

## Turning Point

# Turning Point - Ambleside

## 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** 

### Overall summary

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

Turning Point - Ambleside is registered to provide accommodation and personal care for up to six people who live with complex learning disabilities. At the time of our inspection five people lived at the home. The manager had been registered with the Care Quality

Commission (CQC) since February 2011. 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.

People were protected from abuse and felt safe at the home. Staff were knowledgeable about the risks of abuse and procedures for reporting any concerns.

# Summary of findings

We found there were sufficient staff available to meet people's individual care and support needs and safe and effective recruitment practices were followed.

There were suitable arrangements for the safe storage, management and disposal of medicines.

We found that where people lacked capacity to make their own decisions, consent had been obtained in line with the Mental Capacity Act (MCA) 2005. The CQC is required by law to monitor the operation of the MCA 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of our inspection one application had been made to the local authority in relation to people who lived at Turning Point – Ambleside.

Staff received appropriate professional development, training and support to enable them to provide effective care.

People had access to healthcare professionals such as GP's, community nurses and mental health specialists when needed. People were given appropriate levels of support to maintain a healthy balanced diet.

People's relatives told us that staff treated people with kindness, dignity and compassion. We saw that staff knew people well and met their needs in a patient, individual and caring manner.

People were supported to take part in a wide range of meaningful activities both at the home and in the local community. People were free to decide where and with whom they spent their time.

People had been involved in discussions about how their care was assessed, planned and delivered. People's relative and health professionals were positive about the management of the home and felt the manager was receptive to suggestions for improvement.

We saw that a system of audits, surveys and reviews were also used to good effect in monitoring performance and managing risks. The manager had developed a clear set of values based on person centred care, independence and choice.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People were protected from abuse by staff who understood the risks and knew how to report and deal with concerns.

There was sufficient staff available to meet people's individual needs and keep them safe.

Robust recruitment practices were followed.

Risks to people's safety were well managed.

People's medicines were managed and administered safely by qualified staff.

Good



### Is the service effective?

The service was effective.

Staff received training that enabled them to do their jobs well and meet people's care needs.

People were provided with food and drink that met their needs and maintained their health.

Staff and the registered manager had a good understanding of the Mental Capacity Act 2005 and obtained consent from people before providing care and support.

People received the support and care they needed to maintain their health and wellbeing and had access to health care professionals when required.

Good



### Is the service caring?

The service was caring.

Staff interacted with people in a caring manner and respected people's privacy.

People were well cared for and staff respected people's individual needs.

People and their relatives were provided with opportunities to give their views and opinions about the care that people received.

Good



### Is the service responsive?

The service was responsive.

People received personalised care that met their needs and was regularly reviewed.

The home had an appropriate complaints procedure in place. People and their relatives felt able to raise concerns with the staff and manager if they needed to.

People were able to choose how they spent their time, and staff supported them to access a range of individual activities.

Good



### Is the service well-led?

The service was well led.

Good



# Summary of findings

There was a registered manager in post and incidents that were required to be reported to CQC had been completed in a timely manner.

The culture of the home was honest and inclusive.

People and their relatives were encouraged to contribute their ideas about the service.

The quality of the service was monitored regularly through audit checks.

Relatives and health care professionals spoke highly of the quality of care people received.

# Turning Point - Ambleside

## 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 checked whether the provider met 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 18 and 24 June 2015 and was unannounced. When we last inspected the service on 23 April 2014 we found that they were not meeting the required standards.. People's consent had not been obtained in line with the requirements of the MCA 2005, and people's finances were not always managed safely. This was a breach of regulation 11 of the Health and Social Care 2008 (Regulated Activities) Regulations 2010. At this inspection we found the provider and manager had taken action and were now meeting the requirements. This visit was carried out by one CQC Inspector.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is

required to send us. We also reviewed the action plan sent to us by the manager that set out how the standards would be met following our previous inspection, and reviewed the local authority's commissioner's report of their most recent inspection.

During the inspection due to the complex needs of the people living at Ambleside, we were unable to speak with the people who used the service. We spoke with three relatives, the registered manager and three members of staff, we also sought feedback from health care professionals.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to three people who lived at the home and three staff files that contained information about recruitment, induction, and training. We also reviewed records relating to the management of the home including audits and action plans. We looked at all areas of the home during the inspection and carried out observations in the communal lounge, dining room and gardens.

# Is the service safe?

## Our findings

People's relatives told us they felt their relative was safe living at Ambleside. One person's relative said, "[Person] has been the happiest they have ever been at Ambleside, I have never had a concern about their safety."

One staff member told us, "Safeguarding is about firstly knowing the person, their mannerisms and daily attitude, and looking for slight changes. If I see a mark, or a change in their manner, no matter how small then I always speak with the manager." One person's relative said, "They are safe and cared for by an amazing team at Ambleside, I have no concerns at all."

The manager documented and investigated safeguarding incidents appropriately. For example one person was noted to have a bruise. The incident was documented, reviewed and investigated by the manager, and a referral made to the GP to further review the person for any underlying issues. The manager informed the appropriate people, including the social worker and relatives. This demonstrated that robust procedures had been followed. Staff were knowledgeable about the signs of abuse and reporting procedures.

We found there were suitable arrangements to safeguard people against the risks of abuse which included reporting procedures and whistleblowing concerns. Care plans had been developed about keeping safe with people and their relatives. These were developed using an easy read format. For example we reviewed a 'Keeping safe' care plan which demonstrated staff had discussed with people, who may abuse, what abuse is and who people can tell. Information about how to report concerns was displayed and included contact details for the relevant local authority. People's relatives had access to a copy of the local authorities safeguarding protocol, and also a copy of the Ambleside safeguarding policy.

All accidents and incidents were added to the provider's database. Senior managers were able to access the records to ensure incidents were investigated thoroughly. A review of incidents and accidents for the previous 12 months confirmed the manager had dealt with them appropriately and notified the relevant people.

Care plans we looked at included relevant risk assessments including any health issues and risks identified to the individual or others as a result of possible behaviours that

challenged the service. Where a risk had been identified, the manager, staff and person's relative had looked at ways to reduce and manage this whilst ensuring the person's choice was unhindered. For example, risk assessments had been completed to ensure people could go out of the home safely. Staff had assessed whether each person had awareness of the risks when they left the home and ensured measures were in place to support them in the community. We saw similar consideration given to a range of identified needs including people's mobility, skin care, nutrition and medication. Care plans we looked at clearly demonstrated staff proactively sought ways to support people to take risks associated with their care.

The service ensured the safety of the people who lived there, staff and visitors, as far as possible. The manager completed and regularly reviewed a range of safety audits for the home. We saw these included fire equipment, emergency lighting and environmental issues that may contribute to an injury or fall. Emergency equipment had been regularly serviced and maintained. People had personal evacuation plans in place to assist staff in swiftly evacuated people in an emergency and the local emergency services had also carried out their own risk assessment. In addition the manager had developed a business continuity plan that detailed emergency contact numbers, local hotel contact details and the overall evacuation plan in case they were unavailable. In the event of an emergency the provider operated an out of hour's emergency number for staff to use.

There were sufficient numbers of staff to meet people's needs and keep them safe. People's support needs were kept under review to ensure that staff with the necessary skills, abilities and experience were available to provide appropriate care and support. Where additional staff were needed to provide support for people the manager arranged this. For example, when one person attended hospital on a daily basis, the manager accommodated an additional staff member to ensure staffing remained the same for people in the home, whilst supporting the person in hospital.

Safe and effective recruitment practices were followed to ensure staff were of good character. We saw that each member of staff recruited had provided satisfactory references of previous employment and had undergone a

## Is the service safe?

criminal records check. There were no gaps or omissions in people's employment history, and where appropriate the required documentation was available to ensure people were legally entitled to work in the United Kingdom.

People were supported to take their medicines by staff trained to administer medicines safely. People's preferences were clearly documented so staff were aware of how people took their medicines safely. For example one person who was diagnosed with dysphagia, which means they had difficulty swallowing liquids, took their tablets with jam to aid their swallowing. We spoke with staff who

described to us the way they administered the medication and saw advice had been sought from the GP. We confirmed that this was a suitable method of administering the medicine with a pharmacist. We saw there were suitable arrangements in place for the safe storage, management and disposal of people's medicines, which included controlled drugs. Staff told us they were had formal medication training, then they had been watched by a competent staff member for a period of shadowing and finally they were assessed to ensure they were competent.

# Is the service effective?

## Our findings

People's relatives and health professionals told us that staff had the necessary skills, knowledge and experience to provide effective care and support. One person's relative told us, "I have nothing but the highest regard for the staff at Ambleside and the skilled manner in which they support everybody there."

When we inspected Turning Point – Ambleside in February 2014 we found decisions relating to the purchase of a mini bus for people had not followed the requirements of the Mental Capacity Act (MCA) 2005. This meant financial decisions had not been taken in people's best interests. We told the provider they needed to make improvements and they sent us an action plan detailing how they planned to meet the requirements. At this inspection we found significant improvements had been made.

Staff and the manager had received MCA 2005 and Deprivation of Liberty Safeguards (DoLS) training. They demonstrated a good understanding and were able to explain how the requirements worked in practice. DoLS apply when people who lack capacity are restrained in their best interests to keep them safe. Where an application was required, we saw the manager had followed the appropriate process. We found that people's capacity to make decisions had been properly assessed and they were supported to access independent advocacy services where necessary and appropriate. At the time of our inspection the manager was seeking support from an Independent Mental Capacity Advocate (IMCA). This was to represent those people who did not have a family member to make key decisions in their lives such as medical treatment or financial matters. One health professional told us, "We found them to be knowledgeable and competent with regards to capacity/best interest's assessments and the process required so that the best possible outcome could be achieved for their client."

Staff received appropriate professional development, training and support to enable them to provide effective care. New members of staff undertook an initial induction program and completed a range of mandatory training in area such as safeguarding, moving and handling and epilepsy awareness. At the end of their probationary period staff met with the manager to set goals and objectives which were reviewed through regular supervision sessions and an annual appraisal. Staff had received a range of

annual training relevant to their role and all staff we spoke with told us they felt supported to carry out their duties. One staff member told us, "Supervision is good, the manager is a good listener which helps to talk through things that I am finding difficult and get support." A second staff member told us, "It's nice to have a 1 one to one as the manager helps and supports me with professional and personal problems."

We observed numerous examples of staff asking people's consent prior to supporting them. Due to the complex needs that people had, staff used a range of techniques to ensure people understood what they were asking. For example staff used objects of reference when asking if a person wanted a drink, or if they wanted to go for a walk. People's relatives told us, and records confirmed, that consent was always obtained about decisions regarding how they lived their lives and how care and support was provided. One staff member told us, "Everyone is a bit different when we ask them things, so we treat them all differently, for some we can ask them but for others we may have to show them what they may want."

People were supported to make choices about the food they had and were encouraged to eat a healthy balanced diet. For example, on both days of our inspection staff were preparing fresh meals with a range of fresh vegetables for people's evening meal. Copies of the menus also confirmed that people ate a range of fresh meals, which also catered for people's individual likes and dislikes. People were encouraged to plan the weekly menu's, however the manager acknowledged having images of foods to choose from would make this a lot easier for people to choose. They told us this was an area they were currently developing.

We observed two people eating their meal supported by staff. The atmosphere in the dining area was relaxed and created a sociable environment for people who clearly enjoyed their meal. We saw that appropriate aids were used such as spoons, beakers and straws to aid people when it was needed. Where possible staff encouraged people to eat independently, however, where staff assisted people they did in a dignified manner. We noted that where people required their meal to be fortified or required a specialised diet, such as soft or pureed foods, they were provided with this, and staff were aware of each person's specific requirements.



## Is the service effective?

People's relatives told us, and records confirmed that health needs were regularly monitored and discussed. Risk assessments were developed to ensure that care plans accurately reflected and met people's needs. This included areas such as mobility, epilepsy, dysphagia, physical, mental health and medicines. Where people's health deteriorated we saw that swift action was taken to contact

the relevant health professionals. One person's relative who lived abroad told us, "I get told immediately if there is anything that affects [Person] such as the dentist, doctor, epilepsy specialist or doctor through email contact." This meant there were effective communication systems in place to ensure the relevant people were informed and involved in decisions about people's care.

# Is the service caring?

## Our findings

People we observed were happy and content in the company of staff. Staff and people had developed a positive relationship. People's relatives told us that the staff were caring and kind. One relative told us, "The staff at Ambleside are so very kind. [Person] is not always the easiest person to look after, but the staff are so patient with [Person]."

We observed throughout our inspection that staff were kind, patient and respectful at all times. They clearly knew people they supported very well and demonstrated this when providing support to people. For example, when they assisted a person who had become frustrated in a warm, calm and patient manner they settled them swiftly with minimal disturbance. This person was quickly settled and once again appeared content. Throughout our observations we noted that staff interacted with people constantly adapting their style to the person's needs. , All staff demonstrated through their practises a clear understanding of people's personal needs. This meant that care was consistent and the people living in Ambleside had their needs met in their preferred way by all the staff.

People's relatives were very positive about the care provided by staff. One relative told us, "I cannot fault any

aspect of the care at Ambleside; if I rated it out of ten I would give it ten and a half." One health professional told us, "We have been involved with patient care at Ambleside for many years and have always found the team to be compassionate, professional and helpful."

We observed that staff treated people in a dignified manner at all times when supporting them. For example when assisting people with personal care, staff ensured doors were closed and their voices were softened so people outside the room could not hear what was being discussed. When staff approached people to ask them if they required assistance with their personal care, they did this in a quiet and respectful manner.

We saw staff had supported people to remain both independent and actively part of the community outside of Ambleside. We conducted our inspection over two days because people were constantly out and about and not available to us as they were busy pursuing various activities. People were encouraged to go on day trips to visit families to maintain these family relationships. One person's relative told us, "We are so very lucky to have Ambleside in our home town, close enough for [Person] to spend a day a week at home."

# Is the service responsive?

## Our findings

People had been involved in discussions about how their care was assessed, planned and delivered. We saw that each person had a full suite of care records relating to their individual needs. They were personalised and contained detailed information about people's life history, personality, support needs and preferences. Care plans detailed concise guidance about how people wanted to lead their lives and the support they required. For example, we saw examples of people's personal care needs being different in the morning, afternoon and evening and this was reflected in the relevant sections in their plan of care with a clear distinction of the persons needs between each one. Further care records had detailed how to support people with conditions such as epilepsy and dysphagia. In all examples we saw that the record clearly noted how the person wished to receive their care and had sought input from relatives, the person and any associated health professional.

People's relatives we spoke with were fully aware of people's current support needs. They were able to describe to us the care their relative received which coincided precisely with the views of staff and care records. One person's relative who lives abroad told us, "Anything that affects [Person] I get told by email and then by a phone call. I came over for the yearly review and as a result of that we were able to get further support in the community for [Person]. This communication and involvement is fantastic, even though I'm abroad, I know exactly what happens to [Person] and I am always spoken with."

People were supported to remain as independent as possible, and their choices were respected. We saw that care plans documented what people were able to manage themselves. For example one person wished to undress themselves independently prior to having a bath in the morning, but wished for staff to be available in case they required support. We were told that this is the normal routine for this person and staff respected this. A second person had noted they wished to always be offered a

choice of two tops and two bottoms each day before getting dressed. One person's relative told us, "Staff make sure that each person gets just what they want, how they want."

We saw that during the week people were supported to assist with their laundry and household tasks. Where people were able to staff supported them in the kitchen to bake cakes and assist with meal preparation. Staff told us it was important to ensure that people helped with household tasks as this enabled them to maintain their independence. One person's relative confirmed this and said, "They make sure [Person] helps where they can with things like laundry and chores, and I think it's a great way to get [Person] involved."

People relatives told us staff ensured people were supported to take part in a wide range of meaningful activities both at home and in the wider community. One person's relative told us, "[Person] is a personable character and needs motivating. The staff do an amazing job finding different ways to keep [Person] stimulated." We saw that each person had their own activity schedule for the week which documented activities personal to them and enabled them to spend time following their own interests. For example, people had been shopping, went to the hairdressers, out for walks, attended day care, into the local town for tea and time spent in a local park exploring different textures to stimulate their senses

People and their relatives were encouraged to express their views and opinions through regular house meetings, care reviews. The manager had an open door policy to enable people to see her if they needed outside the meetings. People we spoke with were aware of the complaints procedure and an accessible format copy had been given to people and the content explained to them. People's relatives told us that they felt confident that any issues raised with the manager would be resolved. We saw that no complaints had been raised for the previous twelve months, and comments from people's relatives confirmed this. There was however a robust system in place for managing complaints which the people's relatives, staff and the manager were aware of.

# Is the service well-led?

## Our findings

People's relative, staff and visiting health professionals were all positive about the management of the home. One person's relative told us, "The manager is both forthcoming and receptive to suggestions and feedback." One staff member told us, "The manager is a good listener and listens to our ideas in team meetings about how we can keep improving things for the residents."

People told us that the manager led by example. Staff told us they promoted an environment that was caring, promoted honesty and treating people as an individual. We observed that all staff ensured that these values were demonstrated when supporting people.

People who lived at the home, residents and staff had been involved in developing the service. They were encouraged to share their views about how the quality of services could be improved at regular house and staff meetings. For example, people had been encouraged and supported by staff to decorate their rooms in a way that reflected their personalities. Another time people had spent time choosing and planting flowers in baskets and tubs around the building. The manager showed us the plans they were working on to redecorate a redundant area of the home. They told us that people, staff and relatives were involved in deciding colours, textures and layout of the area, and this was scheduled for completion in the near future.

The manager and provider carried out a range of management audits to monitor staff performance and keep people safe. For example a recent audit of medicines had been completed by an external pharmacy. Where there had been issues identified, such as not recording fridge

temperatures, these had been actioned immediately. In addition we noted a range of audits relating to areas such as health and safety, equipment such as hoists and wheelchairs, incidents and infection control. Following our previous inspection the provider reviewed their organisational policy for the management of people's financial affairs. This prompted an organisational change to policy which has now been implemented.

We reviewed the accident and incident reports for the service and saw that where a notification was required to be sent to us, these had been done promptly. Where there had been an incident that required reporting, the manager had followed these up thoroughly and taken appropriate action. The provider also monitored any incidents or accidents to ensure they were thoroughly investigated and resolved, and action taken where appropriate.

We saw that annual reviews were completed by both people and their relatives. These were presented in an accessible format so that the person and their relative were able to complete them together. The manager told us that they reviewed the comments, and also sent each completed survey to their head office so the results could all be collated. The results of these were then assessed and the manager ensured that any identified issues were addressed. The results of the surveys we reviewed for 2014 were all positive.

People's records were up to date and sensitive information was kept and stored safely. Care records that we looked at were easy to review, and legible with no gaps or omissions. Where changes had been made to a person's care, the record clearly and accurately noted this.