Turning Point

Turning Point - Russell Terrace

Inspection report

52 Russell Terrace
Leamington Spa
Warwickshire
CV31 1HE

Tel: 01926431471
Website: www.turning-point.co.uk

Date of inspection visit:
26 January 2018
29 January 2018

Date of publication:
12 February 2018

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

We inspected this service on 26 and 29 January 2018.

Turning Point Russell Terrace 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 both were looked at during this inspection.

The service is delivered from a large detached house near the town centre. The house is a two storey building and provides accommodation and personal care for up to six people with a learning disability or autistic spectrum disorder. Five people lived at the home on the day of our inspection visit.

There was a registered manager in post at the service. 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.

At the last inspection in December 2015 the service was rated as Good. At this inspection we found the quality of care had been maintained and people continued to receive a service that was safe, caring, effective and responsive to their needs. The rating remains 'Good'.

The care service had 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.

People and relatives had no concerns about safety or the security of the home. Staff understood their responsibilities to protect people from harm and challenge poor practice. Staff had a good understanding of the risks to people's health and followed risk management plans to keep people safe without restricting them unnecessarily.

There were enough staff to care for the people they supported. Checks were carried out prior to staff starting work to help the registered manager determine their suitability to work with people who used the service. Staff received an induction into the organisation, and a programme of training to support them in meeting people's needs effectively. People received their medicines as prescribed and staff maintained the cleanliness of the home to prevent the risk of infection.

Managers and staff worked in accordance with the Mental Capacity Act 2005. People's ability to make specific decisions had been assessed and where they lacked capacity, staff made decisions on their behalf based on their knowledge of people's preferences, likes and dislikes. More complex decisions involved families and other healthcare professionals involved in the person's care.

Staff supported people to stay as healthy as possible. They ensured people had routine appointment to maintain their health and referred them to other healthcare professionals if their health fluctuated or deteriorated.

Staff were kind and patient with people and offered support when necessary. Staff knew how to communicate effectively with people and knew what was important to them. Staff valued each person's individuality and personality and respected their diverse needs. People were supported to follow their interests and take part in social activities.

People and their relatives were involved in planning and reviewing their care. Information in care records ensured staff had the detail needed to ensure all care and support provided was based on the individual needs and preferences of each person.

Staff enjoyed working in the home. They described an open culture, where they communicated well with each other and had confidence in their colleagues and in the management team.

People and relatives were encouraged to provide feedback about the care they received and were confident action would be taken if they raised any issues or concerns.

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 remains safe.	Good
Is the service effective? The service remains effective.	Good
Is the service caring? The service remains caring.	Good
Is the service responsive? The service remains responsive.	Good
Is the service well-led? The service remains well led.	Good

Turning Point - Russell Terrace

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 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.

The inspection visits took place on 26 and 29 January 2017 and were conducted by one inspector. It was a comprehensive, announced inspection. We gave the provider 24 hours notice of the first day of our inspection visit because it is a small service and people are often out during the day.

As part of our inspection we reviewed information received about the service, for example the statutory notifications the provider had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the PIR reflected the service. We also contacted the local authority commissioners to find out their views of the service provided. These are people who contract care and support services paid for by the local authority. They had no concerns about the service.

During the inspection visit we spoke with one person who lived at Russell Terrace. As most people were unable to tell us about their experiences of living in the home, we observed how care and support were delivered in the communal areas. We reviewed two people's care plans and daily records to see how their care and treatment was planned and delivered. We also spoke with the registered manager, the team leader, three members of care staff and an agency member of staff. We looked at other records related to people's care and how the service operated, including medicine records, the provider's quality assurance audits and three recruitment records.

Following our inspection visit we spoke on the telephone with three relatives.

Good

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and safe staffing levels continued to support people. The rating continues to be Good.

People were relaxed around staff and approached them with confidence. One person told us they felt safe living at Russell Terrace because, "It's a nice house." They told us they would speak to staff if they were worried or had any concerns. Relatives told us they had no concerns about the safety of their family members or the security of the home.

Staff understood their responsibilities to protect people from harm and challenge poor practice. They understood abuse could take many different forms, including not meeting people's individual needs. One staff member explained abuse could be, "Something like if their meals were being rushed and they weren't being given enough time to eat." As people had very limited ability to raise concerns if they felt unsafe, staff told us they were aware of changes in behaviour that might indicate a person was unhappy or worried. One staff member explained, "You have the emotional signs like depression, crying or withdrawing within themselves."

Staff felt the provider would take seriously any concerns raised and action would be taken if people were at risk of abuse. However, if appropriate action had not been taken, they told us they would not hesitate to report their concerns to external agencies, such as social services and the local authority safeguarding team.

There were enough staff on each shift to meet people's needs and keep them safe. The registered manager told us the staff team worked well together and shifts were flexible to accommodate people's appointments and activities. They acknowledged that due to staff vacancies there was a significant reliance on agency staff, but told us the provider was supporting them to recruit more staff. The provider's recruitment procedures included making all the pre-employment checks required by the regulations, to ensure staff were suitable to deliver personal care.

The registered manager had assessed and recorded the risks associated with people's medical conditions and activities, as well as those relating to the environment. Risk assessments were used positively to enable people to do things rather than restricting them. For example, one person could display behaviours that could put them at risk within the home. Action had been taken to minimise those risks so they were able to choose how they spent their time and walk around the home as they wished to. Staff had received training in the completion of risk assessments to ensure they were able to encourage positive risk taking and reduce un-necessary risks on a day to day basis. One staff member explained, "The risk assessments form a good basis to work from. The freedom is provided for people… there is nothing I have read in any risk assessment that limits anybody here."

Staff recorded any untoward events on accident and incident forms. These forms were sent to the provider to ensure any learning from incidents was identified and shared with the registered manager and the wider staff team. For example, following a couple of medicines errors in the home, the registered manager had

discussed with staff what action they could take to reduce the risk of further errors. This included moving the medicine trolley into a designated room, to reduce the risk of staff becoming distracted when handling medicines.

The provider had processes to manage environmental risks, this included regular risk assessments and testing and servicing of the premises and equipment. Staff received training in first aid and fire safety so they knew what action to take in an emergency. Each person had a personal evacuation plan so staff and the emergency services knew what support people would need to ensure their safety should the building need to be evacuated.

Staff who administered medicines received training in how to do this safely and effectively, and had their competence to do so regularly assessed. Overall, medicines were managed, stored and administered in accordance with best practice and record showed people received their medicines as prescribed. However, handwritten amendments to people's medicines administration records were not always signed by a second member of staff to confirm they were accurate. The registered manager said this would be shared with staff in a team meeting.

The provider ensured people were protected from the risks of infection. At the time of our inspection visit, the environment was homely, tidy and hygienic. All staff were responsible for carrying out cleaning duties and there was a schedule in place to ensure every part of the home was regularly cleaned. PPE [Personal Protective Equipment], such as gloves and aprons, was readily available, and staff made sure they used these when necessary, for example when providing personal care. Staff had received training in food hygiene and checked food was stored and served at safe temperatures.

Good

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection visit. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

Staff told us they had received induction training when they first started to work in the home which included working alongside more experienced staff (shadowing). One staff member told us, "The induction training was spread over four days – it was very thorough." Another staff member explained how shadowing gave them confidence in supporting people. "It is the best way to learn. You are prepared well before supporting people on your own." The provider's induction was linked to the Care Certificate. The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support.

Staff received additional training when necessary to meet people's particular medical conditions. For example, staff had received training in supporting people who lived with autism. One member of staff explained how this training had improved their approach to one person who lived in the home. They told us, "The autism training was brilliant. The thing that stuck out to me was that if you have autism, things can appear a lot louder and you can be overstimulated. I could see with [name of person] that made sense. She doesn't want too much noise or chatter or too much going on." All the staff we spoke with said they felt confident they had the knowledge needed to support the people at Russell Terrace.

Staff told us they felt supported in their roles by colleagues and managers. They told us they had regular formal supervision meetings, but felt able to approach senior staff for help and support at any time if they had a problem. Supervision is a meeting between the manager and member of staff to discuss the individual's work performance and areas for development.

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA.

Care plans contained mental capacity assessments which were decision specific and individual to the person. They also contained information that guided staff as to how they could support people with decision making. Where people did not have capacity to make an everyday decision, staff made choices in people's best interests based on their knowledge of their likes, dislikes and preferences. More complex decisions involved families and other healthcare professionals involved in the person's care.

Each person who lived at the home had been assessed as not having capacity to consent to their care arrangements. They also needed to be accompanied when outside the home to ensure they were safe. The registered manager had submitted applications to the appropriate authorities as this level of supervision amounted to a deprivation of people's liberties.

People were involved in planning the menus in the home and choosing what they had to eat and drink. Menus were in a pictorial format to give people a visual prompt and assist them to make a choice about their meal. When we asked one person if they enjoyed their lunch, they responded, "Fantastic. I had omelette for lunch and I'm having fish and chips tonight." This person told us they could have a drink whenever they wanted one.

Staff had a good knowledge of people's individual eating and drinking risks and how they should have their food prepared. All the staff we spoke with knew who had their food pureed and which person needed their drinks thickened to minimise the risks of choking. Staff explained how they supported one person with a special diet because they were intolerant of wheat, dairy and gluten. This person had a separate menu and staff explained the importance of ensuring they ate at specified times each day to maintain their health.

People's needs were assessed and regularly reviewed to ensure they received effective care and support. Where a need had been identified, people had specialised equipment to promote their independence. For example, some people had adapted plates and cutlery to enable them to continue to eat their meals without the assistance of staff.

Each person had a health action plan that set out their medical history and current health needs. These detailed what action staff needed to take to support people to stay as healthy as possible. Staff followed the plans and supported people to attend regular appointments with the dentist, optician and chiropodist. People were also given the opportunity to participate in health screening tests such as for bowel and breast cancer. Where people declined the tests, their wishes were respected.

The registered manager said the service had good links and communication with external professionals such as the GP, speech and language therapists and dieticians. This ensured people received suitable and timely healthcare support when their health deteriorated or fluctuated. Visits were recorded in care plans so there was a detailed record of any medical advice given. People also had 'hospital passports' which contained important information about the person that could be passed quickly to health care staff if it was necessary for the person to be admitted to hospital.

Relatives told us they were kept informed about their family member's health and given the opportunity to attend any appointments they wished to.

The home was a two storey building. People with limited mobility had bedrooms on the ground floor so they could access their rooms independently. There was a comfortably furnished lounge and dining kitchen where people could socialise and join in activities. People's bedrooms were personalised to their taste and reflected their interests and personalities. For example, all rooms were decorated differently and, where possible, with colour schemes chosen by the person. One person told us how they had chosen their wallpaper and furnishings and said, "Me and [staff member] did it together, team work."

Good

Is the service caring?

Our findings

People received the same level of compassionate care and support as at our previous inspection. The rating continues to be Good.

Staff were kind and patient with people and offered support when necessary. Staff knew how to communicate effectively with people at a pace and manner that suited them. Some people could not communicate verbally, but staff took time to understand people through their body language and facial expressions. Staff knew people's likes and dislikes and what was important to them and people responded positively when staff interacted with them. For example, staff ensured one person had a particular object with them during the day, because they knew it gave the person comfort.

Relatives spoke positively about the relaxed and family atmosphere within the home and the caring attitude of staff. One relative told us, "You can feel the care and you know it is not just a job to them. They take great pride in the individuals doing something for the first time and getting to know them." Another told us, "They are very caring and really interested and helpful. I'm most impressed with them."

Staff told us they enjoyed working in the home and supporting the people who lived there. When speaking with staff, it was clear they valued each person's individuality and personality and respected their diverse needs. Staff spoke to, and about people, in a caring and respectful manner. We asked care staff what delivering a 'caring' service meant to them. One staff member responded, "Empathy. If you imagine what it is like to be that individual, you will only ever treat them with dignity and respect." Another told us, "It is important to understand them because we all have our own personality and likes and dislikes. They should feel secure and have the best quality of life."

Although most people had limited capacity to make decisions about their care, staff involved them in decisions about what they wanted to wear, what they wanted to eat and how they spent their time. People were also encouraged to be as independent as possible to maintain their life skills. For example, one person was able to prepare their own drinks and sort out their laundry. Care plans identified that people should be encouraged to do as much as possible for themselves, particularly in relation to personal care. A member of staff explained, "They are involved in doing as much as they are able to do."

Staff supported people to maintain and build relationships with family and friends outside the home. One person told us how they were meeting two people who lived in another of the provider's homes for lunch. Another person was supported to visit a relative who lived in another care home. Relatives told us they felt welcomed to the home which enabled them to enjoy spending time with their relation there.

Good

Is the service responsive?

Our findings

At this inspection, we found people continued to receive care that was personalised and responsive to any changes in their needs. The rating continues to be Good.

Each person had a care and support plan detailing how staff should support people's individual and diverse needs. The care plans contained information about people's personal history and their individual preferences and interests which ensured the person was at the centre of their care. During our inspection we saw staff supported people in accordance with their care plans.

People's communication needs were assessed and guidance for staff explained how they should support people to understand information. One person's care plan instructed staff to use a 'total communication approach' using tone of voice, gestures, facial expressions and body language. It also guided staff to use 'object referencing' such as showing the person their coat when they were going out. Care plans also contained information about how people communicated their needs, wishes and feelings through their actions. This detailed information enabled staff to respond to people's physical and emotional needs and involve them, as much as possible, in making decisions about how they spent their day.

Relatives told us they were involved in planning their relation's care and support so were confident it met their needs. One relative told us, "I am very hands on and they discuss things with me all the time. They will come to me and ask my opinion about how I would go about things. We work together."

Two people had recently moved to Russell Terrace from another of the provider's homes which had closed. The registered manager explained how this had been planned over a period of time to ensure a smooth transition with minimal disruption to people's daily routines and activities. Relatives told us that whilst they had some initial concerns, they felt it had been managed well with positive outcomes for both those who had moved, as well as those who already lived in the home. One relative particularly felt their family member would benefit from the change because there were male care staff at Russell Terrace, whereas it had been a female staff team at their previous home. Another relative said, "The move was managed very well……there was good continuity."

People were supported to follow their interests and take part in social activities. One person told us they were a member of two theatre groups and explained how other people in the home had been to see them in a recent show at a local theatre. Another person liked spending time in church, but preferred not to attend a service. Relatives told us they felt people had access to a good range of events and activities. One relative told us, "Staff are always looking at ways to keep [person] amused because they will get bored. They have to keep him busy." Another relative said, "Staff are going out of their way to ensure the things [person] did before they moved to Russell Terrace are continued."

People were also encouraged to engage in activities in the home which promoted their wellbeing. For example, one person particularly benefited from tactile stimulation. They had a 'gadget board' in their bedroom with different items to click, turn and push and different textiles in frames on their walls which they

enjoyed stroking and touching. Another person had sensory lights in their room because they found this soothing and relaxing.

The complaints procedure was available in an easy read picture format to support the communication needs of the people who lived in the home. Relatives told us they would not hesitate to speak to the team leader or registered manager if they had any concerns. One relative said, "Anything that needs to be looked into is dealt with straightaway." The registered manager told us no formal complaints had been received in the previous 12 months.

The home did not support anyone who was in receipt of end of life care. However, people's care records included information about the person's and, where appropriate, their relatives wishes about what should happen at the end of their lives. The registered manager explained how in the past they had supported one person to remain in the home at the end of their life. They told us they how they had liaised with the person's advocate and other healthcare professionals to ensure the person's needs were met and all the appropriate pain relief was in place to keep them comfortable.

Good

Is the service well-led?

Our findings

At this inspection, we found the staff were as well-led as we had found during the previous inspection. The rating continues to be Good.

The management team at Russell Terrace consisted of the registered manager and team leader. Relatives spoke positively about the staff and management team. Comments included: "It's been great. We haven't had any issues", "They are very good" and, "I think it is excellent. The care [person] gets and the consideration is brilliant." Nobody could suggest any ways in which the service could be improved.

Staff described an open culture, where they communicated well with each other and had confidence in their colleagues and in the management team. One staff member explained, "The team work well together. It's organised but relaxed because everybody has a role in the structure of the home." When talking about the management team one staff member said, "Hand on heart they are very good and very person centred. They do put these guys first."

Staff felt they could share their opinions and views within supervision and team meetings and they would be listened to. One staff member told us, "Everyone is quite willing to try new things and change. They will experiment in a way to see if something will make a difference." Staff told us that being listened to made them feel valued, with one staff member explaining, "One of the first things I realised here was that you feel really appreciated and your input is valued."

Staff observations were completed by the team leader because they worked alongside the staff regularly. This meant they had a good understanding of the needs of the people living in the home and the challenges faced by staff so they could make sure staff felt well supported and confident. The registered manager was also available as part of an 'on call' rota with other managers, to support people and staff out of normal working hours.

The registered manager told us about the challenges of the past 12 months. They told us that the significant use of agency staff had been an on-going problem, which had impacted on ensuring paperwork was always up to date, particularly as staff concentrated on settling the new people into the home. They explained they were now beginning to recruit more of their own permanent staff and the team leader had been given extra 'office' hours to review people's care and support plans.

People and relatives were encouraged to provide feedback about the care they received. This was through 'person centred' review meetings where the person and those people important to them could discuss what was working and what they would like to achieve in the future. The provider also ran a people's forum called 'Chatty People' with the purpose of giving people a voice within Turning Point. One person at Russell Terrace attended the meetings to raise and share issues affecting people within the home and the local community.

The provider had recently introduced a new initiative called 'Warwickshire Path'. The registered manager

explained this was a way of looking at how they communicated with people to ensure they were fully involved in making their own decisions and had the best quality of life possible. This also involved staff examining their own practice to encourage them to enable and empower people so they could live their lives as they wished to. They told us the aim was to improve the quality of care through the support each person received.

There was a quality assurance system to ensure people received a safe, effective and responsive standard of care. The provider monitored the service through a series of checks and audits. This included unannounced visits to check the day to day running of the home by managers from other homes within the provider group. The registered manager received feedback from the provider with any required actions to improve the service.

The provider had notified us of events that occurred at the home as required, and had also liaised with commissioners and other healthcare professionals to ensure they shared important information in order to better support people.

It is a legal requirement that the provider's latest CQC inspection report rating is displayed at the service. This is so people, visitors and those seeking information about the service can be informed of our judgements. The provider had clearly displayed the rating in the entrance hall of the home and on their website.