

Turning Point

Turning Point - Hollygrove

Inspection report

49 Roman Road,
Salisbury
Wiltshire
SP2 9BJ
Tel: 01722 415578
Website: www.turning-point.co.uk

Date of inspection visit: 3 August 2015
Date of publication: 21/09/2015

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?

Requires improvement 

Overall summary

Turning Point – Hollygrove is a small care home, which provides care and support to up to nine people with learning disabilities. This inspection was unannounced and took place on the 3 August 2015.

The registered manager was on a period of leave and a acting manager was in post and participated in this inspection. A registered manager is a person who has registered with the CQC to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Quality assurance arrangements were in place to monitor the standards of care. Action plans were developed where standards were not being fully met. People's views were sought through house meetings and during care plan reviews. However, internal audit systems were not in place to monitor that people's care was consistent and met their current needs.

Summary of findings

A person centred approach was used to meet people's needs. Care plans were developed on how people liked their care needs were to be met by the staff. However, the care plans were not evaluated. This meant it was not possible to determine if the care plans were effective.

People were protected from abuse and were helped to understand all aspects of the safeguarding from abuse process. Members of staff knew the procedure for safeguarding people from abuse. They received refer training to ensure they knew how to identify the signs of abuse and the actions to be taken for suspected abuse.

Risk management systems ensured preventative action was taken to lower the level of risk. People's dependency needs were assessed and action taken to lower the level of risk. Members of staff knew where risk to people's wellbeing and safety was identified and action was taken to lower the level of risk.

Staffing levels were managed appropriately for people to participate in community based activities and to pursue hobbies and interests.

Medicine systems were improved in response to medicine errors which occurred in the last 12 months to ensure safe systems of medicine management were in place.

There were opportunities for staff to discuss their performance during regular one to one meetings with their line manager. Training attended helped them to develop their skills and knowledge to meet people's needs.

People were helped to make decisions. Members of staff used people's preferred form of communication such as easy read formats and pictures to ensure people understood the options available. People's capacity to make decisions was assessed and where they lacked capacity, best interest decisions were made on their behalf.

Arrangements were made for people to receive ongoing healthcare where required. Health action plans were reviewed annually by a healthcare professional. Hospital passports were in place to ensure important information was available to medical staff in the event of an admission to hospital.

People were involved in the planning of their care and about living in a group environment. Members of staff respected people's rights and developed positive relationships with people. People's preferences were sought on how they liked their care needs to be met.

Arrangements were in place to manage complaints. The complaints procedure was on display and in an easy to read format which ensured people understood the procedure for making complaints.

Members of staff had a good understanding of the values of the organisation. They said the team worked well together and the manager was approachable.

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?

This service was safe.

Sufficient numbers of staff were on duty to meet people's needs.

Safeguarding processes and procedures in place ensured staff were able to identify the signs of abuse and were clear on the expectations placed on them to report suspected abuse.

Safe systems of medicine management were in place. People were protected from the risk of unsafe medicine administration.

Risk management systems in place ensured action plans were developed where risks were identified

Good



Is the service effective?

This service was effective.

The provisions of the Mental Capacity Act (MCA) 2005 was used ensure people capacity to make decisions was assessed. MCA record must include the decision makers for people who lack capacity to make specific decision.

People were supported to maintain a balanced diet.

Members of staff were supported to undertake their roles and responsibilities. The training provided ensured the staff had the appropriate skills and knowledge to meet people's needs. Staff benefited from one to one discussions with their line managers.

Good



Is the service caring?

The service was caring.

People received care and treatment that was dignified and personalised.

Members of staff knew how people liked their care to be delivered.

Where people needed support to reach decisions about their care and treatment they had support from advocates.

Good



Is the service responsive?

Care plans included people's preferences and gave staff guidance on how to meet people's needs. However, there was little evidence to show the effectiveness of the care plans.

People were receiving care and treatment which met their current needs. They were supported to pursue their hobbies and interests.

Good



Summary of findings

People knew who to approach with complaints. Members of staff took concerns and complaints seriously and passed them to the manager for investigation.

Is the service well-led?

This service was not well led.

Quality assurance arrangements were in place to monitor the standards of care. Action plans were developed where standards were not being fully met. However, internal audit systems were not in place to monitor that people's care was consistent and met their current needs.

The views of people about the quality of care were gathered through individual and group meetings. The views of their family and friends were gathered through surveys.

Working relationships between staff were good and the manager's leadership style created a culture of openness.

Requires improvement



Turning Point - Hollygrove

Detailed findings

Background to this inspection

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

This inspection took place on 3 August 2015 and was unannounced.

The inspection was completed by one inspector. 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 also reviewed other information we hold about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

During the visit we spoke with two people who used the service, two relatives, the acting manager, deputy manager and two members of staff. We spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for six people. We also looked at records about the management of the service.

Is the service safe?

Our findings

The processes and procedures in place ensured people were protected from potential abuse. Members of staff were knowledgeable about the procedure for safeguarding vulnerable adults. They knew the signs of abuse and the expectations placed on them to report suspected abuse. One person said they felt safe at the home. Another person said the staff made them feel safe.

Suitable arrangements to manage risk were in place. Staff told us risks were assessed and action taken to reduce the risk to the person. For example, for people with mobility needs they developed moving and handling risk assessments. People at risk of pressure sores were helped to reposition. The acting manager gave us examples to describe the preventative measures taken to reduce the risk to people. They said food and fluid intake was monitored for people who were not able to communicate with staff to ensure they were having a balanced diet and sufficient fluids

Protocols were developed for people who used aggression and violence to communicate their emotions. People said when others used aggression and violence to communicate the staff made sure they were safe. They said members of staff moved people to a safe area.

Contingency plans in the event an emergency were in place. Personal evacuation plans (PEP) gave staff guidance on the safe evacuation of the building in the event of a fire. PEP's directed staff to evacuate to evacuate the home from the point of the fire. Contingency plans centred on alternative accommodation for people in the event of an emergency such as a gas leak.

One person told us sometimes there were not enough staff on duty for them to visit community events. Another person told us there were not enough staff on duty to take them on a GP's appointment. A member of staff explained there was an unavoidable occurrence when staff were not available to drive people to community events. They said mainly there were three staff on duty. A fourth member of staff was available to provide one to one support for people accessing the community.

The two people we spoke with said their medicines were administered by the staff. One person was able to tell us the purpose of their medicines.

Medicine management systems had improved. There had been a significant number of medicine errors and members of staff explained the actions taken to improve the systems of medicine management. A member of staff said a dedicated medicine room had been assigned following an analysis of the recent medicine errors. This has resulted in a reduction in errors as the staff were less distracted. Medicine systems included individual profiles which gave staff guidance on the purpose of the medicine, the directions for administration and potential side effects. Members of staff signed the medicine administration records (MAR) charts to show the medicine administered. Protocols were in place for people prescribed with medicines to be administered when required. The purpose of the medicine, the maximum dose within a 24 hour period and the side effects were included in the protocol.

Is the service effective?

Our findings

People's capacity to make decisions was assessed for managing finances, leaving the property unsupervised and for people who resisted personal care. Where people lacked capacity to make specific decisions; the Mental Capacity Act (MCA) 2005 assessments did not identify the decision maker to be approached. This meant staff were not aware of who to approach when best interest decision were needed for specific decisions. Staff kept a record where the requirements of the Mental Capacity Act (MCA) 2005 for best interest decisions were needed for people who lacked capacity and would refuse medical treatment such as blood tests.

People were helped to make decisions. Staff told us they used pictures and easy read formats to help people make decisions. One person told us they made decisions such as choice of meals and described their understanding of informed choice. They told us there were consequences for refusing medical treatment such a deterioration of their health or experiencing pain. Another person said they made their daily living decisions and told us who helped them make more difficult decisions. For example, an Occupational Therapist (OT) was helping with decisions about their bed.

Deprivation of Liberty Safeguards (DoLS) applications were made for people who required continuous supervision from the staff. There were people who were subject to continuous supervision and lacked the option to leave the home without staff supervision. DoL's provide a process by which a person can be deprived of their liberty when they

do not have the capacity to make certain decisions and there is no other way to look after the person safely. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom.

Training was provided to develop staff skills and to increase their knowledge on meeting people's needs. Staff said the training provided was a combination of online and face to face training. For example, conflict management, medicine and Mental Capacity Act 2005 training.

Staff said there were regular one to one meetings with their line manager. They said goals were set during their appraisals and discussed at their one to one meetings which included issues of concerns, their performance and training needs.

People told us there were themed nights such as Hawaiian nights where the country's traditional food or event was served. They said a bingo night was to be the next theme event.

Arrangements were in place for people to receive ongoing healthcare. People told us the staff organised appointments with their GP as required. People had a review of their health at their GP practice to update their health action plans. Hospital passports were developed to ensure important information about the person was passed to medical staff in the event of an admission to hospital.

People had access to specialist healthcare support. For example people at risk of choking has support from Speech and Language therapist (SALT).

Is the service caring?

Our findings

Staff had a good understanding on the best approach to use when building relationships with people. Staff said there was a relaxed atmosphere and they built relationships based on humour. Another member of staff said a calm and soft approach to meeting people's care needs was used. They said people were involved in the planning of their care and house meeting were organised to discuss group living. At these meetings people were helped to understand policies and procedures such as safeguarding vulnerable people.

We saw good interactions between people and staff. The kitchen was used as a social area where people and staff congregated. We saw staff discuss with people their day, responded to people's request and ate together with people.

People had support from an independent advocate to help them reach decisions. One person told us their advocate was helping them reach decisions about where they lived. Records of referrals to an independent advocate showed people were supported to reach decisions about their care and treatment.

People said the staff respected their rights. For example, staff knocked on their bedroom doors before entering.

People had varying views on the activities board in the kitchen where staff recorded people's appointments. For example, GP appointments. One person said "should go [information] in the diary. Other people can read it." Another person was concerned the staff may forget appointment if the activity board was removed. The manager agreed to discuss the activities board at the next house meeting.

Is the service responsive?

Our findings

Members of staff delivered care and treatment in the way people liked. People said the staff knew their preferences and routines for meeting their needs.

Staff were kept informed on people's welfare and kept updated on changes in people's care and treatment. Handovers when shift changes occurred were used to pass information to staff on changes in people's health and wellbeing. Staff kept a record on each person's daily events which included times people chose to rise, activities and appointments.

Staff said care plans were developed by the manager and the deputy manager. They said care plans gave them the guidance needed to meet people's assessed needs. People said the staff helped them understand their care plan. Care plans in place described people's ability to meet their assessed needs and the support needed from the staff. However, an evaluation or progress of the care plan was not maintained. This meant the effectiveness of the care plan could not be established.

There were people who at times used aggression and violence to communicate and to express their emotions. Care plans were developed to guide staff on managing difficult behaviours. Positive management plans described the triggers and how staff were to respond to the triggers

described. For example, give people time, distraction and explain to people the effect their behaviours on others. Members of staff told us management behaviour plans were developed with the support of Community Learning Disabilities Team. People said when others expressed their emotions using aggression or violence the staff kept them safe.

There were opportunities for people to pursue their hobbies, interests and to participate in community based activities. Staff said people participated in activities of their choice. People told us they participated in community day care services and had one to one time with their keyworker [designated member of staff]. One person said they were occupied during the week. They said they attended community day care services, had one to one time with their keyworker and belonged to clubs. Individual activities rotas showed most people had a minimum of two days community based activities, had one to one time with their keyworker for clothes shopping and to visit café and restaurants.

Systems were in place for managing complaints. People said they were able to approach staff with complaints but did not have any complaints. Staff said the complaints procedure was talked through during house meetings. The complaints procedure was in an easy read format and on display in the kitchen.

Is the service well-led?

Our findings

Internal monitoring systems which ensured people's health and welfare were not in place. For example, checking medicine management systems and care planning. The manager said the audits were not taking place because care plans were reviewed six monthly and following incidents and accidents there was an analysis where action was taken to prevent further reoccurrences.

The manager was assessing fundamental standards by following an action plan to ensure the standards were being met. However, the assessment was not part of the quality assurance system for the home and conducted regularly

The quality assurance arrangements in place ensured systems were monitored. However, the lack of auditing systems was not identified by the quality assurance system as a shortfall for monitoring the care and treatment people received. Visits from area manager's took place to assess standards were maintained. Action plans with timescales were developed by the manager where standards were not maintained. For example, ensuring staff had regular one to one meetings with their line manager and for staff to attend Mental Capacity Act (2005) MCA training. Health and Safety audits were carried out and identified areas which required action to ensure people's safety. For example regular checks of first aid boxes. The manager said infection control audits were part of the Health and Safety audit but an action plan was not yet in place.

The views of people about their care and living in a residential care environment was sought during house meetings. At house meetings staff discussed group living, helped people understand policies and procedures and agreed on activities. Questionnaires were used to gather the views of family and friends. The manager said an independent company organised the surveys and provided the analysis. They said a survey was not recently conducted but one was needed to take place.

Staff demonstrated a good understanding of the values and philosophy of the service. Staff said the values of the organisation were "Inspired by Possibilities." Staff said the service was "all for the guys [people]" Another member of staff said it was a "home from home." They said the team were "fantastic" they worked well together and the manager was approachable and there was an "open door" policy.

An acting manager was in post while the registered manager was on a period of leave from the duties and responsibilities of a registered manager. It is anticipated the registered manager will be returning in the short term. The provider took appropriate action by having a manager to cover the registered manager's absence. A manager must register with the Care Quality Commission to manage services and has the legal responsibility for meeting the requirements of the law; as does the provider.