

Turning Point

Turning Point - Barnsley

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 took place on 14 September 2018. The registered provider was given short notice of the visit to the office, in line with our current methodology for inspecting domiciliary care agencies.

This service provides care and support to people living in five 'supported living' settings, so that they can live in their own home 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. At the time of our inspection there were 45 people being supported that were receiving personal care.

This was the first inspection of the service since it was registered in July 2017. We have rated the service Good.

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 developed a model of care and support provided to those who lived in the supported living services, which underpinned the values of Registering the Right Support. The service was extremely committed to person-centred planning making every effort to assist people to be involved in and understand decisions about their care and support to enhance their self-esteem, quality of life and confidence.

The service was managed by the registered manager. 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 told us they were safe, staff understood the importance of safeguarding vulnerable people. Risks were managed and people were able to take risks as part of an independent lifestyle.

Staffing levels were maintained to ensure that people's care and support needs continued to be met safely and there were safe recruitment processes in place.

People continued to receive their medicines in a safe manner and received good healthcare support. The service supported people to prepare and make meals. Staff told us that meal choice was very much down to the individual.

People's needs and choices were assessed and mental capacity assessments were undertaken. Peoples

best interests were considered and formally documented. However, we found that these did not always clearly conclude the outcome of the decision.

Staff displayed empathy and worked with people and their relatives to understand how best to support them. Potential barriers to communication were addressed through staff's understanding of people's unique communication styles which were detailed in people's care records.

Everyone we spoke with, without exception, said they were very happy about the service being provided. Staff were kind, considerate, respected people and maintained their dignity.

People received individualised, personalised, person centred care that met their needs. People were supported to live fulfilled and meaningful lives.

People were listened to and any complaints received were dealt with following the providers complaints policy and procedure.

A system was in place for checking the quality of the service using audits, satisfaction surveys and meetings. People made their views known through direct discussion with the registered manager and staff or through the complaint and quality monitoring systems. People's privacy and confidentiality were maintained as records were held securely

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.

Risk were identified and managed. People were safe. Medicines were managed to ensure people received their medications as prescribed.

There was enough suitable staff employed to support people.

Is the service effective?

Good ●

The service was effective.

There was a system in place to ensure staff were trained and training needs were identified.

People had access to healthcare professionals when required.

Staff were suitably supported.

Is the service caring?

Good ●

The service was caring.

People told us that staff were kind and caring. People were respected and had their dignity maintained.

Is the service responsive?

Good ●

The service was very responsive.

Staff and management understood the importance of maximising opportunities for people to live truly fulfilling lives.

People received a person centred responsive service, needs had been fully assessed and people were involved in planning their care.

There were arrangements in place to respond and learn from feedback from people, relatives and staff.

People and their relatives were confident they were listened to

and knew how to complain if they felt it necessary.

Is the service well-led?

Good ●

The service was well led.

There was a registered manager in post and a management team to support the care delivery. Staff felt valued and listened to.

The registered provider had systems in place to ensure the service operated to an expected standard.

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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.'

The inspection team consisted of one adult social care

The inspection included a visit to the agency's office on 14 September 2018. The registered manager was given short notice of our inspection, in line with our current methodology for inspecting domiciliary care agencies.

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.

At the time of this inspection the agency was supporting 45 people who wished to retain their independence and continue living in their own home.

On 14 September 2018 we visited the agency office and spoke with the registered manager, three supported living managers and two support staff. When we visited the office, we reviewed a range of records about people's care and how the domiciliary care agency was managed. These included people's care records, medicine administration record (MARs), staff training, support and employment records, quality assurance audits and findings from questionnaires that the registered provider had sent to people.

On 14 September 2018 we visited a supported living complex that consisted of 16 flats, we visited three people in their flats and spoke with four staff. During 17 and 19 September 2018 we spoke with six relatives on the phone, three staff and contacted two healthcare professionals to gain their views on the service provision.

Is the service safe?

Our findings

All the people and relatives we spoke with felt the service was safe. One person said, "I feel very safe." A relative we spoke with told us, "I am very confident [relative's name] is safe."

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff we spoke with were aware of the signs of possible abuse and what to look for. They were aware of the action to take and who to speak to if they were concerned.

Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks. People had risk assessments in relation to their health and wellbeing, maintaining independence and daily routines. Staff showed a good understanding of each person's risks and how to support them to maintain their independence and keep them safe. We saw risks were managed for all areas of care and support including accessing the community. The management plans were developed to ensure people could lead an independent life.

Environmental risk assessments had also been completed and there was a separate file for personal emergency evacuation plans (PEEP's) in place. This information was easily accessible in the case of a fire to ensure people's safety.

There was sufficient staff available to meet people's needs. Staff we spoke with told us there were sufficient staff and people's allocated one to one hours were also covered to ensure they were safe. Staff had been recruited safely to ensure they were suitable to work with people prior to employment.

The registered manager had ensured they had obtained all the pre-employment checks. These included references, and a satisfactory Disclosure and Barring Service (DBS) checks. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people.

People were receiving their prescribed medicines by competent staff. We looked at people's care records and found that the documentation included a section about people's medicines and how they should be taken. We saw the medication administration records (MAR) were in place in people's homes for staff to complete.

Some people had been prescribed medicines to be taken on an 'as and when' required basis, known as PRN medicines. People, who had been prescribed these medicines had had comprehensive and detailed protocols in place. The protocols described how to administer the medications, which PRN to administer first if a person was on more than one, how long to wait if it was not effective and when all medication options had been exhausted and had not been effective, the protocol gave clear instructions to contact the crisis team. All staff we spoke with were very knowledgeable on the protocols and this ensured people's needs were met and their well being maintained.

People were protected from the risks of infections. Staff were encouraged to use personal protective

equipment (PPE) when supporting people with tasks where there could be a risk of infection, such as personal care.

We saw there had been lessons learned following incidents that had occurred. For example, an incident a social worker had raised had not been responded to appropriately. The registered manager had addressed this immediately and put measures in place to ensure it did not occur again.

Is the service effective?

Our findings

People we spoke with told us the staff were very good. One person said, "It is great, the staff are all nice. They look after me." Relatives we spoke with also praised the staff. One said, "It is really, really good, I am very happy with the care and support provided."

We saw a detailed needs assessment took place that included people's cultural and spiritual expression, diet, and sexuality. This enabled a detailed care and support plan which reflected people wishes, needs and preferences. People who were able and wanted to were involved in the development of these plans and they detailed information about friends, family, activities and communication styles.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager told us that staff had completed training in this subject and staff we spoke with confirmed this. The staff we spoke with had good knowledge of the MCA.

We found care records contained information in relation to people capacity to consent. We saw people had signed to say they agreed with their care plans and had been involved in writing them. We also found where people lacked capacity best interests had been considered and were in place detailing the decision to be made and who was involved. However, the template did not have a section to record the outcome of the decision. We discussed this with the registered manager who told us this would be discussed with the registered provider as it was a cooperate form.

Staff supported people with diet and people we spoke with and their relatives all spoke very positively about the support staff provided regarding food and drink. Staff told us how they offered support to assist people to prepare meals, drinks and snacks. They told us how they ensured people received a balanced nutritious diet that supported their health and well-being whilst respecting their rights to make unwise decisions. Staff were aware of which people they supported required specialist diets. For example, one person required a textured diet, their eating and drinking care plan was extremely detailed and person centred. It explained what they could do for themselves and how they wanted to be supported with their diet. It clearly showed they had input into the care and support plan.

We saw from records and talking with people and relatives that staff supported to people with their health care as and when they needed it. Records showed people attended their GP's, hospital appointments and dental appointments.

All the staff we spoke with confirmed they had received all the necessary training to be able to fulfil their role and responsibilities. The registered manager told us new staff completed an induction which included training that was tailored to meet their individual needs. The staff we spoke with confirmed this. Staff we

spoke with said the training was very good. The registered manager has also identified that some people they supported were living with early onset dementia. They had implemented training, the member of staff who delivered the training also had personal experience of dementia so staff told us the delivery was very good and enabled staff to fully understand how to support people living with dementia. A staff member said, "This means we can continue supporting people in supported living who are living with dementia, as it is their home."

We also saw that staff completed the 'Care Certificate' if required. The 'Care Certificate' replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. This helped to ensure staff were given the right skills and training after completing their induction.

Is the service caring?

Our findings

The people we spoke with and their relatives all without exception told us the staff were very kind, caring and compassionate. People received care from staff who cared about them and liked and respected them. Staff developed relationships with people and took the time to get to know them individually.

People and their relatives were listened to and felt involved in making decisions about their day to day care. One relative said, "They treat [my relative] as if they were their own." One relative reiterated to us how good the staff were, they wanted to ensure we were aware that the staff went the 'extra mile' when providing care and support.

People were supported in line with their needs and wishes. We saw from care records that staff supported people to be as independent as possible by encouraging them to do as much for themselves as they possibly could. Staff spoke about people with respect. They were clear about the importance of maintaining confidentiality. Staff told us how they would ensure people's privacy and dignity. For example, ensuring all curtains and doors were closed when providing personal care and by encouraging people to wear appropriate clothes that maintained their dignity.

We visited people in their homes and observed staff interactions with people they supported, We found staff were kind, considerate and polite. Staff knocked on doors before entering and introduced themselves. From speaking with staff, it was obvious they knew the people they supported very well, they understood how to communicate with them and identify when they required support. One relative said, "[My relative] has no verbal communication, however, staff know how to communicate and understand [my relative]. This means they can communicate effectively."

People received care and support from a consistent staff team, which relatives told us was very important to them. They said that new staff were always introduced so they could meet them and this helped good communication and positive relationships. One relative said, "The staff team [my relative] has who support them are brilliant, I can't fault them."

People and their relatives were involved in planning their own care. An initial assessment of need was completed. The care plan showed what was important to people and how best to support people with various tasks.

Is the service responsive?

Our findings

Without exception all the people and their relatives, that we spoke with told us the staff provided personalised care and support that was extremely responsive to the needs of the people who used the service. One person said, "I love it here, the staff are lovely."

One relative said, "The staff look after [relative's name] as well as I would, they understand them. They [the staff] are proactive and consistent." Another relative said, "I can see [relative's name] has improved as staff are getting to know and understand them. It is working extremely well, I have no concerns." Another relative commented, "I don't have to worry about [relative] they are so well looked after. The staff have an excellent understating of [relative's name]."

We reviewed people's care plans and found them to be extremely person centred and detailed. Information about people's likes, dislikes, routines personalities and personal qualities were recorded and responded to by supporting people to achieve new and improved targets and live life to their fullest abilities.

Staff respond extremely well to people's behavioural needs and care plans were based on a positive, proactive approach and best practice guidance. Further detailed information was included in people's files named 'My Wallet' information in these explained people's physical and sensory experiences associated with their condition, how this affected them and what support they needed to manage this. These files were put in place to ensure staff did not miss information and people's needs were met.

The plans reflected people's physical, mental, emotional and social needs. This included any protected characteristics under the Equality Act 2010. The Act extends protection across a number of protected characteristics. For example, race, gender, disability, age and religion or belief. Staff we spoke with were very knowledgeable on equality, diversity and human rights and actively promoted individual care, that meant people lived a fulfilling life.

Staff explained to us one example where they felt a person was not protected under the characteristics of the Equality Act. They had put the person forward for a drug trial and felt they had a good case to achieve success with the trial. The person was refused. One member of staff was passionate about this and decided, with the consent of the person to write to their local MP. The registered manager was not sure if this made a difference but the person had now been offered a place on the trial.

People had regular access to the community and meaningful activities, work and education. Staff supported people to partake in activities of their choice and empowered them to try new and more challenging activities to promote independence. One person they supported had wanted to learn to drive the staff were supporting them to take lessons. The person was doing well with the lessons but was struggling with the practical element of the test, staff told us they were providing support to assist the person with this. Staff also told us how they supported people to access the community. They went out as individuals or in groups depending on their wishes. People also attended local groups and were supported to go out with friends.

Information we received from health care professionals was extremely positive. They confirmed the service was focused on providing person centred care and achieved results. The health professionals we spoke with told us the service was very responsive and had a 'can do' attitude, saying they always found a way and didn't just say 'we can't.' one professional said, "I have every confidence in them."

The provider looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a legal requirement for providers of publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. Staff were aware of the communication needs of the people they supported from the information in the person's care plan. There was regular communication with people so that staff could make sure they were kept up-to-date with information about the running of the service, and had an opportunity to ask questions and put any ideas or suggestions forward. People we spoke with us they were listened to and had any issues resolved.

Staff were actively supporting one person whose verbal communication was gradually deteriorating due to a medical condition. The staff had engaged a speech and language therapist to support the person while they were still able to verbally communicate to look at alternative communication methods. The person was fully engaged in the process, which ensured the communication method implemented was a system they had chosen and therefore would be effective. Staff told us they were developing a communication passport.

At the time of our inspection the service was not supporting anyone who was at the end of their life. The staff told us they were fully aware of people's wishes and an end of life plan was in place for each person. We looked at end of life care plans, these were extremely person centred and were also in picture easy read format. It was evident from looking at the plans that people had been involved in them. The plans covered the person's religious and cultural needs, their wishes, choices and decisions regarding the support and care they wanted if they became ill or were at the end of their life. We saw where relevant, people's families had also been involved.

The staff we spoke with explained how they would refer to the plans to ensure people's wishes were respected. They also explained how they would manage pain and discomfort to ensure people maintained the best quality of life possible. Staff also told us they would involve and work with external health care professionals to ensure all people's needs were met.

The registered provider had a complaints procedure in place that was also in an easy read format. People told us they would speak with the staff if they had any concerns at all. We saw that where complaints had been received directly by the service these were recorded, investigated and responded to in line with the complaints procedure. The registered manager had received one complaint, which following investigation found staff had not asked appropriate questions to ensure their actions were appropriate. The registered manager implemented a lesson learnt session. The complaint was upheld and staff were further trained in how to deal with situations to ensure the issue did not happen again. This showed people were listened to and appropriate action taken.

Is the service well-led?

Our findings

There were clear lines of responsibility and accountability within the service. The registered manager promoted an open and inclusive culture within the service, and had developed good working relationships with the other agencies to promote opportunities for people and to share information.

Staff told us the registered manager was very supportive and approachable. Staff also confirmed that there was a positive culture. One member of staff told us, "I was worried, as when we transited to Turning Point the staff morale was poor as the lead up to that point was not good. However, it has been a very smooth transition and I am much happier, more supported and staff morale is so much better." Another staff member said, "I really love working for them, I love my job."

We found systems were in place for managing safeguarding concerns and incidents and accidents. The registered manager took steps to learn from such events and put measures in place which meant they were less likely to happen again.

People's care records were kept up-to-date and accurately reflected the daily care people received. Records relating to staff recruitment and training were also up-to-date and reflected the training and supervision care staff had received. Records were securely stored when not in use to ensure confidentiality of information. Policies and procedures to guide care staff were in place and had been routinely updated when required.

Regular audits of the quality and safety of the service had been devised and implemented. This enabled the service to evidence continual improvement by developing and regularly reviewing an improvement action plan. The registered manager and supported living managers regularly spoke with people, including relatives and healthcare professionals about their experiences and regularly observed the staff going about their duties to check they were working in line with good practice.

The provider and the manager understood their responsibilities and were aware of the need to notify the CQC of significant events in line with the requirements of the provider's registration. Records were kept securely and confidentially, in line with the legal requirements.