

## Turning Point

# Turning Point - Avondale

### Inspection report

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Date of inspection visit:  
25 November 2019

Date of publication:  
06 February 2020

### 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

### About the service

Turning Point is a residential home for adults with learning disabilities. It provides accommodation for up to eight people. At the time of the inspection eight people were living there. People had their own bedrooms. There is a large communal dining/lounge area, garden and spacious corridors. The home is a purpose built building and offers ground floor accommodation only.

### People's experience of using this service and what we found

The service had been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes.

The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People were supported by staff who were trained effectively and recruited safely. Staff were knowledgeable about safeguarding practices and how to recognise the different types of abuse.

Medicines were managed, administered and stored safely. There were safe processes in place for the overall management of medicines. People had their medicines regularly reviewed which included the reduction in the use of psychotropic medicines to manage complex behaviours.

Risks were identified and risk management plans were in place and regularly reviewed.

People had their health and social care needs holistically assessed by a team of professionals. Care and support plans were individually developed, reviewed and audited by the management team. Care and support plans were detailed, contained people's preferences and were developed in a pictorial format.

There were robust systems in place to monitor the quality of the service and make improvements where they were needed. The provider had good oversight of the service and the monitored outcomes.

People enjoyed a variety of activities, outings, holidays and community social networks. This had improved since the last inspection.

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

There was a registered manager in post who had made significant improvements to the care and support of people living at Avondale. They had developed good relationships with staff and relatives and close working

partnerships with professionals from the community disabilities service. We received very good feedback from everyone contacted.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 21 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Turning Point - Avondale

## **Detailed findings**

## Background to this inspection

### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

### Inspection team

The inspection was carried out by one inspector.

### Service and service type

Turning Point 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

This inspection was unannounced.

### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

### During the inspection

We received feedback from three relatives, whose family member used the service, about their experience of the care provided. We spoke with five members of staff including the registered manager.

We reviewed a range of records. This included three people's care records and medication records. We

looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to keep people safe. Staff knew how to identify safeguarding concerns and act on them to protect people. Safeguarding processes were followed appropriately.
- Staff had received training in safeguarding and this was confirmed from training records. The registered manager was fully aware of their responsibility to report concerns to the relevant authorities and CQC.
- Relatives of people using the service told us their family members were very safe and they had no concerns to raise. One commented, "I feel very lucky that [person] is in such a safe place."

Assessing risk, safety monitoring and management

- People were protected from risks. People's individual identified risks were assessed and recorded in risk management plans which were regularly reviewed.
- Risk management plans detailed guidance for staff to take to minimise identified risks.
- We saw a variety of risk assessments for people which included areas such as choking, mobility, using bed rails and bathing safely. People had personal emergency evacuation plans which gave guidance to the emergency services in case of fire.
- People had personalised positive behaviour support plans to guide staff on what to do if the person experienced distress, frustration or anxiety. Plans included details on triggers of behaviour, what to avoid and how to manage an escalation in behaviour in order to keep the person safe.

Staffing and recruitment

- Staff were recruited safely. This included pre-employment and identity checks and a Disclosure and Barring Service (DBS) check. A DBS check allows employers to make safer recruitment decisions and helps to prevent unsuitable applicants from working with vulnerable people.
- There were sufficient numbers of staff deployed to meet the needs of people. This included using regular agency staff for one to one support to aid consistency and familiarity.

Using medicines safely

- Medicines were managed, administered and stored safely.
- People had person-centred medicines care plans showing how they preferred to take their medicines and any allergies.
- There were protocols in place for 'as required' medicines and cream charts for the correct application site of topical medicines.
- The registered manager was working in line with a national project to stop the over use of psychotropic medicines for people with a learning disability. These medicines are sometimes used for managing

behaviours which are seen as challenging. People with a learning disability are more likely to be given these medicines than other people. Other methods such as the providers positive behaviour support programme was being used as an alternative to medicines, where appropriate.

- Staff were trained in medicines administration. A weekly audit check and spot checks on practice and record keeping were carried out by the registered manager or the senior support worker.

#### Preventing and controlling infection

- All areas of the home were fresh, clean and free of any malodours.
- The kitchen and bathroom areas were clean and hygienic.
- Staff were trained in infection control practices and effective hand washing technique.

#### Learning lessons when things go wrong

- All accidents and incidents are recorded and analysed to check for themes, trends and how to prevent a reoccurrence.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, mental and social needs were holistically assessed by a multi-disciplinary team of health and social care professionals.
- Care and support plans gave detailed guidance to staff on how to support people's needs effectively and appropriately. This included specialist advice from speech and language therapists, dieticians and learning disabilities nurses.
- People's preferences were detailed, including how they liked to receive support and areas of care they were able to manage independently.

Staff support: induction, training, skills and experience

- People were supported by skilled staff who had on-going training relevant to their role. Staff told us they felt well trained and had access to on line as well as face to face training.
- New staff had a thorough induction prior to working independently. This included being mentored and having their practice observed.
- Staff had regular supervision and appraisal, on-going spot checks of practice and informal support whenever it was requested.
- Professionals working with the service commented, "They are a skilled team in working together, have an excellent knowledge of the mental capacity act, good care planning and in date with their training."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink. Staff knew their preferences and how they liked their food to be prepared.
- Some people required specific diets and food consistencies. Staff were knowledgeable about how to support people to eat and drink safely. We observed staff preparing meals and assisting people to eat and drink whilst also encouraging their independent skills.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager had very good relationships with health and social care professionals. For example, practitioners, nurses, physiotherapists and occupational therapists from the community learning disabilities team. They worked closely to create person-centred care and support plans and adapted them when people's needs changed.
- The registered manager also worked closely with the providers behaviour support trainer. For one person this meant a comprehensive review and adaptation to their support resulting in a reduction of medicines.

They also worked with specialist practitioners, for example a tissue viability nurse for one person who required skin integrity care and treatment.

- People had regular access to community health services such as their GP, dentist and optician.

Adapting service, design, decoration to meet people's needs

- Avondale was a purpose built home with ground floor level access, wide corridors and large communal spaces.
- Peoples bedrooms were individually decorated with décor, colours and furnishings of the person's choice.
- There was a large garden, a summer house and patio which was used in good weather for regular outside access and garden parties.

Ensuring consent to care and treatment in line with law and guidance

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 when this is in their best interests and legally authorised under the MCA.

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.

- Mental capacity assessments had been robustly completed along with their corresponding best interests decisions.
- The registered manager had made appropriate applications to the local authority for DoLS and had a 'tracker' system to monitor the progress.
- The staff we spoke with were knowledgeable about the Act and how to apply this in their work with people.
- The requirements of the Mental Capacity Act (2005) were being fully met.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were being supported by staff who knew them well, their actions, behaviours and facial expressions. The staff team was consistent which aided familiarity for people.
- Staff supported and respected people's individual rights and were passionate about providing quality care.
- Feedback from relatives regarding the care provided was overwhelmingly positive. One relative told us, "[person] is cared for in an excellent, safe manner." Another told us, "[The registered manager and staff] at Avondale are excellent. They give 100% all of the time and care so much for the residents."
- A professional who regularly visits the service told us they were, "Really impressed with the service and their commitment to the individuals living there."

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to express their choices through non-verbal communication methods where needed such as sign language and objects of reference.
- People's likes and dislikes were recorded in their care plan and well known by the staff supporting them. The care and support plans were designed in a pictorial and easy read format so people could understand them.
- People were supported in their monthly keyworker review meetings to complete a pictorial survey of their well-being.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their dignity by a staff team who treated people with respect.
- One person who did not like the feel of material on their skin had received intensive person-centred support to become more at ease with wearing appropriate clothing. This had enabled them to access their local community comfortably.
- Professionals from the community disabilities team were highly complimentary of the support people received at Avondale, commenting, "The changes and improvements have had a very positive impact on the lives of [people] living at Avondale."
- People's care and support plans detailed how their privacy and dignity was to be maintained and what was important to them.
- People were encouraged and supported to maintain and develop relationships with those close to them, social networks and the community.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care and support plans were personalised and respected people's individuality and diverse circumstances. They contained people's preferences of care, for example what time they liked to go to bed and get up in the morning.
- People had individual hospital passports to guide health staff on how best to care for them should they need to go into hospital. Avondale staff worked alongside hospital staff to give people consistency and familiarity, in an unfamiliar environment.
- The registered manager had made significant improvements and arrangements for people's personalised care using positive behaviour support guidance and methods. Professionals and people's relatives commented on the positive impact this had had on people's wellbeing.
- A visiting professional who worked with the staff team to support one person with very complex needs gave the following feedback. "They have welcomed the input of the wider multi-disciplinary team. They are always quick to communicate with us and respond to any recommendations we make."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People living at Avondale had a communication passport. This detailed people's communication needs and methods required to communicate effectively.
- Staff we observed at the time of the inspection had a good understanding and knowledge of people's expressions and actions and what these meant. They also knew how to best communicate with people, for example reading out loud, using signs and pictures and showing objects.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain important relationships. Relatives were encouraged to visit and to be involved in their family members day to day lives.
- 'Chatterbox' meetings acted as a social get together with other Turning Point homes, staff and people.
- People were asked about interests and what they would like to do. Some people liked to go swimming, going for a walk, visiting shops and beauty salons as well as home activities such as baking. Relatives and professionals told us access to activities and interests had much improved since the appointment of the

new registered manager.

- People and staff visited a local holiday park for a three week period whilst refurbishments were being done to Avondale. Following the successful trip, there were plans to take people on holidays there again.

Improving care quality in response to complaints or concerns

- The provider had a system to record and investigate all concerns and complaints thoroughly. However, the service had not received any formal complaints recently. Two previous complaints were managed and resolved successfully following formal processes.

End of life care and support

- No-one living at Avondale was receiving end of life care at the time of our inspection.
- The service had not fully explored people's (or their representatives) preferences or wishes for end of life care. This was discussed with the registered manager at the time of the inspection and was noted as a piece of future developmental work.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were supported to live in a service that was person-centred. People were supported to be involved in making choices and decisions using appropriate communication methods.
- The registered manager had improved the daily lives of people living at Avondale by introducing person-centred positive behaviour methods. These enabled staff to understand people's complex and challenging behaviours and find positive ways to provide good outcomes.
- The staff we spoke with were very happy with the changes over the past year and told us they thought people were having better experiences.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was fully aware of their responsibilities under the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Avondale had a new registered manager who had been in post for around a year. We received very good feedback from staff, relatives and professionals about how the service had improved under the new leadership.
- Quality systems were in place to monitor the quality of the service being provided and make improvements where needed.
- Regular audits were completed in areas such as medicines management, staff training, supervision and care plans. Risk assessments were regularly reviewed and updated.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Turning Point Avondale have regular 'Chatterbox' meetings with people living at the service. During these meetings, people's opinions and choices were explored. People were able to plan activities and make decisions affecting their care and life at Avondale.
- Avondale had annual family forums and relatives were encouraged to visit at any time.
- Staff were encouraged to voice their ideas for improvements or change. Staff told us they felt listened to and supported.

Continuous learning and improving care; working in partnership with others

- People's changing behaviours were monitored and assessed to find patterns and triggers. This information was used to develop different methods and practices to provide better outcomes for people.
- The registered manager was enthusiastic and committed to improving the quality of life for people living at Avondale. She had made good relationships with health and social care professionals and engaged in joint working to find more appropriate methods to support people.
- People living at Avondale had very complex needs. They were receiving a service which was dedicated to finding person-centred ways to provide the care and good outcomes specific to their needs.