Turning Point

Weaver Court

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 30 October 2018 and was unannounced.

Weaver Court is a 'care home.' 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 care home can accommodate up to 22 people who have a learning disability and autism spectrum disorders. Accommodation was centred over two separate living accommodations, each with their own entrance. The main accommodation at Weaver Court had nine people living within the home and four people living in the separate 'Idlecroft' accommodation. Both accommodations had separate living and dining areas and there was a kitchen for people to make their own meals in Idlecroft. In addition, there was a flat for one person which was separate to the other accommodations.

At our last inspection we rated the service 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.

At this inspection we found the service remained Good.

The care 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. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager 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 2008 and associated Regulations about how the service is run.

Staff were being recruited safely and there were enough staff to take care of people and to keep the home clean. Staff were receiving appropriate training and they told us the training was good and relevant to their role. Staff were supported by the registered manager and were receiving formal supervision where they could discuss their ongoing development needs, although this needed to be more regular for some staff.

People's relatives told us staff were helpful, attentive and caring. We saw people were treated with kindness, respect and compassion.

Care plans were up to date and detailed what care and support people required. Risk assessments were in place and showed what action had been taken to mitigate any risks which had been identified. People's relatives told us they felt their loved ones were safe living at the home. Appropriate referrals were being

made to the safeguarding team when this had been necessary.

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

People's healthcare needs were being met and medicines were being stored and mostly managed safely.

Staff knew about people's dietary needs and preferences. We saw there was a good choice of meals and the food appeared tasty and nutritious. There were plenty of drinks and snacks available for people in between meals.

Activities were on offer to keep people occupied on a meaningful basis. Relatives told us they were made to feel welcome when they visited.

The home was spacious, clean and tidy although some areas required redecoration. We have made a recommendation about continued liaison with the property landlord about these areas. All the bedrooms were single occupancy.

The complaints procedure was displayed. Records showed complaints received would be dealt with appropriately although none had been received since our last inspection.

Everyone spoke highly of the registered manager and said they were approachable and supportive. The provider had effective systems in place to monitor the quality of care provided and where issues were identified they acted to make improvements.

We found all the fundamental standards were being met. Further information is in the detailed findings below.

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 remains good.	**Good**
Is the service effective? The service remains effective.	**Good**
Is the service caring? The service remains caring.	**Good**
Is the service responsive? The service remains responsive.	**Good**
Is the service well-led? The service has improved to good. A registered manager was in place who provided effective leadership and management of the home. Effective quality assurance systems were in place to assess, monitor and improve the quality of the service.	**Good**

Weaver Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection which took place on 30 October 2018 and was unannounced. The membership of the inspection team consisted of two adult social care inspectors, one dental inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service; the expert-by-experience used on this occasion had experience of learning disabilities care.

This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team included a dental inspector who looked in detail at how well the service supported people with their oral health. This includes support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

Before the inspection we reviewed the information we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams. The provider had completed a Provider Information Return (PIR). The PIR is a document which gives the provider the opportunity to tell us about the service. 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.

We spent time observing care in the lounges and dining rooms. We usually use the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using the service who could not express their views to us. However, many people went out on activities during the day, such as to day centres, or spent one-to-one time with staff, so we did not complete this on this occasion. We looked around some areas of the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included three people's care records, three staff recruitment files and records relating to the management of the service. We were not able to speak with

people who used the service, but spoke with nine people's relatives on the telephone and one relative who had come to visit on the day of our inspection, four care staff, the cook, the registered manager and the deputy manager.

Good

Is the service safe?

Our findings

People were kept safe from abuse and improper treatment. All the relatives we spoke with were confident their loved ones were safe at the home and felt able to raise any concerns with staff. One person commented, "I do (feel people are safe) because of the staff. [Person] had problems walking, had a few falls. There's always someone about."

Staff had completed safeguarding training and said they would not hesitate to report concerns to a senior member of staff, the registered manager or the safeguarding team. The registered manager had made appropriate referrals to the safeguarding team when this had been needed. This meant staff understood and followed the correct processes to keep people safe.

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. Staff we spoke with confirmed these checks took place prior to employment commencement.

We saw and our review of rotas confirmed there were enough staff on duty to care for people safely and keep the home clean. We saw there was a good staff presence around the home and people's requests for assistance were responded to in a timely way.

Medicines were mostly stored, managed and administered safely. Staff responsible for administering medicines were trained and had their competency assessed. The stock of regularly administered boxed medicines were counted down daily. We checked a random sample of boxed medicines and found these tallied with what should be in stock although stock balances of 'as required' medicines' were not always carried forward from the previous month. We saw this had been highlighted at the recent monthly medicines audit.

Protocols were in place that clearly described when medicines prescribed for use 'as required' should be administered. Some people were prescribed medicines, which had to be taken at a particular time in relation to food. We saw there were suitable arrangements in place to make this happen. We saw some people were prescribed paraffin based creams which could potentially pose a fire risk. No formal risk assessments were in place although the person administering the medicines on the day of our inspection was able to identify these and tell us measures they took to mitigate the risk.

Systems were in place to check and ensure the safety of the premises and we saw certificates in relation to gas, electric, water and fire safety. There were emergency plans in place to ensure people's safety in the event of a fire.

The home was clean, tidy and odour free. Staff had access to personal protective equipment, such as gloves and aprons and were using these appropriately. However, we found some wear and tear on paint work and skirting boards. Some areas of the building, such as some shower rooms, the cleaning cupboard and the laundry room required repair and refurbishment to prevent the risk of cross infection, with some broken tiles and damaged flooring evident. We spoke with the registered manager who said they had requested these

areas be addressed by the local authority who were the property landlords. They expressed their frustration about the lack of timely response. A staff member also commented, "Think things would be better if the council pulled their finger out and work was done – it's not fair for people." However, on the day of our inspection the registered manager received email confirmation that some works had been approved and were due to commence. Although this gave us some confidence these areas would be addressed, we were concerned about the length of time this had taken, since the registered manager told us they had requested reparatory works several weeks previously.

We recommend the service liaises with the local authority to ensure required refurbishment and repair are completed in a timely manner and in accordance with current infection control guidance.

Accidents and incidents were recorded and analysed to see if any themes or trends could be identified. Records showed what action had been taken following any accident or incident to reduce or eliminate the likelihood of it happening again.

Assessments were in place which identified risks to people's health and safety. These clearly showed what action had been taken to mitigate these risks and were reviewed regularly. For example, we saw risk assessments had been developed where people displayed behaviour that challenged others. These provided guidance to staff so that they managed situations in a consistent and positive way, considering behavioural triggers and staff approach, which protected people's dignity and rights.

Good

Is the service effective?

Our findings

The registered manager completed needs assessments before people moved into the home. The assessment considered people's needs and choices and the support they required from staff, as well as any equipment which might be needed.

Staff were well trained and supported to carry out their roles effectively. People's relatives all told us they had confidence in staff ability. The registered manager told us staff received an in-depth training programme which included health and safety, first aid, safeguarding of adults, medication, moving and handling, infection control, equality and diversity and mental capacity. Training plans showed that most staff were up to date or booked to complete all relevant training. Staff told us training opportunities were good and said they had attended additional training in areas such as specialist autism awareness and training to manage challenging behaviour.

The registered provider had a comprehensive induction programme which took place over two weeks. Staff also shadowed experienced staff until they were deemed competent to work with people with complex needs and were enrolled on the Care Certificate. The Care Certificate is a set of standards designed to equip social care and health workers with the knowledge and skills they need to provide safe, compassionate care.

Staff were provided with supervision sessions which gave them the opportunity to discuss their work role, any issues and their professional development. The registered manager told us they had plans to make these more regular and reintroduce annual appraisals to review staff performance over the year. Staff we spoke with told us they felt supported by the registered manager.

People's nutrition and hydration needs were met. Choices were available for each meal and the cook was devising pictorial guides for these. The cook told us they were given information about people's dietary needs and preferences and these were taken into account when planning menus. At the time of our inspection they were providing fortified diets for some people who had been assessed as being nutritionally at risk. People who had been assessed as being nutritionally at risk were being weighed regularly. Records were also being maintained of what they were eating and drinking. Adaptive cutlery and crockery was in use according to people's needs, such as plate guards to assist people to eat independently. The cook showed how they were trying to incorporate healthier options for people, such as using bulgur wheat and introducing a more Mediterranean diet, which people were enjoying.

People's healthcare needs were being met. Separate files contained detailed information about people's health care needs, referrals to and visits by health care professionals. We saw people had been seen by a range of healthcare professionals such as GPs, nurse practitioners, district nurses, dieticians, speech and language therapists, dentists and opticians. The service used the telemedicines service run by a local NHS Trust. This allows immediate access through video consultation to a registered nurse when required. The registered manager told us they used this to good effect; for example, when one person had refused to attend the doctor's surgery for an appointment. Staff and the registered manager told us they had a good

relationship with district nurses and the learning disabilities team and were able to ask them for advice. A nurse practitioner from the learning disabilities team told us they had no concerns about the service. One person's relative told us, "Key worker keeps me well informed. She'll say, 'We've done this or that and spoken to the doctor'." Hospital passports were in place to support effective transition between services. This meant that key information was available on people's needs should they be admitted to hospital.

The service provided specialist care for adults with learning disabilities or other complex needs. We checked to see that the environment had been designed to promote people's wellbeing and ensure their safety. The accommodation was spacious with wide corridors and doorways to facilitate easy access for wheel chair users and toilets and bathrooms were easily identified. The home was decorated and furnished in a style appropriate for the people who used the service. Each person had their own bedroom, which was individually personalised by bringing in items and belongings that were important to them. Where people did not have family or friends to help them to personalise their rooms, staff had helped them to make their rooms homely. There were different lounges throughout the service, which meant people could either spend time with friends or be on their own if they wanted calm and quiet. People could move freely around the shared areas.

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 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 a person of their liberty had the appropriate legal authority and were being met. There were nine authorised DoLS in place and several applications were awaiting assessment by the local authority. Some people who had just had DoLS approved had conditions attached. The registered manager was able to tell us how they were applying these conditions. Their responses gave us assurance that correct processes regarding application and implementation of the MCA and DoLS would continue to be followed.

People's capacity to consent to their care and support arrangements was assessed. Where people lacked capacity best interest decisions had been made involving families and healthcare professionals. For example, the best interest process had been followed for one person who was being supported to take their medicines covertly (hidden). Staff we spoke with understood the requirements of the MCA and the need to obtain consent from people before they provided care.

Good

Is the service caring?

Our findings

Staff treated people with dignity and respect. For example, one person became irritated and distressed during the lunchtime service. Staff recognised the need for the person to be in a quieter space, as stated in their care plan, and calmly and quietly assisted the person to a quieter environment where they could relax and calm down. One person's relative commented, "It's five star; I think it's the staff as well as the amenities. I would feel at home. I can see [person] enjoys it. A few years ago [person] never liked leaving us; now, [person] can't wait to get rid of us!"

Staff communicated well with people to provide comfort and reassurance, speaking with people face to face and at their eye level. Staff explained how they maintained people's dignity whilst delivering care, such as ensuring doors and curtains were closed when delivering personal care. We saw staff knocked on people's doors and consulted with them before supporting them with any care tasks.

People who used the service were supported to be as independent as possible. For example, we saw people living in the Idlecroft accommodation were supported to shop for and prepare their own meals wherever possible. On the day of our inspection, we saw one person helping to clear up after their meal. One relative told us how their relative had had moved upstairs to Idlecroft and had become much happier and more independent. They said, "Before, [person] was 50% - now [person's] 100%. When [person] comes to me, [person] makes a cup of tea and dries up if I'm washing up."

People looked relaxed and comfortable around staff. There was a calm, friendly atmosphere and we saw staff took time to sit and chat with people. Mealtimes were relaxed and social occasions. We heard some good-humoured banter shared between people who used the service and staff and displays of affection which were reciprocated by staff.

Staff knew people well, including their favourite activities and how they liked to be communicated with. Information about people's life history was included within people's care plans to aid staff to better understand the people they were caring for. What staff told us about people corresponded with what was in their care plans, such as likes and dislikes and care and support needs. Staff told us they took time to read and understand people's care records and we saw staff had signed to confirm this had taken place.

People who used the service and relatives had been involved in developing their care plans, including a representative from the local day centre where appropriate. People's relatives told us they were made to feel welcome when they visited the service

Staff were sensitive to people's needs. For example, they ensured they asked people if they would like to talk with us and respected their wishes when they refused. Another person was unwell and was being nursed in bed. Staff had moved the person's bed so they could look out at the garden and trees, which appeared to give them pleasure.

We looked at whether the service complied with the Equality Act 2010 and in particular how the service

ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the registered manager, staff, people and relatives showed us the service was pro-active in promoting people's rights; for example, the use of adult sensory tools, religion, diet and choice of care workers.

Good

Is the service responsive?

Our findings

Care records contained risk assessments relating to activities of daily living such as mobility, eating and drinking, continence and personal care. These had been reviewed regularly and where an issue had been identified, action had been taken to address and minimise any identified risk.

Information about people, their care and support needs, including goals and reviews of these goals and a 'What you need to know' record were written using easy read formats. These included signs and symbols and pictures to support communication about people's needs. Other records, such as the complaints procedure were also in easy read format. Each person's care plan was very detailed,specifically designed around their needs, goals and aspirations and reviewed regularly by the managers and the person's key support staff. For example, the registered manager told us how staff had worked to develop the confidence of one person who was then able to move to more independent living within Idlecroft.

People had in-depth support plans that included how the person may present if they were feeling anxious, things that could trigger behaviours and what helped them to be calm, relaxed and happy. One care worker told us, "I always read people's care notes so I know how they like things doing." Daily notes reflected what support had been offered to each person and commented on the person's wellbeing. One relative commented, "They're very looked after. I've been kept informed all the time of what's happening."

People's oral health needs were assessed and plans put in place to support these. For example, staff were working with one person's GP to alleviate the person's oral thrush, looking at different treatment options such as medicines and oral mouthwash. People were seen by a dentist every six months and actions taken when issues were identified.

People's end of life care needs were planned for. We saw staff carried out detailed discussions with people and/or relatives to identify their wishes.

Complaints were taken seriously and investigated. People's relatives said they were aware how to complain if this was required. No complaints had been raised over the last year, although we saw several written compliments from families and health and social care professionals. Comments included, 'Family feel [person's name] was well cared for and they were always made welcomed' and 'Support plans, capacity assessments, best interest good and thoroughly documented'. We saw a GP complimented staff, saying they had observed the person had been well cared for by the staff team.

We looked at what the service was doing to meet the Accessible Information Standard (2016). The Accessible Information Standard requires staff to identify record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. The registered manager was booked to attend accessible information training with the local authority in the next few weeks. People's communication needs were assessed and support plans put in place to help staff meet their needs. For example, one person used their own Makaton signs. Makaton uses signs, symbols and speech to help people

communicate. Another person's care records showed they pointed to what they want and if in pain, pointed to the area to let staff know. We saw staff used these communication methods during our inspection.

People were being offered a range of personalised activities in the mornings and afternoons. These included one-to-one activities, trips out into the community using local facilities such as the doctor's surgery, supermarkets and shops and other trips using either the service's minibus or car. People were supported to attend work placements, day centres, go on outings and undertake activities internally within the home. From speaking with staff and relatives of people who used the service, observations during our inspection and reviewing care records, we concluded people's independence was actively encouraged. We saw people were encouraged to maintain relationships with people that mattered to them, such as facilitating telephone conversations or visits to relatives and friends, according to people's wishes. Care records demonstrated the service was in contact with people's relatives informing them of any changes in their relative's health and involving them in any decision making. These activities and interventions meant the risk of social isolation was minimised.

Good

Is the service well-led?

Our findings

We concluded from speaking with people's relatives, staff and reviewing service documents that the service was well-led.

There was a registered manager in post who provided leadership and support. They were supported by a deputy manager and team leaders. Relatives knew the registered manager and praised the management team, saying they were approachable and empathetic. One relative commented, "I do think she's approachable, marvellous, especially with my relative. They (staff) work well as a team." Staff we spoke with were positive about their role and the management team. Comments included, "The management team are more approachable than anywhere I have worked before", "The manager has an open-door policy, listens and acts on any issues required", "We all work well as a team and complement each other… Communication is key to everything we do and we do this very well", "I enjoy it. I feel supported very much. We're a good team here overall" and "If you talk to her (registered manager), she listens to you."

We found the management team open and committed to make a genuine difference to the lives of people living at the service. We saw there was a clear vision about delivering good care, and achieving good outcomes for people living at the service.

Staff morale was mostly good and staff said they felt confident in their roles. However, one staff member commented, "Sometimes there's a negative atmosphere on some of the shifts. This was brought up in the team meeting – the negative atmosphere." Most staff we spoke with told us they would recommend the service as a place to receive care and support and as a place to work. It was evident that the culture within the service was open and positive and that people who used the service came first. A staff member told us, "I think Weaver Court are good in what they do."

Audits were being completed in areas such as care plans, medicines, environment and health and safety. These were effective in identifying issues and ensured they were resolved. We saw action had been taken to address any issues. For example, we saw issues had been raised at the last manager's audit around aspects of medicines management. We saw these areas had largely been addressed prior to our inspection.

People's views about the service were sought and acted upon. Although a recent survey had not been sent out to people living at the service and their relatives, everyone we spoke with told us they felt able to approach the registered manager with any concerns and felt these would be listened to and actions taken. The registered manager told us they invited people and their relatives to regular coffee mornings during the year so they could meet informally to discuss any issues and changes to the service. However, some relatives said they hadn't seen the registered manager attend these recently and would like them to attend these more. The registered manager explained there used to be more formal meetings when reorganisation of the service appeared imminent but these had stopped after relatives requested this.

Monthly service user meetings were held as an opportunity to provide feedback about the service at Weaver Court and ask for things to be changed/done differently. We saw from the minutes of these meetings that

people were asked their views regarding various matters. These included what they thought of the home environment, if they wanted anything done differently or additional activities. We saw responses included, 'I get to go out', and 'Happy living here.'

We saw staff attended monthly staff meetings and minutes showed that in-depth reviews of people's support needs had taken place. For example, we looked at the minutes of a team meeting which took place in October 2018. High on the agenda was a discussion about health and safety and the issue surrounding infection control with a shower room, which the registered manager had highlighted with the local authority. Team meetings were also used as an opportunity to revisit policies and procedures or any training needs. Staff told us regular team meetings were an opportunity to discuss any concerns, offer support to staff and drive improvements in the home. A staff member told us, "The manager listens and acts on any issues required. We are a good team." Another staff member said, "The manager takes on board what we say and does the best she can."

The care service has been developed and designed 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. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. The service had developed strong links with several local day centres and community groups where people living at the service spent time.

We saw evidence the service worked effectively with other organisations to ensure co-ordinated care. The registered manager told us they attended the provider's quarterly manager meetings to keep updated and share best practice. The provider had involved service managers and the provider's training team to develop a management development programme about challenges they faced in their roles and to offer optimum care. The registered manager also worked in partnership with Bradford contracts team and the NHS including telemedicines, to ensure people received the best possible care and support. They told us they also had developed partnership with other agencies such as district nurses, the learning disability team, GPs and social workers to ensure the best outcomes for people. This provided the manager with a wide network of people they could contact for advice.

Providers are required by law to notify The Care Quality Commission (CQC) of significant events that occur in care settings. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found the service had met the requirements of this regulation. It is also a requirement that the provider displays the quality rating certificate for the service in the home; we found the service had also met this requirement.