

# Turning Point

# 1a North 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

### About the service

This service provides care and support for up to eight people living in a 'supported living' setting so that they can live as independently as possible.

The service has 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.

The service is a spacious supported living setting where people have their own flats with communal areas to use should they wish. Staff were seen wearing everyday clothing that didn't identify them as care staff when coming and going with people. The service was registered for the support of up to eight people. Seven people were using the service at the time of the inspection.

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

People were safe and protected from abuse by staff that understood how to protect people and report their concerns.

Potential risks to people were assessed and measures put in place to mitigate these. If accidents or incidents occurred, staff took action to reduce the risk of similar incidents happening again.

There were enough staff on each shift to meet people's needs and keep them safe.  
The provider's recruitment procedures helped ensure only suitable staff were employed.

Medicines were managed safely, and staff maintained appropriate standards of hygiene and infection control.

People had their needs assessed and plans were put in place to meet them. The service was adapted to meet individual needs. Staff had an induction and received on-going training and the support they needed to carry out their roles.

People were supported by a consistent staff team who knew them and their needs well.

Staff worked effectively with each another and engaged other agencies about people's needs. People had their health needs met and support from health professionals was sought as required.

People were supported to have 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.

The principles and values of Registering the Right Support and other best practice guidance ensure people with a learning disability and or autism who use a service can live as full a life as possible and achieve the best outcomes that include control, choice and independence. At this inspection the provider had ensured they were applied.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were communicated with effectively and were involved in planning their care. Staff encouraged people to make choices about their care and respected their decisions. Staff treated people with respect and maintained their dignity when supporting them.

People were supported in a person-centred way and were provided with a variety of opportunities to go out and take part in activities.

The registered manager knew people and staff well and had a positive attitude towards making improvements in people's lives. The quality of the service was checked on a regular basis and the provider sought ways to learn and make changes and improvements.

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 18 April 2017)

Why we inspected

This was a planned inspection based on the previous rating.

## 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 ●

Is the service safe?

The service was safe.

Details are in our effective findings below.

### Is the service effective?

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

Is the service caring?

The service was caring.

Details are in our effective findings below.

### Is the service responsive?

Good ●

Is the service responsive?

The service was responsive.

Details are in our effective findings below.

### Is the service well-led?

Good ●

Is the service well-led?

The service was well-led.

Details are in our effective findings below.

# 1a North Court

## 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

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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.

#### Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was 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. 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

People were unable to share their experiences of their care and support at the service due to their learning disabilities. We spoke with two members of staff and the registered manager.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

#### After the inspection

We spoke with two relatives to gain their feedback on the service.

#### 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.

# 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

- Systems were in place to protect people from abuse and staff understood how to keep people safe. One staff member told us, "If I saw something that wasn't right, I'd go to the team leader and also take it up with the manager"
- Safeguarding referrals were made to the local authority when needed.

Assessing risk, safety monitoring and management

- People's risks were assessed and reviewed when needed. Risk assessments were in place and followed for risks such as falls, travelling, epilepsy and going out. A relative told us, "I have no concerns about their safety here, the staff all know what they are doing."
- Staff understood how to manage risks to people. A staff member told us, "The care plans and risk assessments tell us all about people's risks and we know everyone really well."
- Where people presented with behaviours that challenge, clear risk assessments were in place that guided staff how to respond in order to manage the behaviour safely. One staff member told us "I've worked with [Person's name] for such a long time now, I know the signals that tell me they're getting anxious and try to de-escalate the behaviour. The risk assessments are always kept up to date with any new things that may trigger a behaviour."

Staffing and recruitment

- People were supported by a sufficient number of safely recruited staff. A relative told us, "There are always enough staff when I visit and each person has a team of staff that support them." One staff member told us, "We've got enough staff here to meet people's needs. We all work in core teams, so we always know who is supporting people."
- Safe recruitment practices were followed to ensure people were supported by suitable staff. Disclosure and Barring Service (DBS) checks were undertaken prior to staff commencing employment.

Using medicines safely

- Medicines were stored and administered safely.
- Staff completed Medicine Administration Records (MARs) to show when medicines had been administered.
- Body maps were completed to ensure topical creams were administered safely and as prescribed.
- Clear, personalised protocols were in place to guide staff when to administer 'as required' medicines (PRN). PRN medicines were administered appropriately. A staff member told us, "I would only give PRN medicine when the risk assessment tells me, or if I see signs that the person is in pain." Protocols were in

place for any medicines that were used for behavioural issues and staff confirmed knowledge of these guidelines.

#### Preventing and controlling infection

- People lived in a clean and tidy environment.
- People were protected from the risk of infection and cross contamination.
- Staff understood infection control procedures. One staff member told us, "We use aprons and gloves for personal care, and make sure we take these off before we leave someone's flat."

#### Learning lessons when things go wrong

- Where medicine errors were made, this was addressed, and staff were retrained in medicine competencies to ensure they supported people safely going forward.

# 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.

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

- People's needs, choices and preferences were considered as part of the initial assessment process and on-going through regular reviews.
- Care plans were reviewed as people's needs changed.
- Care was delivered in line with the assessment of people's needs and choices. For example, we saw people's care was adapted dependent on how they felt on that day.
- Assessments were carried out prior to any new admission and these considered people's diverse needs including religion and sexual preferences.

Staff support: induction, training, skills and experience

- People were supported by staff who were appropriately trained and had the skills to provide effective support. One staff member told us, "Training is really good here, it's not just someone talking at you, they get you involved so you learn properly."
- Staff told us they had completed training specific to meeting the needs of people with autism and learning disabilities.
- Regular supervisions took place between staff and management, staff told us these were useful. One staff member told us, "We discuss the job, whether I have any concerns about work or anything personal too. The managers here are very supportive, they're always asking how they can help to make your work life better."
- Training records were in place which identified training that had been undertaken by staff. We saw that all staff were up to date with their training or this was already planned in where it was due to expire.

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

- People were given a choice of what to eat and drink.
- People were supported to maintain a balanced diet. One staff member told us, "We try to offer healthy choices, and plan meals in advance and go shopping with people if they are able to."
- People were supported to eat in line with their care plans. For example, staff told us some people had special diets so they have to follow strict guidelines. They said "We got advice from the speech and language therapist which is in their care plans and risk assessments and there are reminders in people's flats. We follow these to try prevent the risk of choking."

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

- Staff worked closely with other agencies to ensure that people received the care they required.

- People were supported by staff who made healthcare referrals when needed. We saw where people's needs changed staff had been pro-active in gaining advice from health professionals.

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

- 1a North Court was adapted to promote people's independence.
- People's flats had been personalised to ensure their likes and preferences were reflected.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

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.

- Staff understood the principles of the MCA and knew how this applied to supporting people. One staff member told us, "We support people to make their own decisions where they can, we offer choices and show people and then use their facial expressions or vocal noises to choose what they want or need."
- Decision specific mental capacity assessments had been completed detailing which decisions people were able to make for themselves. Where people were unable to make decisions for themselves, best interests decisions had been made in the least restrictive way possible.

# 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 supported by kind and caring staff. A relative told us, "I'm very happy with the care, the carers are all very nice and know [person's name] very well and give all the support that's needed."
- We saw positive interactions between staff and people they were supporting in communal areas. One staff member told us, "We are always focused on them, making sure they get to do the things they want to do, that's what this job is all about-them."
- Staff understood how people should be supported based on their individual needs and preferences. One staff member said, "We all know our clients really well and understand their needs."

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

- People were supported to express their views and make decisions about their care where possible. One staff member told us, "We support people as much as we can to help them make choices, and always respect their wishes."
- We saw records that showed people and relatives were involved in reviews of care plans and relatives confirmed this to us.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who respected their privacy. For example, staff respected that one person preferred to spend most of their time in their flat. We also saw that before entering people's flats, staff rang the doorbell, and either waited for a response where the person was able or announced themselves before entering.
- Staff supported people in a way that promoted their dignity. One staff member told us, "When doing personal care, I always make sure the door is closed, and always use a towel to protect the persons dignity. I also tell them which bit I'll be doing next so that they know what's coming."

# 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 good. At this inspection this key question has remained the same. 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

- People and their relatives were involved in care planning and attended meetings with staff to review their needs. Where people were unable to verbally communicate, staff used knowledge of the person and their body language to consider their preferences.
- People were supported by staff who knew them well and who provided personalised care to meet their specific needs. One staff member told us, "We always provide support for that individual person, sometimes what works for one staff member doesn't work for another, so we talk about these things during our meetings so that everyone knows what works better with a person."

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.

- The provider complied with the Accessible Information Standard. For example, we saw the complaints policy was available in easy read pictorial form to support people to understand it.
- Staff used a variety of communication methods to communicate with people, such as visual aids, vocal sounds and visual prompts.

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 follow their interests where possible. For example, one person enjoyed music so they were supported by staff to attend concerts. Staff told us some people had been on holiday, visited a safari park and every Sunday one person is supported to help prepare a lunch for everyone living at North Court.
- Activity timetables were amended where needed in order to respond to people's changing needs and the weather.
- People were encouraged to maintain relationships with their families. People were supported by staff to develop positive relationships with family members.

Improving care quality in response to complaints or concerns

- A complaints policy was in place but the registered manager told us they had not received any complaints.
- An 'easy read' complaints policy was available for each person, and regular review meetings took place

with each person to check they were happy with the support they received.

#### End of life care and support

- People's end of life wishes had been discussed with their families and was documented so their preferences were known at this stage of their life.

# 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 requires improvement. At this inspection this key question has improved to good.

This meant the service was managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and staff understood their role and provided effective care. At our last inspection concerns were raised about processes involving checks on agency staff members. The registered manager confirmed that agency staff are no longer used and a consistent team of bank staff are now used to cover any staff absence.
- There were audits in place to help ensure the quality of the service were maintained. For example, medicines administration was audited monthly to ensure this was being managed safely.
- The provider had sent us notifications in relation to significant events that had occurred in the home.
- The last inspection rating was clearly visible in the reception area. And on the providers website.

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

- Management encouraged a person-centred approach to people's care which staff understood and followed. One staff member said, "We all work as part of a team, we all just want what's best for people and work together to give them a good life"
- The registered manager confirmed staff had received training in equality, diversity and human rights within their basic training and ongoing. Conversations with staff and records supported this.

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 understood and acted on the duty of candour. We saw there was an open culture that enabled staff to be open and honest when something went wrong.
- We saw where incidents had occurred information had been shared with the appropriate people in an open and transparent way.

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

- We saw people were supported to participate in regular reviews about the support they received and about the service. Relatives and professionals were invited to review meetings. A relative told us, "I always get invited to meetings, and I visit regularly so I'm always kept informed about things." This information was used to check people were having their needs met in line with their individual preferences.

- Staff told us they had regular meetings to discuss how to continually develop the service. One staff member said, "We are asked if we have any ideas for the service, any issues or anything that isn't working well, and also anything new we think someone might enjoy."

#### Continuous learning and improving care

- The registered manager told us they looked for ways to improve the service people received. They said, "We take onboard any advice given by professionals and share any best practice across the teams."
- We saw the systems in place to learn from incidents and accidents were effective in driving change.

#### Working in partnership with others

- The service worked in partnership with other agencies. For example, the registered manager told us about how they worked with other health professionals to get positive outcomes for people.
- Staff confirmed there were good community links in place and they had working relationships with health professionals. This was also evidenced in peoples care records.