

Turning Point

Turning Point - Worcestershire

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

Turning point Worcester is a supported living service providing personal care for eleven people at the time of the inspection.

The service provides support for people living in four bungalows in Worcestershire. There is a bungalow in Worcestershire that accommodates two people separately, three people live together at Droitwich house. There were two further homes around Kidderminster that support three people in each.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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 were small homes, similar to most domestic style properties. Each home followed the current best practice guidance and the most people living together were three people. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People and their relatives were very positive about management team and the support provided.

People were supported by staff who knew how to keep them safe and protect them from avoidable harm. People were supported by regular staff who they knew well. People were supported to be as independent as possible with their medicines, and systems were in place for the safe management of medicines. Incidents and accidents were reported and investigated, and actions were taken to prevent recurrence. Staff followed infection control and prevention procedures.

People's needs were assessed, and support was delivered by staff who were well trained and knowledgeable about people's needs. 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.

People were cared for by staff who were compassionate and kind. Relatives said staff were patient and caring towards them and their family member. People and their relatives felt involved and supported in decision making. People were encouraged with their independence and achievable goals set to improve people's well-being.

Staff were passionate about meeting people's individual needs and wishes and had an in-depth knowledge about each person. Relatives confirmed staff knew their family members well. People's concerns were listened to and action was taken in a timely way.

The management team were open, approachable and focussed on providing person centred care. Systems were in place to monitor the quality of care provided. The management team and staff communicated effectively and shared a passion for championing the rights for people they supported.

The service applied the principles and values Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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.

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

Rating at last inspection

This service was registered with us on 10 August 2017 and this is the first inspection.

Why we inspected

This was a first rating inspection.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was Effective

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

This service provides care and support to people living in four 'supported living' settings, 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

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. Inspection activity started on 27 June 2019 and ended on 04 July 2019. We visited the office location on 28 July 2019.

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, healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and four relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, senior care workers, and care workers. We visited one of the homes where the service was provided with the person's consent.

We reviewed a range of records. This included two people's care records and multiple 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, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one social care professional who has been regularly involved with the service.

Is the service safe?

Our findings

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

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding about protecting people from abuse. They had up to date training and understood who to report concerns to. Staff were confident to take appropriate action. We saw examples where incidents had been reported and these were actioned appropriately. We spoke with the local authority safeguarding team and they confirmed concerns were reported and actioned appropriately.
- The registered manager had procedures in place to ensure they met their responsibilities to report any concerns.

Assessing risk, safety monitoring and management

- People said they felt safe with staff and they were happy with their support. Relatives said they were assured their family members were safe and risks were well managed.
- Risk assessments were up to date and gave clear guidance to staff and were reviewed when required. Staff had a good understanding of people's risks and knew how to help them remain safe. For example, one member of staff explained how they could identify the slightest change in a person's behaviour and put strategies in place to help the person stay safe.

Staffing and recruitment

- People and their relatives told us they were always supported by staff they knew, and they were confident with their skills. One person said about staff, "They have made a difference to how I am, it's so much better here."
- Relatives told us new staff were introduced slowly to build a positive relationship, and the management team kept consistent staff where possible.
- Staff we spoke with told us they had provided references and there were checks in place to ensure they were suitable to be employed at the service. We looked at two staff files and the registered manager was completing safe recruitment practices.

Using medicines safely

- Where possible people managed their own medicines with minimal support from staff. One relative we spoke with said staff were really knowledgeable about medicines and was really pleased that staff had greatly reduced the use of as and when medicine their family member used.
- Staff administered medicines in a safe way, following appropriate guidance, and using an effective system to ensure people had their medicines as prescribed. Staff were trained and had competency checks to ensure they followed safe practice. Medication records were checked regularly by the management team and errors found were actioned straight away.

Preventing and controlling infection

- Relatives said they were confident staff always followed safe practice when supporting their family members.
- Measures were in place to control and prevent the spread of infection. Staff completed training and were knowledgeable about the requirements. Staff told us they always wore appropriate gloves and aprons when they should do.

Learning lessons when things go wrong

- When there were accidents and incidents these were reviewed by the management team to look at trends and any learning from the incident. For example, when one person had a fall the lessons learnt were followed up for other people to reduce their likelihood of falling.
- Staff knew how to report accidents and incidents and told us they were confident they would know any changes to people's care and support as a result.

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.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The management team assessed, and documented people's needs and preferences in relation to their care and planned their support based on this.
- People were introduced in a planned way where possible to allow each person to adjust to their new home and support. One relative said the transition into the service was fantastic.
- People's outcomes were good. For example, one relative told us how their family member had improved so much their family member had never been happier. A social worker we spoke with explained how one person had totally changed since being with the service, they were much happier.
- We saw tools and information on best practice guidance was available for staff.

Staff support: induction, training, skills and experience

- Staff told us they had completed training as part as their induction, then had regular refreshers. They said they met all the people who received care before they supported them with experienced staff, who shared best practice knowledge. They were well supported and had all the information to support people well. They also said there were regular competency checks so they were reassured they were providing effective care.
- We saw ongoing training updates were arranged for staff, and they were encouraged to further develop their knowledge and skills through vocational training.
- When specific training was needed this was arranged for staff. For example, one person was having a piece of specialist equipment, the management team were ensuring training was arranged so all the staff understood how to support the person to use it.

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

- Support offered to people varied dependant on people's individual needs. People's independence in meal planning, shopping and meal preparation was promoted.
- People and their relatives said staff supported them and promoted their independence and a healthy diet.
- Staff were knowledgeable about how to meet people's nutritional needs. For example, when needed staff worked with other health professionals to support people with their nutritional needs.

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

- People and their families explained they were confident staff supported them to access healthcare services when needed.
- Staff worked with people to attend health appointments. Staff understood people's health needs and

gave us examples of involvement with the person's doctor or community nurses, so people would enjoy the best health outcomes possible.

- We spoke with a social care professional who explained they worked well with staff and had a good relationship with the management team. They said, the registered manager was quick to respond to changes when needed. For example, one person's well-being had been improved because they were enabled to return home from hospital quickly because of the comprehensive support arranged.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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.

- Relatives told us staff would always check their family member was happy for them to support them. People felt staff respected their wishes and listened to them.
- Staff understood the Mental Capacity Act principles. There were best interests decisions in place which were decision specific.
- The registered manager had systems in place to ensure they complied with the principles of the MCA. Where restrictions were in place appropriate legal authority had been sought and any conditions met.

Is the service caring?

Our findings

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

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 said staff were kind to them. We saw positive interactions between staff and people they supported. People were confident and relaxed in their interactions with staff.
- Relatives told us staff were really caring about their family member. One relative said, "I am really impressed with the whole staff team, they are all fabulous and communicate so well with [family member]." Another relative said, "We are all part of a family now, it's great." Other relatives all said the staff were compassionate towards their family members.
- Staff demonstrated sensitivity and consideration about issues around equality, diversity and human rights when discussing people, they supported. They were passionate about ensuring the people they supported had a voice when they needed it. For example, when needing representing in a health setting.

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

- One person we spoke was really clear they made decisions about their day to day support. Relatives explained how staff always involved their family member in decisions about what they wanted to do, what support they needed and how this could be achieved. One relative said staff would listen to their family member and thought this was how it should be.
- People and their families were regularly asked for feedback to ensure they were happy with the support staff provided. We saw results from satisfaction surveys were shared with people and their families and action taken to make improvements. For example, where the turnover of staff had been high the management team had taken action to improve staff retention.
- Relatives we spoke with told us they felt involved in how their family member was supported and were kept included and updated by staff and the management team.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity and supported them to be as independent as possible. One relative told us they had been amazed at how independent their family member was now, they had not believed it would be possible.
- Staff were respectful of people's needs. All the staff we spoke with were passionate about the people they supported and spoke of respecting their wishes and constantly encouraging people to live full lives.

Is the service responsive?

Our findings

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

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

- Information had been gathered from people and their families to build a detailed picture about each person's support needs, preferences and history. One relative told us right from the beginning staff spoke with their family member and not just their relatives to ensure they were included in the information gathered.
- Records contained detailed information for staff on how best to support people with all aspects of their life. Promoting people's independence was risk assessed to provide appropriate support. They also included detailed information about their health needs and the care people required to manage their long-term health conditions. Staff told us they were able to provide personalised support tailored to the needs and wishes of each person.
- Staff had an excellent knowledge about people they supported. They got to know them over time and the shared information from experienced staff. People and their relatives said the care staff were regular and knew both the person and their family well.
- Staff knew how to communicate with people to understand their wishes. When people were less able to communicate verbally, staff found different ways to ensure they understood their needs. For example, understanding a specific sign language for one person.
- People and their families told us support was adapted to meet people's needs. One relative told us how staff supported their family member when in hospital, to improve the knowledge of the health staff so the person's needs would be understood whilst in hospital.

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 registered manager was aware of the accessible communication standards and ensured people had access to their information. For example, they had information in different formats when it was needed. We saw this was adapted to ensure it was appropriate to the person. Relatives told us they had access to information they needed relating to the service they received.

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 This KLOE is applicable where the service provides or supports activities, hobbies, community contact, employment and education support. Also enables or supports contact with families, friends and others in the community as well as personal care.

- People had access to the community and the choice of events and interests for them to follow on a regular basis. One person told us they chose what they wanted to do, and this was discussed regularly so they could add new things and work towards large achievements. Another person was working towards finding paid employment which was a goal they had agreed with their support staff.
- Relatives told us staff went over and above what they expected to provide access to areas of interest to their family member. For example, one relative told us they had made a suggestion about how much their family member enjoyed a particular interest and staff had straight away ensured this was available to them. Another relative said, "They[staff] always look for something that is stimulating, [family member] is never just plonked in front of the TV."
- Relatives also said staff supported their family member to visit other relatives and friends to keep them connected and to reduce any isolation.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise concerns if they needed to. Relatives told us they had not needed to make any complaints but were confident they could speak with the registered manager if they needed to.
- The registered manager had a complaints policy to ensure they acted on concerns raised.

End of life care and support

- The registered manager explained they were in the process of updating information from people and their families to gather wishes for end of life care. There was some information recorded on people's plans although this needed updating for others.
- Staff told us they supported people with end of life care when this was needed. They were knowledgeable about how to respect people's needs and wishes.
- The management team explained they had involved other agencies to support people who remained in their own homes at the end 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.

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

Planning and promoting person-centred, high-quality care and support with openness; 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

- People and relatives said the management team knew them well and treated them as individuals. One relative said, "[The registered manager] is so person centred it's how she thinks and what she says, you can't get better than that."
- The management team completed a range of quality audits on a regular basis and we saw actions were identified and addressed to bring about improvements.
- Relatives we spoke with said they were contacted when there were any concerns about their family member and felt welcome and involved with the support from staff. One relative said about the service, "I always know what's happening, they will email me little updates or photo's it's so lovely and reassuring."
- All the staff we spoke with were passionate about the people they supported and championed their rights and wishes.
- All the staff we spoke with said there was an open and positive culture, led by the management team. One staff member said about the management team, "It's great here, we are really listened to and taken seriously."
- The management team were open and honest. When improvements were needed these were investigated and shared with staff.
- There were initiatives in place from the provider such as an achievement award system for people reaching their goals which people were proud of. These linked into the people's parliament which brought services together over geographical areas to promote people independence and well-being. For example, when there was a local government election recently people came together across the different areas to support people with decisions and choices about how they wanted to vote.

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

- People and their relatives gave positive feedback about the care they received. One relative said, "They [management team] couldn't do anything better."
- The service was led by a supportive management team. Staff were clear about their responsibilities and the leadership structure.
- The management team were clear about their responsibilities for reporting to the Care Quality Commission [CQC] and the regulatory requirements. Risks were clearly identified and escalated where necessary.
- Staff were confident they could speak with the other managers if they wanted to escalate concerns.

- The management team constantly reviewed their practice to ensure they were up to date and following best practice guidance.

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

- The management team used the ethos you said we did. For example, for one person who wanted to be more independent they supported the person to have a review and reduced the amount of support they needed. There were also actions raised by staff that they had put in place applying this ethos.
- People and their relatives were encouraged to contribute their views through regular questionnaires. They also said they had regular conversations with the management team when they wanted to. We saw positive feedback from questionnaires was gathered regularly.
- Staff told us they were encouraged to share ideas and concerns to help improve the quality of care. All the staff we spoke with said they felt valued, listened to and able to make suggestions and share ideas.

Continuous learning and improving care.

- The management team regularly audited all aspects of their care delivery to constantly keep the support provided under review.
- Accidents and incidents were reviewed, and learning used to inform future plans.
- The management team attended provider meetings across the area to share best practice ideas and review their knowledge and skills.

Working in partnership with others.

- The registered manager had established good links in the community to support her to provide quality care.
- The social worker we spoke with said the management team and staff would go the extra mile to provide support for people. For example, working with other services to support one person to remain in their own home by working with external agencies.