

Turning Point

Turning Point - The Cedars

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Turning Point – The Cedars is a residential care home providing accommodation and personal care for up to 4 people. The service provides support to people with learning disabilities or autistic spectrum disorder. At the time of our inspection there were 3 people using the service.

People's experience of the service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

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 supported this practice. Staff understood how to mitigate risks associated with people's care. They monitored people closely to identify any signs of deteriorating health and referred people to other healthcare professionals to improve their health outcomes. People received their medicines as prescribed from staff who were trained to administer them.

Right Care

People's needs had been assessed and staff knew people well. Staff received regular training and support to ensure they had the skills and knowledge to meet people's needs safely and effectively. Staff had a good understanding of the Mental Capacity Act 2005 and their role in ensuring the voices of people with a learning disability were heard. They advocated on behalf of people to ensure decisions were made in their best interests. The registered manager and provider regularly checked the quality of people's care and used their findings to improve the quality of the service and to take learning from incidents.

Right Culture

The provider had systems to ensure people received person-centred care that achieved good outcomes. Staff had a good understanding of their role in ensuring people had a meaningful everyday life and were motivated to provide high standards of care. Staff felt supported in their role and were encouraged to give their feedback and make suggestions knowing they would be listened to. There was an inclusive culture where equality, diversity and inclusion were reflected and supported.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 1 June 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Turning Point – The Cedars on our website at www.cqc.org.uk.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

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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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 1 inspector.

Service and service type

Turning Point – The Cedars is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Turning Point – The Cedars is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was announced. We gave 36 hours' notice of the inspection. This is because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 relative and 1 independent advocate of people who lived at the home about their experience of the care provided. We spent time seeing how staff cared for people. We spoke with 6 staff, including the provider's locality manager and area manager, a team leader, 2 support workers and a manager from one of the provider's other services who was supporting the home during the registered manager's leave.

We reviewed a range of records. These included 2 people's care records and 2 medication records. We checked 1 staff recruitment file and records relating to the management and safety of the service, including audits, policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm. A relative told us, "I am completely satisfied [Name] is safe there."
- Staff had training and accessible information to ensure they understood their safeguarding responsibilities to identify and report any concerns. One staff member told us, "I would report it. If it was very severe, I would notify the manager and the police. If it was my manager, I would report them by whistleblowing."
- Staff told us they monitored people for any signs they were concerned or worried. One staff member explained, "When you get to know the people you support, little subtle movements, body language and facial expressions tell you something is wrong."
- When safeguarding concerns were reported they were investigated by the registered manager, referred to the local authority safeguarding team and us, CQC. One senior member of staff told us, "In all my actions, my priority is to keep the service user safe."

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Risk management plans informed staff how to support people safely and mitigate identified risks.
- Staff knew people well and understood how to mitigate risks associated with people's care. For example, staff explained how the consistency of 1 person's food changed if they were tired or feeling unwell.
- Staff monitored people closely to identify any signs that could indicate a deterioration in health. People were promptly referred to other healthcare professionals to improve their health outcomes.
- The provider had policies and procedures to ensure the safety of equipment and the premises.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- Staff received regular training and support to ensure they had the skills and knowledge to meet people's needs safely.
- Staff told us staffing levels enabled them to provide effective care and meet people's social and emotional needs.
- At the time of our inspection, the provider was reducing staffing levels due to a change in the number of people in the home. The area manager assured us they would monitor this closely to ensure staffing levels remained safe.
- The provider operated safe recruitment processes. Safe recruitment checks included obtaining references and checks using the Disclosure and Barring Service (DBS). DBS checks provide information including details

about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines as prescribed from staff who were trained to administer them.
- The provider had a clear understanding of the principles of STOMP (stopping over-medication of people with a learning disability, autism or both). The registered manager ensured people's medicines were regularly reviewed with prescribers.
- Some people needed medicines on an 'as required' (PRN) basis. There were detailed protocols for staff to follow to determine when these medicines should be considered.
- One person's medicines were crushed before being administered. This had been agreed in the person's best interests and discussed with clinical healthcare professionals. The provider was obtaining guidance from the pharmacist to confirm each of the person's medicines was safe to crush.
- The provider had their own Medicines Optimisation team who shared learning and updates to ensure staff followed current guidance on the safe management of medicines.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- There were plentiful supplies of personal protective equipment and staff followed cleaning schedules to ensure the cleanliness of the home was maintained.

Visiting in Care Homes

- People were able to see their visitors without restrictions and in line with best practice.

Learning lessons when things go wrong

- The provider reviewed accidents, incidents, safeguarding and complaints to analyse any learning and improve systems and procedures.
- Staff understood their responsibilities to record and report any accidents and incidents.
- Staff told us learning from accidents and incidents was shared with them through meetings and handovers. One member of staff told us after a recent incident, "We had a staff meeting, discussed what happened and how we could avoid it. It is good we can discuss it and come up with a suitable solution."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. 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 Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act. Where restrictions were in place and people were being deprived of their liberty, the appropriate legal authority had been sought to protect their rights.
- One person had a condition on their approved DoLS. Documents demonstrated the provider had addressed the condition and consulted other healthcare professionals to ensure required action had been taken.

- Staff had a good understanding of the MCA and their role in advocating for people to ensure decisions were made in their best interests. Staff had recently challenged other healthcare professionals who had failed to consult with a person and those who knew them well when making a clinical decision. One staff member commented, "If staff are aware that something is not being done within the legal rights of the service user, they will challenge."

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 our last inspection we rated this key question Good. At this inspection the rating has remained Good. 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

- The provider had systems to provide person-centred care that achieved good outcomes for people.
- Staff demonstrated a good understanding of their role in ensuring people had a good and meaningful everyday life. One staff member told us, "There is a culture of supporting service users to achieve the best. It is not just a one-off thing, but a process." Another staff member commented, "People are thought about, we give them choices and we try and promote independence."
- Staff spoke of creating a homely and caring environment which achieved positive outcomes for people. One staff member explained, "The Cedars with the managers, the support workers and the people we support, it feels like a second family. We do abide by professional boundaries but when you work closely with someone, you can't help but care."
- Staff were supported in their roles and the provider promoted positive physical, mental and financial health with access to support networks and a range of benefits. One staff member told us, "They have support in place if you need it, any aspect of your life, not just work. You are not on your own and it is reassuring to know it is there, and I have somewhere to go. It is a definite positive for the company."
- The provider promoted values-based recruitment. One staff member commented, "In terms of recruitment, the selection looks at whether we are getting the right staff and whether they do have a passion for caring and whether they are keen to support people to have better outcomes."
- The commitment and contribution of staff was celebrated and recognised through regular newsletters, an employee of the month scheme and long service awards.

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

- The provider had clear governance structures nationally and locally. Local teams were supported by a variety of specialists to ensure risks were managed and regulations met. This included Positive Behaviour Support practitioners and a clinical team including medical, pharmacy and psychology.
- The registered manager and provider made checks on the quality of care people received. The checks were formulated into a service improvement plan which was used to drive improvements in service delivery.
- The provider had recently implemented an electronic records management system. The provider had used a phased approach to ensure staff had training and support and information was recorded accurately on the new system.
- Staff had opportunities to develop their role in the health and social care sector and for career progression within the provider group. The locality manager explained, "We offer apprenticeships and development. We

do talent mapping and look at developing future managers internally."

- One staff member spoke of the support they had received to gain further qualifications and stated, "For those who are willing, they do invest in people. Turning Point supports staff to acquire other qualifications."

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

- People, relatives and staff had opportunities to provide feedback which was used to review the quality of care provided within the home and identify areas for improvement. This included through surveys, meetings and reviews of care.
- Staff felt encouraged to give their feedback and make suggestions knowing they would be listened to. Comments included: "I think every staff member is confident and comfortable to speak up and express our opinions" and, "I do feel they take into account the views and contributions of staff. They will take it on board."
- The provider recognised the contribution of the staff team. A senior staff member explained, "They (staff team) sustain everything that goes on in this service. I need to give them the information so they can give me their ideas and what is best for them as a team and for the service."
- The provider had a proactive approach to ensure staff felt able to raise issues directly with the senior management team. Staff were able to raise concerns through a nominated member of staff who met regularly with senior managers through a staff forum. The locality manager explained, "It is an opportunity for reps to dial in and they bring anything to the meetings they want to escalate up through the organisation. It is trying to keep that line of communication open."
- There was an inclusive culture where equality, diversity and inclusion were reflected and supported. For staff, this included the Menopause Network and the Autism and Neurodiverse Allies Forum.

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 provider understood their responsibilities under duty of candour. A relative confirmed, "If there are any problems, they ring me."
- A senior member of staff explained, "I am accountable for my actions be it omissions or a mistake. I should be able to communicate with the responsible person to say I have missed this, what have we learnt and what actions do we need to put in place, so we don't make the same mistake."
- Staff confirmed a no blame culture with 1 staff member stating, "I think being in a job like this, honesty is crucial. If anyone does anything wrong, rather than getting a roasting, you get support."

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- Areas of learning identified were shared with staff, to improve the quality and safety of people's care. One staff member told us, "If someone discovers a better and safer way of doing something, we discuss it as part of a team so everyone can have an input."
- The provider ensured policies, procedures and training were regularly reviewed to ensure they reflected current best practice. For example, the provider had recently delivered further training around the specific risks presented by constipation in people with a learning disability.

Working in partnership with others

- The provider worked in partnership with other health and social care professionals, such as social workers, occupational therapists, district nurses and people's GPs, so people would receive the care they needed.

