Turning Point

Turning Point - Station Road

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

The inspection was carried out on 22 January 2018 and was unannounced.

Station Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and we looked at both during this inspection. Station Road provides support to a maximum of six people in one adapted building.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a change of provider registration in November 2016. This was our first inspection of the new provider

The service had a registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

We found the service was safe. Staff were trained in safeguarding people from abuse and put this training into practice. Staff had time to spend with people. We saw safeguarding procedures were in place and these were followed to help keep people safe.

People's needs were assessed and care plans showed a commitment to person centred care; risks were assessed and managed in clear plans of care which were understood by staff. These were subject to regular review.

Medicines were managed safely and staff had good knowledge of the medicine systems and procedures in place to support this. The support people received with their medicines was person centred and responsive to their needs.

People were supported to access activities both within the home and in the wider community. This was person centred.

People's nutrition and hydration needs were well catered for. People received a range of food which met their individual needs. Nutritional risks were well managed by the service.

Staff were skilled and competent to meet the needs of people. Training was tailored to meet the needs of

the residents. People were supported by kind, caring and compassionate staff. This meant people received good care.

The service was acting within the legal framework of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity, best interest processes were followed. People were given choices and involved in decision making to the maximum extent possible.

The management promoted open discussions with staff about incidents, accidents and near misses. Investigations were thorough and comprehensive and lessons learned were reflected upon and communicated. This meant the likelihood of future similar incidents was reduced.

The service was clean and infection control measures were in place. People's health care needs were met and people knew how to make a complaint. The manager had robust audits in place to monitor the risk and spread of infection. People thought the service was well managed.

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.

Staffing levels were well managed which promoted people's safety and helped to ensure a good standard of support was consistently provided to people.

Medicines procedures were robust and staff had good knowledge of the systems and the medicines being prescribed.

Relevant and up to date risk assessments were in place in people's care records.

Staff understood safeguarding principles and what to do if they were concerned about people.

Is the service effective?

Good

The service was effective.

Staff received regular training appropriate to their role. This meant they had the skills and knowledge to meet people's care and support needs.

The service was working within the legal framework of the Mental Capacity Act (2005).

People's choices and preferences were respected.

Staff liaised with health professionals about people's healthcare needs.

Is the service caring?

Good

The service was caring.

People were supported by staff that had a good understanding of their needs.

Staff promoted people's privacy & dignity.

Is the service responsive?

Good

The service was responsive.

Care records and people's assessed needs were regularly reviewed.

People received person centred care which focused on their individual needs.

People had access to activities, which they were consulted about and involved in.

Is the service well-led?

Good

The service was well-led.

Staff expressed confidence and respect in relation to the management of the service.

Staff were well supported and motivated by the registered manager.

There was a commitment to continuous improvement with a quality assurance systems in place.

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Detailed findings

Background to this inspection

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

This inspection took place on 22 January 2018 and was unannounced.

The inspection team consisted of one adult social care inspector and one adult social care inspection manager.

Before the inspection we reviewed the information we held about the service. This included notifications we had received. A notification is information about important events such as accidents or incidents, which the provider is required to send us by law. We also spoke with the local authority commissioning and safeguarding teams to ask them for their views on the service and whether they had any concerns. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the registered manager, deputy manager, and two care staff. We reviewed two care records, medication administration, three staff files and other information relation to the service such as quality audit checks. After the inspection we contacted a health professional and two family members.

Good

Is the service safe?

Our findings

From our review of records and observations made we concluded this home was safe. The service was adequately staffed which ensured staff provided a person centred approach to care delivery. Staff understanding of people's medicines and risk assessments mitigated the risk to people's safety.

The service had a safeguarding policy in place and staff understood how to report any safeguarding concerns to the local authority adult protection team. We saw staff had received safeguarding training. Staff we spoke with had a good understanding of safeguarding and emergency procedures and what to do it they were concerned about the safety of people they were caring for. A family member told us, "[Person] is safe, it's [person's] home. It's what I would want if I was living with [person]."

The service held small amounts of personal money for people who used the service. We checked that money was held securely and receipts were issued when money was spent. All transactions were recorded. A family member told us they had some concerns in the past about how finances were documented but this had been addressed by the provider. The registered manager completed monthly audits on finances to make sure people's money was being managed properly. This helped to protect people from the risk of financial abuse.

The provider had systems in place that ensured people's medicines were managed consistently and safely by staff.

We found medicines were stored securely. Medicines which required refrigeration were stored correctly in a separate fridge. We saw staff recorded the temperature of the medicines fridges. Temperatures were within acceptable limits. If medicines are not stored at the correct temperature, they may not work the way they are meant to.

We looked at the medicine administration records (MARs) and found these were well completed. We checked the stock of three medicines against the MARs and found they were correct. Protocols were in place that clearly described when medicines prescribed for use 'as required' should be administered. Some people were prescribed medicines which, had to be taken at a particular time in relation to food. We saw there were suitable arrangements in place to enable this to happen.

We saw there was a recruitment and selection policy in place which, showed all applicants were required to complete a job application form and attend a formal interview as part of the recruitment process. The registered manager told us during recruitment they obtained two references and carried out Disclosure and Barring Service (DBS) checks for all staff before they commenced work. These checks identified whether staff had any convictions or cautions, which may have prevented them from working in the caring profession.

We looked at three staff employment files and found all the appropriate checks had been made prior to employment. Although initially some information was not contained with the recruitment file, the registered manager took immediate action to remedy this.

The staff we spoke with told us the recruitment process was thorough and they were not allowed to start work until all relevant checks had been made. They also said they felt well supported by the registered manager and senior staff team.

The registered manager told us sufficient staff were employed for to keep people safe and that staffing levels were based on people's needs. The rota showed a minimum of two staff members were on duty during the day and night. We observed on the day sufficient staff were on duty to meet people's needs. We saw additional staff were deployed to support with social activities and medical appointments.

The service does not employ housekeeping staff therefore care staff complete cleaning tasks. There were cleaning schedules in place and we found the home including both people's private accommodation and communal areas was clean, tidy and odour free. The time allocated for housekeeping duties was separated from care duty allocation.

Accidents and incidents were recorded in detail and accurately. There was an open culture and staff confirmed that they were encouraged to share safety concerns with the management team, who responded to any concerns raised. Records showed the registered manager completed thorough investigations and analysis into incidents and accidents to learn from these experiences. Lessons learnt were discussed during team meetings, handovers and through the service communication book.

Systems were in place to identify and reduce risks to people living within the home. People's care plans included detailed and informative risk assessments. These documents were individualised and provided staff with a clear description of any risks and guidance on the support people needed to manage these. We saw personal emergency evacuation plans (PEEPS) were in place for people who used the service. PEEP's provide staff with information on how they could ensure an individual's safe evacuation from the premises in the event of an emergency.

Staff told us they completed training in infection control and we saw there was an infection control policy and procedure in place. The implementation of infection control procedures was visible. Hand sanitisers were placed around the building. Liquid soap and paper towels were available for hand washing. Staff had access to Personal Protective Equipment (PPE) including plastic aprons and gloves. Each bedroom and bathroom had these in place. The registered manager informed us that they continually monitored standards within the home. Records of infection control audits confirmed this.

We completed a tour of the premises and inspected people's bedrooms, toilets, bathrooms and various communal living spaces. All hot water taps we looked were protected by thermostatic mixer valves to protect people from the risks associated with very hot water. Water was tested before use and weekly water temperature checks were completed to ensure values were operating correctly.

Good

Is the service effective?

Our findings

We saw people's needs were assessed prior to commencement of the service to ensure the service could fulfil these needs. This assessment included peoples' protected characteristics such as age, disability, race and religion.

We saw evidence of hospital passports in people's care records. Hospital passports give key information about the person and their required care and support in case of hospital admission. This provided continuity of care for people when away from the home. However, a family member told us, "The hospital passport document was not taken to the hospital, and when it arrived the information still was not correct, even after highlighting this to the staff." The registered manager informed us these documents had recently been updated. We checked a number of hospital passports during our inspection and found these accurate and up to date. A health professional told us, "Recently [person] has had a few hospital admissions and I think staff have managed these well, ensuring staff have gone to the hospital and letting us know what has been happening."

Where staff were concerned or had noted a change in people's health we saw they had made referrals to health professionals. Care records showed people had access to a range of health and social care professionals such as GP's, district nurses, dieticians, opticians and dentists. For example, we saw the service referred people at nutritional risk to the speech and language therapy (SALT) team. Where required, we saw appropriate equipment such as hoists and bed sensors were in use. We saw people had been assessed for equipment appropriately. One health professional told us, "I always deal with the one staff member who is the key worker to my patient. I find [person] very proactive in contacting me with any issues, [person] acts on advice quickly, and organises any appointments I recommend. [Person] is documenting progress regarding my patient as I have advised." This meant people were effectively supported in access to healthcare services and received ongoing healthcare support.

We observed people receiving support they needed to eat and drink. The cooking was done by members of the care staff. We spoke with two staff members preparing meals and both had a good understanding of people's dietary needs, likes and dislikes. People had a choice in what they wanted to eat and these choices were accommodated. Each person had specific individualised information about diets and nutritional needs located in their personal file.

In addition to people's food choices being recorded and respected, feedback was sought. Minutes from residents meetings recorded that menus and meal times were discussed.

The home provided a choice for each meal and also offered snacks. The main meal of the day was served in an evening. A rolling four week menu was in place; this was in picture format to support people with making choices.

A robust induction programme supported new staff to understand their role. The induction, which incorporated the care certificate standards, consisted of training and competency checks. The care

certificate was introduced in April 2015 and is a standardised approach to the induction of new staff working in health and social care. This comprehensive induction helped to ensure staff were skilled to meet the needs of the people they were caring for.

Following induction, staff completed an on-going programme of training. Courses included person centred approaches, introduction to autism, introduction to epilepsy, awareness of learning disabilities, mental health, dementia and positive behaviour support. This helped to equip staff with the required skills to provide effective care.

Staff we spoke with confirmed they received regular training updates. We saw the service delivered training in a variety of ways to cater for different staff needs. For example, staff told us they completed face to face training and role play in moving and handling techniques. One staff member told us the training had equipped them with the required skills to perform their role effectively.

The Mental Capacity Act 2005 [MCA] provides a legal framework for making particular decisions on behalf of people who may lack 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., People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions were being met. At the time of our inspection four DoLS applications had been submitted to the local authority. The records we examined showed that the restrictions were deemed to be in the person's best interests and the least restrictive option.

Staff told us they felt supported by the management team. There was a structured supervision and appraisal system in place. Annual appraisals were completed with staff. Staff received regular individual supervision from the registered manager which covered topics such as tasks, responsibilities and training and development.

The service also had communal lounges and a dining room which were used for a range of activities and as private space to meet with family and relatives. The home had recently been partially re-decorated and an improvement plan was in place for the completion of works. The laundry room required improvements to be made; paint was flaking from the ceiling, rust marks on the floor and the lino flooring was loose. People's bedrooms were personalised with photos, pictures and belongings. A family member told us, "[Person's] room has recently been redecorated; it's lovely."

Good

Is the service caring?

Our findings

Staff were caring and supportive to the people who used the service. Both staff and management were committed to ensuring that people received the best possible care in a homely environment.

People had developed positive relationships with the staff supporting them. They knew the staff supporting them and we saw good rapport had been developed. We observed light hearted interaction where people were laughing and joking. The atmosphere at the home was calm and relaxed and staff spent time with people. Staff talked with people about their day, recent holidays and other topics which made for a friendly and inclusive atmosphere. One health professional told us, "I think staff are very caring, and do have the best interests of the residents who live there at heart."

Staff used a good mixture of verbal and nonverbal communication to provide comfort and companionship and people looked comfortable and relaxed in the presence of staff. Staff demonstrated to us they had good, caring values. Through our conversations with staff they were able to explain how they maintain an individual's dignity whilst delivering care. Staff told us they always ensure doors and curtains were closed when delivering personal care. We saw staff/staff told us they explained to people what was happening at each stage of the process when delivering personal care.

A person centred approach to care and support was evident. People were able to get up at a time that suited them and have breakfast when they were ready. For example, we saw people had breakfast throughout the morning as they got up. A family member told us, "I often visit on a weekend, it's nice and relaxed, and people often have brunch instead of breakfast."

Following a residents meeting, the change of flooring positively impacted on a persons independence as they were able to move the house independently and with ease and quickness. During meal times staff were encouraging people to be independent and only offering the support required.

Staff had a good level of knowledge and understanding about the people they were caring for. A family member told us, "Many of the staff have worked at the home a while and know each person well. Many people have complex needs but the staff understand these."

Staff encouraged people to use technology to enhance their wellbeing and sense of social connection. Each person had their own tablet device which could be used with support from staff to access photos as well as information relating to activities they may wish to do.

Elements of staff training included experiential learning where staff put themselves in the shoes of people who used the service which staff told us made them value the way in which care was provided. For example, staff experienced moving and handling procedures such as going up and down in a hoist.

We saw the provider had policies and procedures in relation to protecting people's confidential information. This showed they placed importance on ensuring people's rights to confidentiality were respected. All

confidential records and reports relating to people's care and support and the management of the service were securely stored in locked cabinets in the main office to ensure confidentiality was maintained and the computer was password protected.
Care records demonstrated the service was in contact with people's relatives informing them of any changes in their relative's health and involving them in any decision making. One family member told us, "Contact has been an issue over the past 12 months but we hope in future we will be updated regularly; for example, not having our correct telephone numbers even though we have been visiting for a number of years." The registered manager informed us that all contact details for people were correct.

Staff had received training in equality, diversity and human rights. This demonstrated the service was responsive to the diverse needs of people who used the service and working within the framework of the Equalities Act 2010. Other protected characteristics are age, disability, gender, marital status, religion and sexual orientation. This information was discussed with people during their initial assessment. We saw no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this.

Good

Is the service responsive?

Our findings

At our inspection we found this service was responsive. The staff team demonstrated supporting people to engage in interests and activities both within their home and in the local community.

The registered manager had good knowledge about the accessible information standard. We saw people's communication needs were assessed as part of care planning and actions taken if people needed any adjustments or adaptions; for example, to hear or see clearly.

The staff team demonstrated a commitment to supporting people to engage in interests and activities both within the home and in the local community. People who used the service were asked what activities they would like to do and their preferences were listened to and acted upon.

We saw the service displayed pictures of activities undertaken within the local community. People had their own tablet devices which contained photos of the activities they had taken part in.

The registered manager gave us examples of how they were using technology to support people's needs. For example, staff used pictures which were on people's tablet devices when supporting people to make choices about future activities. Additional technology included equipment to alert staff and support people with medical conditions.

We saw staff used appropriate equipment such as for pressure relief and falls prevention. Charts were in place which demonstrated people received regular checks and pressure relief in line with their plans of care.

We saw that people had detailed and person centred care plans in place. This assisted staff to have a clear understanding of people's individual needs. Reviews of peoples care were regularly conducted and documented in their care records.

An assessment was completed prior to admission which detailed any specialised needs including cultural, health, dietary, social or spiritual requirements. We saw plans with detailed individualised information about all areas of support including communication, nutrition and hydration, mobility, personal care and continence. There was also a personal profile in people's care records which gave staff a quick overview of the person.

The service had a complaints policy and procedure in place. Information on how to make a complaint was on display. This was also available to people in an easy read format. The registered manager and deputy manager told us there had been no recent complaints from people who used the service or relatives. One family member told us, "I often see the staff around and we have I chat; I know how to complain if I needed to."

There were opportunities for people who used the service to attend meetings to provide feedback about

various aspects of the service. Resident meetings demonstrated people had recently been involved with choosing new flooring and decoration. On the day of inspection we observed the house being decorated with the paper chosen by people using the service.

One family member told us, "We request meetings to discuss [person] with regards to health, activities and finances. This is mainly due to previous issues. It is a great opportunity to understand their issues so that we can all work together to try and overcome".

We saw people had end of life plans in place. However these plans were relating to when people died and did not contain details of where people wanted to spend their final days.

Good

Is the service well-led?

Our findings

We concluded from speaking with people and reviewing service documents that the service was well led. It was evident that the culture within the service was open and positive and that people came first. People were supported by a staff team who were proud to be part of the service.

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

On the day of our inspection the registered manager was a visible presence throughout the home. Staff spoke positively about the way the home was managed and told us the registered manager was approachable and listened to them if they raised a concern. The registered manager was open to ideas for improvements to the service during our inspection. It was clear the registered manager knew the care and support needs of the people who used the service.

Staff commented they felt supported by the registered manager and deputy manager and were able to approach them or a member of the senior management team if they had any concerns. Morale was good and staff appeared confident in their roles. There was a positive culture within the home.

We looked at how the registered provider gathered the views and opinions of people who used the service, their relatives and staff and how they used the information to improve the quality of the service. We saw both resident and staff meetings took place, which gave people an opportunity to air their views and opinions of the care and facilities provided.

The registered manager and staff work in partnership with other agencies such as district nurses, learning disability team, GP's and social workers to ensure the best outcomes for people
We saw staff meetings were held regularly and these were well attended. We reviewed the minutes from the meetings and saw discussion items included, health and safety, keyworker roles, reviews, person centred care, dignity, nutrition and mental capacity. The registered manager used the staff meetings as an opportunity to discuss any lessons learnt from accident and incidents. Staff told us they felt able to voice any concerns during these meetings.

There was a robust quality monitoring system in place to help drive continuous improvements to the care that people received. Audits were completed to ensure constant compliance at all times. The registered manager and other staff members conducted regular and comprehensive internal audits. There was also a monthly audit completed by the area operation manager which covered health and safety, quality governance, staffing and recruitment, out of hours and environment checks. Our observations supported these findings.