Turning Point

Turning Point - Manor Road

Inspection report

7 Manor Road
Stratford Upon Avon
Warwickshire
CV37 7EA

Website: www.turning-point.co.uk

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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 the 8 January 2016 and was unannounced.

Manor Road provides care and accommodation for up to five people with a diagnosis of a learning disability. At the time of our visit there were four people who lived in the home. Some people also had physical care needs.

There was a registered manager at the time of our inspection. 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.

There was a relaxed atmosphere in the home. People were settled and happy, and were supported to take part in a range of activities of their choice. People were supported to maintain relationships that were important to them.

There were enough staff on duty to meet people's needs both inside the home and outside in the community. People were confident around staff, and staff understood their responsibility to make sure people were kept safe. Staff told us they would not have any hesitation to report any observed or suspected abuse. Risks to people's health and welfare were well managed with guidance for staff on how to safely support people.

People received their medicines as prescribed. Appointments with external healthcare professionals were arranged to support people's health needs when required.

Staff felt well supported in their roles through a process of induction, training and supervision. The registered manager worked alongside staff on a daily basis and ensured staff had the competence to carry out their work to the required standard.

The registered manager understood their responsibilities under the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS) to ensure people were looked after in a way that did not inappropriately restrict their freedom.

Good communication systems in the home supported staff to respond to changes in people's needs. Staff kept very detailed daily diaries which provided information staff could use when assessing people's care needs.

The registered manager understood the needs of the people who lived at the home and carried out a system of checks and audits to ensure they continued to receive good quality effective care that was responsive to their individual needs.

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.

Staff knew the procedures to follow if they suspected abuse had occurred. There were sufficient staff available to meet people's needs and staff recruitment procedures were comprehensive. Risks associated with people's care had been identified and staff knew how to manage them. People received their medicines as prescribed from staff who had been trained and assessed as competent to give medicines safely.

Is the service effective?

Good

The service was effective.

Staff received an induction to the service and training so they were able to carry out their roles effectively. Where people lacked capacity, the Mental Capacity Act 2005 had been followed so people's legal rights were protected. People were supported to attend appointments with external healthcare professionals to maintain their physical and mental health.

Is the service caring?

Good

The service was caring.

Manor Road is a small home where staff had a good understanding of the emotional and physical needs of the people who lived there. Staff were patient and attentive to people's individual needs. Staff understood the importance of promoting people's dignity and respecting their privacy.

Is the service responsive?

Good

The service was responsive.

People had care plans which detailed the care and the support they needed and in a way they preferred. People were able to choose what activities they participated in. People were confident to raise any concerns or complaints with staff or the registered manager to investigate.

Is the service well-led?

Good

The service was well-led.

The registered manager had a good understanding of each person's physical, emotional and social needs. Staff felt supported by the registered manager and were given opportunities to share their views of the service. A system of checks ensured the quality of the service was maintained.

Turning Point - Manor Road

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 8 January 2016 and was unannounced. The inspection was undertaken by one inspector.

The provider had completed a Provider Information Return (PIR). The 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.

We reviewed the information we held about the service including the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

Some people had very limited communication, so we spent time with them and observed how they were supported to maintain their independence and preferred lifestyle. One person was able to talk to us about their experience of living in the home and we also spoke with two relatives. We spoke with the registered manager and three care workers.

We reviewed one person's care plan and daily records to see how their support was planned and delivered. We reviewed two staff files to check that staff were recruited safely and trained to provide care and support appropriate to each person's needs. We reviewed management records of the checks the staff and manager made to assure themselves people received a quality service.

Good

Our findings

People were relaxed and calm during our visit and had a good rapport with staff. Relatives confirmed their family members were supported safely.

People were safeguarded from potential abuse. There were clear procedures in place, which staff understood to follow in the event of them either witnessing or suspecting the abuse of any person who lived in the home. Staff were able to describe different types of abuse and what they would do if they had any concerns. One staff member told us, "I would have no hesitation reporting it to my team leader. The police could be brought in, the CQC would be informed, the family, the independent advocate and the social worker. All the agencies would be informed." Another told us, "It is wrong in any shape or form. I would speak to the manager." The registered manager was aware of the safeguarding procedures and knew what action to take and how to make referrals in the event of any allegations of abuse being received.

People who lived at the home needed support to manage their finances. The provider held small amounts of personal money for people. There were arrangements in place to keep people's money safe and protect them against financial abuse.

There were enough staff to support people according to their needs and preferences. Staffing levels ensured people were supported safely within the home and outside in the community. Staffing levels had recently been reassessed due to changes in the care needs of some of the people who lived in the home. A new shift pattern had started the week of our visit. The registered manager told us they would continue to check whether the new shift pattern ensured staff had time to spend with people and respond to their requests without delay. The registered manager told us that due to the staff changes, there were three staff vacancies which they were recruiting to. Staff were flexible with their work shifts, and any gaps on the rota were mainly covered within the staff team or by the provider's bank staff. This ensured people received support from a consistent staff team they knew well.

People were protected from the risk of receiving care from unsuitable staff. Staff had been through an interview and selection process. The provider followed a recruitment policy, which addressed all of the things they needed to consider when recruiting a new employee. New staff could not start working in the home unless they had proof of identity, written references had been obtained and the disclosure and barring service (DBS) records had been checked. The DBS check would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

Risks to people's health and welfare were well managed. We found there was clear guidance on how to safely support people in the care plans we looked at. For example, we saw there were instructions for staff on how to ensure people were safe outside the home, how to keep people safe when moving around the home and how to prevent people who were at risk of skin breakdown from developing sore areas. During our visit we saw staff followed people's risk management plans. For example, one person's plan said that when they were using their walking frame, staff were to walk with them to make sure they did not fall. We saw staff ensured they always walked behind the person as they moved around the home. Where people needed equipment to keep them safe, we saw this equipment was in place.

There was a positive approach to risk management and, where possible, staff worked to promote and support people's independence whilst balancing the need to keep them safe. For example, by supporting people to go to the local shop independently. One relative told us, "I know how much care they take. For instance, it had been suggested [person] would be able to go to the little shop down the road. The care they took to make sure they were going to be safe doing that little journey."

Some people could demonstrate behaviours that might cause them or others some anxiety and distress. All the staff we spoke with knew how to manage these behaviours to ensure any impact was minimised.

People were protected from the risks associated with the management of medicines and were supported to receive their medicines safely. All medicines were stored securely and appropriate arrangements were in place for obtaining and administering prescribed medicines. Assessments had been undertaken to check whether people had the ability to take their medicines independently, and one person was supported to take their own medicines under the supervision of staff. Care plans told staff how people liked to take their medicines and medication administration records (MAR) confirmed that people received the medicines as prescribed. Some people required medicines to be administered on an "as required" basis. There were protocols for the administration of these medicines to make sure such medicines were always given safely and consistently.

Staff completed training before they were able to administer medicines and had regular checks to ensure they remained competent to do so. This ensured staff continued to manage medicines to the required standards. However, we found that handwritten amendments to the MAR had not always been signed by the member of staff making them or by a second member of staff to confirm they were correct. The registered manager told us they would ensure staff followed best practice in future.

At every shift change there was a stock check of medicines and MARs. The registered manager explained, "We check the MAR to ensure we are not taking on a shift with another person's error." This ensured that any mistakes could be quickly identified and appropriate action taken to manage any risks to people's health.

Good

Our findings

We observed staff had the right skills and knowledge to provide effective care for people. Relatives told us staff understood their family member's needs and provided the support they required.

New staff received induction and training that met people's needs when they started work at the home. The induction was linked to the Care Certificate which provides staff with the fundamental skills to provide quality care. One new member of staff told us, "I had an induction week of training and then an induction here (in the home). I had three shadow shifts (where the staff member worked alongside more experienced staff). It was good." They told us the training covered all the areas considered essential to meet the needs of people safely and effectively. It included safeguarding, moving and handling and supporting people with a learning disability. Another staff member told us, "I learnt a lot, and it was really useful when I came into the home." One relative told us, "We have had newer, younger staff and they are great."

New staff completed a probationary period during which they were regularly assessed. These assessments enabled the registered manager to ensure new staff understood their roles and had the competence to carry out their job to the required standard. New staff were also allocated a more experienced member of staff as a mentor to support them during the first months in their role. One new member of staff told us, "To have someone there to say, 'I'm not sure, what do you reckon' is really good."

Staff received regular training updates in a variety of topics such as medication, infection control and support planning. Staff also received training specific to the needs of the people who lived in the home. One person had epilepsy and staff told us they had received training so they knew how to respond if the person had a seizure and when medication was necessary. Staff said the training they undertook, enabled them to give people the support they needed. The registered manager told us they reviewed people's needs to identify when further training was required to support staff in providing effective care. As a small service, the registered manager was able to observe staff on a day to day basis to ensure they were putting training into their everyday practice.

Staff told us they were supported in their roles through individual one to one meetings and appraisals. These provided opportunities for staff to discuss their performance and development and training needs. One member of staff explained, "It is a good chance to sit with [registered manager] and go through everything and discuss if I have any issues."

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA),

and whether any conditions on authorisations to deprive a person of their liberty were being met. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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.

Care records showed that mental capacity assessments had been completed as appropriate. These documented where people had the ability to make decisions as well as information about how and when decisions should be made in the person's best interests. For complex decisions that involved a lot of information to consider, healthcare professionals and those closest to people were consulted to ensure any decisions made were in the person's best interests. The registered manager told us that if people did not have family to support them to make decisions, they would involve an independent mental capacity advocate (IMCA). An advocate is an independent person who is appointed to support people to express their wishes and then helps them to make informed choices and decisions about their life. Where people were able to make their own decisions, staff respected the decisions they made. Staff knew they should gain people's consent before they provided care and support.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).The registered manager understood their responsibilities under the legislation. They had identified that some people needed restrictions placed on their care and had submitted the appropriate applications to the authorising authority.

People were supported to have a balanced diet and were given a variety of food they could choose from. The staff knew people well and each week people were offered choices of what they wanted to eat. People who could not communicate verbally were shown pictures so they could still be involved in menu choices. Lunch time was a social part of the day when everyone sat down to eat together. On the day of our visit, people enjoyed cottage pie with vegetables. One person told us, "It's nice food. I chose chicken curry for Monday night."

Some people had problems swallowing or chewing food or had specific dietary requirements. They had been referred to the speech and language team and dieticians for support. Staff we spoke with were knowledgeable about people's individual nutritional needs, which minimised risks to people's health.

Each person had a health plan which detailed the support they required to maintain their emotional and physical well-being. This helped staff ensure that people had access to the relevant health and social care professionals. Care records showed that people saw their GP throughout the year and were referred to other healthcare professionals when a change in their health was identified. People had received care and treatment from health care professionals such as psychiatrists, psychologists, dentists and speech and language therapists. Detailed records of appointments were maintained to make sure all staff were aware of any changes in people's health. We found people's health and well-being had been regularly and professionally assessed and action taken to maintain or improve people's welfare.

Good

Our findings

Staff had good relationships with people. We observed the way staff interacted with people who lived at the home and found they were patient and attentive to people's individual needs. People were relaxed with staff who responded sensitively to their needs. One person told us, "I like it here, it is my home. They are nice staff." We asked relatives if they found staff caring and their responses included: "Very, all of them," and "I think they are marvellous. I haven't met one who isn't totally caring."

Staff recognised and understood people's non-verbal gestures and body language. They were able to tell us about non-verbal actions and signs people used to communicate their needs. We found staff were constantly aware of people's behaviours so they could take appropriate action to ensure people's emotional wellbeing. Staff spoke to people clearly and politely, and made sure people had what they needed.

We asked the registered manager how they ensured that staff provided care that met people's individual needs. They responded, "We are respectful and value them (people). We put them at the heart of the home and make everything person-centred. They have their own space if they need it and their own likes and dislikes. They are all diverse and do very different things." We saw this demonstrated by staff who had a good understanding of people's individual support needs, habits and preferred routines.

We asked staff if they thought Manor Road provided a caring environment for people. All the staff felt it did with one staff member responding, "Our attitudes are caring and the staff are really caring." Another said, "I think it is (caring). It is not just about routines, staff do sit and have time for a chat." On the day of our visit one person went to the hairdressers. On their return staff took time to stop what they were doing to compliment the person on their new hairstyle. A visiting healthcare professional had written, "What a beautiful, happy home, so lovely care staff and so helpful."

Staff respected people's privacy. People were able to choose where they spent their time, for example, in their bedroom or the communal areas. People were able to choose the décor for their rooms and could bring personal items with them. We saw people had personalised their bedrooms so they reflected their individual personalities.

Staff understood the importance of treating people with dignity. People were given the support they needed, but allowed to be as independent as possible and encouraged to do things for themselves. A 'specific planning outcome tool' (SPOT) was used which identified people's skills and what improvements

were needed to enhance their skills. One person's SPOT was to use their walking frame so they could continue to walk independently around the home. A staff member told us staff had worked hard to encourage this and said, "Now [person] has got their independence and can still walk to the toilet." People also participated in domestic tasks such as cleaning and helping with the laundry. One staff member told us, "[Person] does the mopping almost every night. They sometimes do their own ironing." That person was also able to make their own hot drinks independently.

People were supported to maintain relationships with their families and those closest to them. Staff took people to visit family if they were no longer able to visit. Relatives told us they always felt welcomed when they visited the home and had been involved in planning how they wanted their family member's care to be delivered. One relative told us, "The thing I think is very important is there is a warm welcome and a family feel about it."

All of the staff we spoke with enjoyed working at the home. Comments staff made were, "I like it, it is a great team. When I came here I found the place very welcoming" and "It is nice, it is a friendly team."

Good

Our findings

Staff were responsive to people's requests for assistance and support. One relative told us, "I think very highly of the care. [Person] couldn't be happier and they couldn't look after them better."

Everyone who lived at the home had a care plan. We looked at one person's care plan in detail and found it had been written in a personalised way. The Provider Information Return (PIR) told us, "Manor Road service has a "nothing about me without me" approach which continually seeks to engage and involve the people we support at every level of their care and support." We saw this evidenced in the way the care plan included information about the person's background and their preferred routines throughout the day. The care plan also provided information about non-verbal behaviours so staff could respond accordingly. For example, the care plan provided information about the signs the person might display if they were becoming anxious which could trigger a seizure. During our visit we saw staff observe the signs and respond promptly to remove the person from a situation causing them anxiety.

A keyworker system was in place, so people were supported by a named worker and this provided consistency for them. Keyworkers ensured people were supported individually with any issues they had. One person said they had two keyworkers and were able to tell us who they were.

Staff told us that communication in the home was good so they were aware of any changes in people's health or wellbeing. One staff member explained, "As soon as you come on shift it is explained to you what has been happening and what you can expect on the shift coming up. I do feel quite relaxed coming in." Another member of staff told us, "We have a communication book, support plans are updated and people tell you when you come in. Communication is good because you are working in close proximity with each other and you get told at the handover."

Staff kept very detailed daily diaries for each person which were written from the person's perspective and recorded their personal care, activities and how they were feeling. The diaries provided information for staff working the next shift so they had an understanding of people's emotional and physical wellbeing on that day and what support they required.

People were able to choose what activities they participated in. On the day of our visit one person was at a dance class and another person was having their hair done. During the early evening all four people visited the local pub with staff.

Staff understood that people had diverse interests and social needs. One person liked to be very busy and was involved in various drama groups and clubs outside the home. They enjoyed telling us about their different activities and how staff supported them to go to the cinema and theatre. The registered manager explained, "When [person] goes to [club] we drop them off and pick them up which allows them to be socially independent." Another person whose mobility had deteriorated liked sensory baths and activities. They were regularly taken to another home in the provider group which had those facilities. Two people attended day centres two or three times a week, but at other times felt more comfortable to spend time relaxing at home. How people spent their day was based on their preferences and choices.

People and their relatives told us they would not hesitate to make a complaint or raise any concerns. One person told us that if they were unhappy, "I would talk to the staff." A relative said, "I would speak to [registered manager]. I wouldn't have any hesitation if I did have any reason to complain." We saw the complaints procedure was provided in an accessible format using pictures to assist understanding. However, staff understood they had to be aware of the signs that people with limited communication demonstrated to show they were unhappy or concerned. The registered manager explained, "We tend to use experience and their body language. A lot is about knowing them well. [Person] will come in and ask for a meeting and we will shut the door and discuss things." The home had not received any formal complaints in the last 12 months.

Good

Our findings

Relatives and staff told us they thought the service was well-led and they had no concerns. One relative told us, "If there are any problems they will always take it up with whoever is in charge."

The registered manager had been in post for four years and an on-call system ensured staff had managerial support 24 hours a day. The registered manager worked alongside staff on a daily basis and had a good understanding of the physical, mental, emotional and social needs of the people who lived in the home.

Staff we spoke with told us they felt supported by the registered manager. One staff member said, "She is great. She will really go out of her way to accommodate your requests. She will see us looking tired and she will be the one who stays on." Another said, "I think she is great. She is very approachable, she works hard and she listens as well." Staff particularly spoke about the registered manager's commitment to providing good quality care with one staff member saying, "She does really care about these guys."

The registered manager had completed our Provider Information Return (PIR) which gave the following information about the service. "There is an open, honest, fair and transparent culture at Manor Road with strong links into the community. Staff are always supported by the manager to question practice of themselves and others and they are protected by the whistle blowing policy. The service and provider's vision and values include compassion, involvement, dignity, independence, equality and safety." The information provided within the return, reflected what we saw during the inspection. Staff demonstrated a good understanding of what the service wanted to achieve for people by being available to support them in whatever way they needed.

Staff told us and records confirmed there were regular staff meetings. We looked at the minutes of the last few meetings and saw they had been used as an opportunity to discuss areas of best practice. For example during the meeting in October there had been discussion around the Mental Capacity Act 2005 and how it related to their job role. The registered manager told us the home had been through a period of change. This was because some people's physical health had deteriorated and they now required more assistance and support. This had resulted in a significant change to shift patterns, particularly at night. Meeting minutes showed staff had been involved in discussing the implementation of the new staffing pattern. Staff told us they felt confident to make suggestions and felt they were listened to. One staff member said, "I have suggested things and they were listened to."

There were informal systems in place to enable people who lived in the home to share their views about

how the home was run. For example, people took part in weekly planning meetings where they were able to discuss what food they would like and what activities and outings they wanted to go on. People were regularly asked whether they were happy with their care and support during meetings with their keyworkers.

Internal audits and checks ensured the safety and quality of service was maintained. For example, regular audits in medicines management and health and safety. Accidents and incidents were recorded and submitted to the provider for analysis to identify any patterns or trends so appropriate action could be taken. The provider also carried out periodic audits throughout the year from which action plans had been generated where a need for improvement had been identified. These checks ensured the service continuously improved.

The registered manager was able to share information with other registered managers of similar services within the provider group to support continuous improvement across all services. They told us they had monthly management meetings which gave them the opportunity to share information and good practice. The registered manager also told us they had regular supervision meetings and worked closely with their direct line manager who visited the home once a week. New training was planned for all registered managers in February 2016 to further support them in their managerial role.

We saw data and information was managed appropriately. We saw that people's confidential records were kept securely in the staff offices so that only staff could access them. We saw that staff updated people's records every day, to make sure that all staff knew when people's needs changed. Staff records were kept in a locked cabinet in the manager's office which meant they were kept confidentially and were available when needed.

We asked the registered manager what they were most proud of with the service. They responded, "How happy the service users are. How inspiring the staff are with new ideas and bringing their own ideas in."