their own environment.

Induction, training and supervision had helped to develop the staff team. Staff received training around principles of care in relation to people living with complex mental health conditions. They also received induction and on-going training in a wide range of subjects. Restraint had not been used in this service.

Consent was sought for interactions. Even when people were in the service under an order related to the Mental Health Act they were still consulted about preferences.

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

People were supported to get good health care support from local GPs, specialist community mental health nurses and psychiatrists. Staff supported people to get help with physical health problems. Staff worked with people to support and encourage them to visit relevant health care providers.

Staff supported people to shop, budget and prepare food. Healthy eating was covered in group work and staff encouraged people to cook as much as possible.

Staff displayed a caring and respectful attitude and were also able to support people who were suffering from the symptoms of mental ill health. People told us the staff were caring and that they understood their needs. Independent and specialised advocacy could be sourced for individuals as people in the service were under the care of mental health professionals. People were supported to use services like Citizens Advice Bureau.

Each person had been assessed by a psychiatrist and we saw full assessment of need on file from social workers and other specialists. The staff team continued the assessment process once the person started to use the service. Detailed care and support plans were in place, along with contingency plans for any mental health crisis. Many of the people in the service had written their own assessment of need and parts of their care plans.

People were encouraged to do their own household chores and to manage their own affairs. They were supported by staff to manage their lives. People in Gulliver House attended regular group sessions as part of their recovery. People were encouraged to go out and to engage, where possible, with sport, learning and social events in the wider community.

Complaint procedures were in place. There had been no complaints received about the service.

Turning Point had a suitable quality monitoring system used in all their services. This service used the quality assurance system to good effect. This was evident in internal audits and records of visits by senior officers of the provider. Good monitoring and analysis of the service was in place.

Staff and other people involved with the service were satisfied that the management arrangements were appropriate and that matters of governance were being followed to give good levels of care and support.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Gulliver House

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.

The inspection was unannounced and was carried out by an adult social care inspector. Inspection site visit activity started on 30 April 2018 and ended on 2 May 2018. We visited the office location on 30 April 2018 to see the manager and staff; and to review care records and policies and procedures. The office is in a property in Whitehaven where nine people live, so we also met people on that day and on the second day of our inspection where we met with other people who use the services.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This was received in a timely manner and in good detail. We also reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We also spoke with social workers, health care practitioners and commissioners of care during our regular meetings with them. We planned the inspection using this information.

We met with the registered manager, the administrator, five support workers and the support worker lead for outreach services on the first day. On 2 May 2018 we met with three other support workers and the deputy manager.

On the first day of the inspection we met with five of the seven people living in Gulliver House. We also met a new person who was planning to move in. On 2 May 2018 we met with three people who lived in Gulliver House and two people living in the wider community when we had the opportunity to talk to people at length about their experiences.

We spoke with people, asked their views and observed them in the shared spaces at Gulliver House. We read four case files for people living in the tenancies in Gulliver House and three case file for people living in the

wider community. These included care and support plans, assessments, recovery and contingency plans.

We also spoke with staff and asked them about the work they did. We looked at five staff files. These included information about recruitment, induction, training and any welfare or competence matters. We also received a copy of the training matrix and the training plan for the service.

We looked at quality audits and we received copies of quality reports prepared by the organisation as a result of surveys and audits.

Is the service safe?

Our findings

Staff were suitably trained in understanding harm and abuse. Safeguarding matters were discussed in supervision and in team meetings. We had evidence to show that the management team would make safeguarding referrals, if necessary. Good arrangements were in place so that staff could 'blow the whistle' if they had any concerns. People told us they felt safe and well cared for, "I have felt very safe here. I have my own space and there is always staff about." People also told us the staff talked about rights to be free from harm and abuse during 1-2-1 sessions and in group work.

Staff were trained in theoretical background to human rights and equality and diversity. Staff could discuss the balance between individual rights and the duty of care. We spoke with support staff who understood the risks for each person they supported. Risk assessments and risk management plans were in place. People in the service understood their rights and a group of people told us, "The staff respect our rights..."

Good infection control measures were in place in the Gulliver House building and noted in plans for people in the community. Assessment and plans were in place to protect people and staff from any risks in the care environment. The service had good plans in place for any potential emergency in individual homes and in Gulliver House. People were supported and encouraged to maintain good standards of personal and general hygiene.

Accidents and incidents had been appropriately reported to the Care Quality Commission. Policies and procedures were in place and Turning point senior officers would investigate any issues of a serious nature. The senior staff understood how they dealt with any incidents or accidents. Staff were debriefed after any incidents in the service. We saw evidence of group and individual work with people if there had been any incidents or accidents in the service. The service had a user involvement champion who was involved in improvements to keep people safe in the service.

We looked at recruitment files and spoke to staff who confirmed that background checks were made prior to new staff having any contact with vulnerable people. We looked at personnel records and these were in order. The registered manager was confident that she would be supported appropriately if there were any issues of competence or discipline that needed to be dealt with formally.

We checked on medicines managed on behalf of people in Gulliver House and in the community. These were kept securely with suitable recording in place. People were supported to attend GP and psychiatry appointments so that medicines were kept under review. Suitable monitoring of administration was in place with staff training and competence checks being undertaken. We saw people accessing their medicines at a time and pace suited to their needs. People were encouraged to collect their own prescriptions and take their own medication when possible. The service used different systems and the registered manager was reviewing the systems to ensure the administration was as safe as possible. Staff had a good understanding of the side effects of psychotropic drugs.

Staff had suitable training in infection control and access to protective clothing and equipment. We spoke

with a staff member was very knowledgeable about cleaning routines and chemicals to use. We saw stocks of aprons, gloves and chemicals to ensure any infections did not spread. People were supported and guided by staff to ensure they followed good personal and household hygiene. These issues were discussed in group sessions in the house and with individuals in their own homes.

We judged that the systems used in the service encouraged reviewing and analysing the way the service was operating. The team reflected on how things were going when they met for team meetings. We saw evidence to show that this 'lessons learnt' approach had helped individuals and groups of people to access the right levels of care and support.

Is the service effective?

Our findings

We looked at assessments for people prior to admission. We had evidence to show that the registered manager went out to see people as part of the admission procedure. We met someone who was 'in transition' and who had been on several visits. This was to ensure that the person would be suitable in the house and that they wanted to come to undertake a recovery programme. We saw that the team looked at all aspects of a person's needs and preferences, without discriminating against them. Staff took advice from health and social care professionals and paid attention to any relevant legislation.

Sometimes people might come to the service who were subject to restrictions placed on them under legislation. People who used the service were at different stages in their recovery from a mental illness and some people were subject to conditions of the Mental Health Act. No one in the service had an authorisation to deprive them of their liberty under the Mental Capacity Act

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The registered manager was aware of her responsibilities under the MCA. staff supported people in a non restrictive way.

We observed staff asking people and giving them options about their lives. We also saw that, where appropriate, people were asked for both formal and informal consent. All support documents had been signed by people in the service. People told us they were asked for consent. Restraint had not been used in the service. Staff were aware of their responsibilities if people became unwell and would look for support from other professionals.

We looked at the needs of people and we looked at the training the provider deemed to be mandatory. This included training on safeguarding, equality and diversity, health and safety and person centred thinking. Staff had effective induction, supervision, appraisal and training. We had evidence of this in records and in discussions with staff. We saw evidence to show that all staff had completed the mental health foundation programme and the care certificate within six months of their employment.

There had been an occasion when the team may have needed some updates to their moving and handling training. This was a little out of date for the support needed for helping people when they had mobility issues. Usually people did not have these issues and this training was not high on the training needs analysis. Staff did cover some basics when they did emergency first aid training but they had not had practical 'hands on' training for some time.

We recommend that all staff have updates to this training to ensure they could intervene if people had an unpredictable need for support with mobility.

We spoke to people in Gulliver House about meal preparation and nutrition. They told us that they managed to cook individually and that sometimes people went out for meals. They confirmed that healthy eating was discussed in group work and that staff supported them to budget, shop and eat as healthy a diet as possible. Some people had been helped to attend a slimming club on referral from their GP. Staff recorded food intake if they felt people were not eating enough. Staff and people in the service were aware that any changes in eating habits could impact on mental well-being. Staff recorded and discussed nutrition with individuals and tried to encourage people appropriately.

Every person in the service was registered with a local GP as soon as possible. People went out to see the local GPs and other health professionals as necessary. Some people who had been mentally unwell told us that only now in their recovery were they looking at their physical health needs and they told us they were getting "Good support". One person was encouraged and supported to have a blood test when we were in the service. Staff were clear and empathic with the person and gave good support.

Gulliver House is a listed Georgian building in the centre of Whitehaven. The office for the project is secure and easy for service users and staff to access. We were invited into some of the rooms in Gulliver House. We noted some issues in the building but also saw that the registered manager was in contact with Impact Housing who owned the property. Individuals living out in the wider community told us staff helped them have a safe and comfortable environment and supported them with any housing issues.

Is the service caring?

Our findings

People told us that the staff were kind and considerate and cared about them.

One person told us, "They treat me like they treat others, not like a person with mental health problems". This person also told us of the support they had to deal with a bereavement. "I think they are brilliant...amazing support from staff."

People discussed how they had support when they had difficulties managing their mental health needs. One person said, "They waited for me to tell them I needed help...but they were aware and the support was there straight away for me."

We also had a discussion about staff attitude and people told us that, for the most part, this was really good and that, "Staff leave their own problems at the door and concentrate on us." We also heard that people could have disagreements and voice their opinions to staff. We were told that, "Unlike some other places I have been they don't hold any disagreements against me...and they understand if I get upset".

A person living in the wider community told us, "The staff are supportive and friendly. They help me if I am feeling down and they keep the conversation going when I can't express myself". A person now living on their own said, "I was here [in Gulliver House] and before that I had a lot of people around me...then I went to live alone. I knew it would just be me on my own but the outreach is wonderful as they come to make sure I am Ok and they know what I need to keep me well".

We observed staff working with people. They managed to give empathy and support but were also confident in establishing boundaries that would help people who had difficulties with their mental health. We saw staff taking a firm but pleasant stance with someone who would have spent their day with staff. We noted that the team helped this person to find structure in their life and were able to direct the person appropriately.

We judged that the registered manager and her team had empathy and understanding of the needs of individuals. We had a good example of the registered manager acting as advocate for one person and we noted the compassion and caring behind the assertive actions to get help for this person.

Staff showed patience with people and took time to explain things in depth and at an appropriate pace. One person told us, "The staff help me to understand things. I know I can talk to them if I get things wrong. They help me understand what is a symptom and what is real".

People had a lot of contact with mental health professionals but were aware that they could also be supported to access independent advocacy. People said they also used services like Citizens Advice for support with things like benefits and housing needs.

People were given privacy and treated in a dignified and caring way. We noted that support was increased

when there were issues around well-being, privacy and dignity.

Every person we met and every support plan we read were centred around recovery and building confidence and independence. We contacted a social worker who told us, "There's been some good examples of recovery work and people moving on successfully". We met people who were managing their lives well because, "I was given enough help to do it on my own and they are still around just in case...but I do my own thing! ".

Is the service responsive?

Our findings

We met someone who was hoping to take up a tenancy in Gulliver House. There was a plan in place for the person to visit and stay overnight. There were suitable assessments in place completed by mental health workers and further assessment done by the staff for this person. Other people living in the service were able to comment on how this, or any other new person, would fit in with the rest of the tenants. People told us the staff were keen to ensure that everyone in Gulliver House was able to work on their recovery without feeling concerned about issues in the house.

We noted in files that comprehensive assessments had been done on everyone in the service and that admissions to the tenancies were done in a measured way. We also noted that where possible people also did their own self-assessment. People living in the community had also been appropriately assessed by the team and by mental health professionals. One person told us, "The staff really want to know about you and what you can manage and what you need help with. They have helped me to get better and to build my confidence."

Care, support and recovery planning was done with the person and with the mental health teams. Some people were writing their own support plans. We noted that each person had a key worker who reviewed the plans with the individual and changed and adapted plans where possible. People told us, "I see my psychiatrist/ social worker/ case worker on a regular basis..." Staff made sure that each individual had both internal and external reviews. Support plans were detailed and up to date. Plans would change as soon as changes were noted by the person and the staff team. One person told us, "The staff waited for me to say I needed help and it ...was available straight away."

We saw that care plans were written not just to deal with mental health issues but also covered things like personal grooming, activities and tasks. One plan said, "I want staff to help me present myself in a positive way." People told us they needed support to do routine tasks. They were helped to budget, cook and do laundry. All these things were in their support plans.

One person needed help with a hearing loss and we saw evidence to show that the staff had helped with some special adaptations to help the person stay safe. They had supported the person to get suitable alarms and the opportunity to get help with the hearing loss. The registered manager told us of the links she had to other professionals if any person they supported needed specialist support with communication. Turning Point had suitable policies on accessible information and staff could attend specialist training if necessary.

People told us they had choice in their lives. One person said, "I have been in hospital and this is different. I still need to see [mental health professionals] but I can choose what I do. The staff keep me right but I do what I want". We noted that options and choices were given to people when staff worked with them. We heard staff talking about alternatives and people told us they appreciated this. We also heard from someone that, "If I disagree with them they don't hold it against me..."

We also heard from a person who said, "They don't treat me as if I have mental health needs...they don't discriminate." We noted that staff were suitably training in matters of equality and diversity. Staff treated people equitably. Another person said, "They make no difference no matter what you have done when you have been ill...".

The staff team ran group and individual sessions to help people develop strategies for managing lifestyles. These groups might discuss subjects as wide ranging as gardening, claiming benefits, managing negative thoughts, sexual health and involvement in sport and exercise. Staff 'signposted' people to local support groups that might meet their mental health needs but also to local gyms, exercise classes and educational and employment opportunities. Each person had developed a weekly activity plan that met their recovery needs.

The staff team had lots of interesting ideas for activities and there were times when the group followed through on these. Sometimes people entered into a wide range of activities and at other times they were not ready to be so engaged. The team did have an allotment and they had hoped to use the produce and to sell some of it as a social enterprise. The changing nature of the group meant that this was on hold but the staff continued to think of options that would interest people they supported.

Turning Point had a suitable complaints procedure and service users had access to this. There had been no formal complaints received. People told us they could go to the registered manager or to the organisation. People felt that the meetings in the house stopped complaints from escalating.

Training for 'End of Life' care was available as part of Turning Point's training plan if staff wanted to do this. The registered manager said that they had good support from local GP surgeries and they could access specialist support if necessary. The registered manager said that she was confident that end of life care could be managed with the support of the other professionals involved with the service.

Is the service well-led?

Our findings

We met with people both individually and in groups. People had only positive things to say about the registered manager and the way she led her teams. People told us, "She is here [at Gulliver House] and I know I can come and talk to her if I need to" and "I think the service is well led...the staff are all good and things run OK". In general the people we met told us that both the supported house and the outreach project, "Run really well....I can depend on them".

The service had a suitably qualified and experienced manager who was registered with the Care Quality Commission. She had been involved in the service since its start and had influenced the way the service operated. She had extensive experience and training in care and management. Discussions with her showed us that she was fully aware of her responsibilities under the law.

Staff told us that they found the registered manager to be easy to talk to. One team member said, "She works with us...we discuss the work all the time and she is very involved with what is going on in the house and out in the community. She is also aware of our needs. We meet regularly and can talk about our concerns if we need to." Staff also told us that the systems worked well. One staff member said, "Things work well here...we work together and we are well led. I have worked for other providers and I know that if the leadership is wrong the service is chaotic. That's not how it is here. I really appreciate the way the service is organised."

The registered manager was aware of the need to work in partnership with other agencies. One professional told us, "The manager is receptive to advice and keen to work with services. There's a good working relationship between us." Another professional said, "I find the line management team open and honest and willing to acknowledge feedback and work with the wider multi-disciplinary teams." The registered manager said that this close working relationship ensured that together they could explore best practice options for the service users. We noted that training and development encouraged staff to keep up to date with good practice in mental health and in related fields.

We spoke with staff about values and behaviours expected of them. They discussed these with us and saw them in practice when they engaged with people. Staff spoke positively about people and had a good understanding of mental health needs and person centred care. They told us that management took the lead in promoting positive values. We saw in supervision notes that staff were keen to adapt and develop their approach to care and support in line with Turning Point's vision and values.

Staff told us that they had regular meetings where they could discuss best practice and where they could challenge and question practice. We also noted the regular group and individual meetings with service users where they were asked their opinions and could question practice. We also noted that people's views were not just sought but their wishes were followed. People had, for example, been able to discuss their medicines administration and review in terms of the best practice and their preferences.

Turning Point had a quality assurance system that was used throughout the country in all their services. We

looked at the policies and procedures and at quality standards and monitoring records. These were all in use to support the service provision. There were regular internal and external audits of quality in place. Surveys were sent to people, professionals and other interested parties. We saw audits of care planning, records of medicines management, accident analysis, maintenance of equipment and personnel records' reviews. We looked at the reports produced from these quality monitoring exercises and we saw that the system was used to make improvements and to inform future planning for the service.

Records were up to date and easy to access and understand. Recording was both paper based and digital. Good security measures were in place and staff were aware of their responsibilities in maintaining confidentiality. People could access their files and could comment on the recording. Some people recorded their own progress and were involved with some of the auditing and recording of shared responsibilities.