

## Turning Point

# Turning Point - Bedfordshire Domiciliary Care

## Inspection report

25A Shuttleworth Road,  
Elms Farm Industrial Estate,  
Bedford,  
MK41 0HS  
Tel: 01234 219817  
Website: [www.turning-point.co.uk](http://www.turning-point.co.uk)

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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?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

## Overall summary

This inspection took place on the 2 and 7 July 2015 and was unannounced.

Turning Point – Bedfordshire Domiciliary Care is a supported living service, providing care and support to adults who may have a range of care needs. These

include learning disabilities, autistic spectrum disorders, physical disabilities, mental health and sensory impairments. At the time of this inspection the service was supporting 16 people across four separate services.

Following the inspection, we received notification that the service had changed their name to 'Turning Point - Bedford Supported Living Service'; to better reflect the type of service they provide.

# Summary of findings

A registered manager was in post. 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 felt safe and staff had been trained to recognise signs of potential abuse.

Processes were in place to manage identifiable risks within the service and ensure people did not have their freedom unnecessarily restricted.

There were sufficient numbers of staff who had the right skills and knowledge to meet people's needs.

The provider carried out robust recruitment checks on new staff to make sure they were suitable to work at the service.

Systems were in place to ensure people's medicines were managed in a safe way and that they got their medication when they needed it. People were encouraged to manage their own medication on a risk assessed basis.

Staff had received training to carry out their roles and meet people's needs.

We found that the service worked to the Mental Capacity Act 2005 key principles. These state that a person's capacity should always be assumed, and assessments of capacity must be undertaken where it is believed that a person cannot make decisions about their care and support.

People had enough to eat and drink. Staff supported people to do their own food shopping and cooking as far as possible.

The service had developed positive working relationships with external healthcare professionals, to ensure effective arrangements were in place to meet people's healthcare needs.

Staff were motivated and provided care and support in a caring and meaningful way. They treated people with kindness and compassion, and respected their privacy and dignity at all times.

We saw that people were given regular opportunities to express their views on the service they received. They were actively involved in influencing how the organisation works, as well as making decisions about their individual care and support needs.

People's social needs were provided for and they were given regular opportunities to participate in meaningful activities at home or within the local community. People were encouraged to be as independent as possible.

A complaints procedure had been developed to let people know how to raise concerns about the service if they needed to.

Systems were also in place to monitor the quality of the service provided and drive continuous improvement.

# 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

Staff understood how to protect people from avoidable harm and abuse.

Risks were managed so that people's freedom, choice and control was not restricted more than necessary.

There were sufficient numbers of suitable staff to keep people safe and meet their needs.

The provider carried out robust checks on new staff to make sure they were suitable to work at the service.

Systems were in place to ensure people's medicines were managed in a safe way and that they got their medication when they needed it.

Good



### Is the service effective?

The service was effective.

Staff had the right training and support to carry out their roles and responsibilities.

The service acted in line with legislation and guidance in terms of seeking people's consent and assessing their capacity to make decisions about their care and support.

People were supported to have sufficient to eat, drink and maintain a balanced diet.

People were also supported to maintain good health and have access to relevant healthcare services.

Good



### Is the service caring?

The service was caring

Staff were motivated and treated people with kindness and compassion.

Staff listened to people and supported them to make their own decisions as far as possible.

People's privacy and dignity was respected and promoted.

Outstanding



### Is the service responsive?

The service was responsive

People received personalised care that was responsive to their needs.

Systems were in place to enable people to raise concerns or make a complaint, if they needed to.

Good



### Is the service well-led?

The service was well led

There was effective leadership in place and we found that the service promoted a positive culture that was person centred, inclusive and empowering.

Good



# Summary of findings

A registered manager was in post.

There were systems in place to support the service to deliver good quality care.

# Turning Point - Bedfordshire Domiciliary Care

## 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 was unannounced and was carried out on the 2 and 7 July 2015 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 sent out questionnaires to a sample of people using the service, staff and community professionals; to get their feedback about the service provided.

We checked the information we held about the service and the provider, such as notifications. A notification is

information about important events which the provider is required to send us by law. In addition, we asked for feedback from the local authority; who has a quality monitoring and commissioning role with the service.

During the inspection we used different methods to help us understand the experiences of people using the service, because some people had complex needs which meant they were not able to talk to us about their experiences. We visited the registered office and two of the four houses supported by the service. These were shared by a total of nine people. We spoke with or observed the support being provided to six of those people and also spoke with the registered manager, the supported living manager, two team leaders, two support staff members and the administrator for the service.

We then looked at care records for three people, as well as other records relating to the running of the service such as staff records, medication records, audits and meeting minutes; so that we could corroborate our findings and ensure the support being provided to people was appropriate for them.

# Is the service safe?

## Our findings

People told us they felt safe. One person spoke about the people they shared a house with and said: "I get on with everyone that lives here." Six people using the service returned feedback questionnaires to us before the inspection. They all confirmed that they felt protected from abuse and possible harm. This view was also supported by two community professionals. It was evident from the confident way that people interacted with each other and staff that they felt safe and secure in their surroundings.

Staff told us they had been trained to recognise signs of potential abuse and how to keep people safe. We saw that information had been provided to staff which contained clear information about safeguarding, and who to contact in the event of suspected abuse. Records confirmed staff had received training in safeguarding, and that the service followed locally agreed safeguarding protocols. All the staff we spoke with were able to talk confidently about the various forms of abuse that could be inflicted upon people, and understood their responsibility to report these. Two staff members told us they would report any concerns to a senior member of staff, but in their absence they knew how to contact the local authority safeguarding team for advice. The supported living manager told us that she intended to revisit the safeguarding protocol with all staff, so that everyone would be confident about what to do in the event of potential abuse occurring, including out of hours.

The registered manager described the processes used to manage identifiable risks to people. She told us that risk assessments were in place to manage risks to individuals in a way that did not restrict people's freedom, choice and control more than necessary. We found that individual risks to people had been assessed, and that people's independent living skills had increased because those risks had been clearly managed. Examples included people who had been supported to access public transport and community facilities independently. We saw that individual guidelines had been developed to support staff in keeping people safe where potential risks had been identified. Positive and effective strategies were also observed in the way staff managed behaviours that challenged, which minimised the risk of harm and frustration to everyone involved.

Staff told us that each person had their own mobile phone which they took with them when they went out. We were

told that the phones had been pre-programmed with contact numbers in the event of there being an emergency or a safeguarding concern. We also saw 'grab sheets' in the individual services which contained useful and emergency contact numbers, to support staff out of hours or in an emergency.

People told us there were enough staff to support them to do what they wanted to do. The registered manager told us that the service was supporting four separate services which had between two and seven people living in each. All services had staff support 24 hours a day. The supported living manager told us that staff worked across all the services, providing flexibility and consistency during periods of staff leave or absence. Staffing levels in both of the services we visited provided people with the opportunity to access and participate in activities of their choosing, including external activities such as day care placements, shopping and going out for a coffee. We observed that staff provided support in a prompt manner when people needed support or requested assistance.

The registered manager described the processes in place to ensure that safe recruitment practices were being followed; to ensure new staff were suitable to work with people using the service. We were told that new staff did not take up employment until the appropriate checks such as, proof of identity, references and a satisfactory Disclosure and Barring Service [DBS] certificate had been obtained. We looked at a sample of staff records and found that all legally required checks had been carried out.

Systems were in place to ensure people's medicines were managed so that they received them safely. Staff explained that each person had their own medication storage in their own rooms. One person using the service also showed us a fridge that was used for temperature sensitive medicines. Another person showed us their medication and was able to tell us why they took it. We saw a photograph that showed the person had recently been recognised as 'extraordinary person of the month' by the service, because they had begun to self-administer their own medication. It was clear from speaking with the person how proud they were to have achieved this. Staff confirmed they had received training to ensure they administered medication safely where they were required to do so. They demonstrated a good understanding about medication processes such as administration, management and storage. Individual risk assessments showed that each

## Is the service safe?

person had been assessed to determine their ability to take their own medication, and clear information had been developed for staff regarding the support required by people to take their medication in a safe way. Medication

administration records (MAR) were also maintained, to provide information about medication stock levels and administration - including missed / refused doses or use of PRN (when required) medications.

# Is the service effective?

## Our findings

People confirmed that the staff had the right knowledge and skills to support them. Support staff confirmed that they had received training and support to carry out their roles. This was echoed by all seven staff who returned feedback questionnaires to us before the inspection. We also spoke with an administrative member of staff who told us they were supported to attend training on subjects such as safeguarding and the Mental Capacity Act 2005. This provided them with important knowledge and an understanding of the needs of people they came into close contact with on a regular basis.

Our observations found the staff team had a good understanding of the needs of the people they were supporting, and that they communicated effectively and openly with them and one another. There was an emphasis on treating people as individuals and supporting them to live as independently as possible. We looked at training records for staff and found they had received training that was relevant to their roles such as induction, learning disability awareness, autism awareness, support planning, medication, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We also saw that managers carried out checks to test out staff competency; to ensure they were able to put their training knowledge into day to day practice. The registered manager explained that following a recent change in case law, she had identified a need for more MCA and DoLS training, and we saw that this had been arranged.

Staff told us they received supervision which provided them with support in carrying out their roles and responsibilities. They confirmed they received good support from the management team. Staff meetings were also being held to enable the supported living manager to meet with staff on a group basis, and to discuss good practice and potential areas for staff development. We read minutes that showed these meetings were taking place on a regular basis.

Staff understood their responsibilities regarding the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS); to ensure people who cannot make decisions for themselves are protected. Throughout the inspection we observed staff seeking people's consent. Although some people did not communicate using many words, we observed that they were able to demonstrate

their consent clearly through other methods such as actions and physical movement. Staff showed that they understood people's needs well, and they encouraged people to make their own choices and decisions, as far as possible. People were seen to respond positively to this approach and there was a relaxed atmosphere in the services we visited. The registered manager understood the need to assess people's capacity to make decisions and best interests decisions, where people lacked capacity. Records showed that this had happened in a number of key areas including finances and medication. Consent had also been sought where additional support measures were needed to keep them safe.

Under DoLS arrangements, providers are required to submit applications to the Court of Protection where it is identified that someone's freedom may need to be restricted to keep them safe. The supported living manager was aware of this requirement; She was able to show us an email between the service and the local authority which demonstrated that this work was in hand. She also talked to us about a number of changes that had been introduced, to ensure people's liberty was not restricted any more than was necessary. To this end, we saw that changes had already been made which included fitting an alarm to the front door in one house, to alert staff if someone wanted to leave, rather than keeping it locked. This was because the house was close to a busy road and some people might be at risk if they were to go near the road on their own.

People told us they had enough to eat and drink and that they enjoyed being able to eat and drink what they liked. Due to the nature of the service, people explained that staff helped them to shop and cook as independently as possible. One person showed us their food cupboard and freezer shelf, which contained food of their choosing. They told us they were able to prepare their own food and drinks whenever they wanted. Another person told us that because they shared a house with five other people it was sometimes "difficult" to get access to the kitchen when they wanted to get something to eat, but they were understanding about this. Staff told us that some people needed more help with cooking so a weekly menu was done in consultation with those wishing to share the task of cooking meals across the week. We saw someone being supported by staff to prepare the evening meal for those who wanted it, and we noted that healthy eating was encouraged. For example, the person was not keen to

## Is the service effective?

prepare a salad to accompany the pizza they were cooking, and we heard them joking with staff on several occasions saying: “I’m not a rabbit!” Staff supported them with the salad preparation and it was evident from the person’s facial expression that they were pleased with the final result as it looked very appetising. Staff we spoke with had a good understanding of people’s individual preferences and dietary requirements. Records we looked at demonstrated that people’s nutritional needs had been assessed, and guidance had been provided to staff on specific support requirements.

Staff talked to us about how people’s healthcare needs were met and told us they had established links with a range of external healthcare professionals, who they called upon when they required more specialist support. Records

we looked at supported this, and demonstrated that people attended routine healthcare appointments on a regular basis to maintain their health and well-being. Both of the community professionals who provided feedback to us before the inspection confirmed that staff from the service acted on any instructions or advice that they gave them.

Each person had their own Health Action Plan (HAP). These set out clear information about the person’s health needs, the professionals who support those needs, and the outcome of any healthcare appointments. We also saw that the service had developed a ‘hospital passport’, which was used to provide key information for health care professionals, in the event of someone needing to go into hospital.



# Is the service caring?

## Our findings

People we spoke with confirmed they got on well with all the staff who supported them. This was supported by six people using the service who provided feedback to us before the inspection. They all told us they were happy with the care and support they received.

One person we spoke with described the staff team as: “really good.” We also read some written feedback from two people using the service who wanted to thank staff for their support. One person referred to the support they had received from staff with reading and writing, and their thank you note was a demonstration of their accomplishments. We saw lots of positive interactions between staff and the people using the service, and people were treated with kindness and compassion throughout. The staff team’s approach to people was meaningful, and the support they provided was personalised and motivating. We visited one of the houses supported by the service and found everyone living there at home. It was evident from the lively banter and friendly interactions, that people knew each other well and were comfortable in each other’s company, as well as the staff.

People were made to feel like they mattered and their accomplishments were acknowledged. Some people had been awarded by the service with the title: ‘extraordinary person of the month’, in recognition of their individual achievements. We saw framed pictures and ‘good news’ folders in the services we visited, which contained photographs of people demonstrating their individual successes. These included cooking a meal from scratch, answering the phone and helping to tidy the garden. It was clear from people’s reactions when we spoke with them about this, that they were really proud to have had their achievements recognised. When we visited the registered office, we saw that the walls were covered with photographs of people from the various services supported by the service. An administrative member of staff was able

to talk about the people in the photographs, because she came into regular contact with them as part of her role. It was clear that she enjoyed her job and understood the service’s values in terms of a person centred approach.

People confirmed they were supported to express their views and be actively involved in making decisions about their care and support. During the inspection, we noted that one person had a meeting with staff and their social worker to discuss something of importance to them. It was clear from speaking with the person that they were fully aware of the meeting beforehand. Another person indicated through actions that they wanted to go out shopping. Staff acted quickly to make this happen, demonstrating that people were listened to and respected. Throughout the inspection, staff spoke with sensitivity and discretion whenever they discussed people’s support needs with us. Records we looked at supported the fact that people were involved in making decisions about their care and support as far as possible.

It was clear from speaking with people that they felt ownership in terms of their bedrooms, and this provided them with their own private space. Three people showed us their rooms and we saw that these were very different and reflected each person’s individual needs and preferences. We saw that people kept information relating to them, such as their care plans and medication records, in their rooms. This enabled them to access this information at any time. We observed that staff respected people’s privacy and dignity at all times. For example by checking with people before entering their rooms. We also heard a number of conversations between staff and people using the service. We noted that staff treated people respectfully and spoke to people in the most appropriate way for them. Some people responded well to clear and simple instructions, whilst other people were able to participate in more complex and humorous verbal exchanges. Staff we spoke with were very clear about the need to maintain people’s privacy, dignity and confidentiality at all times.

# Is the service responsive?

## Our findings

People we spoke with confirmed they were able to contribute to the assessment and planning of their care and support. This was supported by six people using the service who provided feedback to us before the inspection. They all told us they were involved in making decisions about their care and support. Family inclusion was also evident through correspondence and meeting minutes.

We read some emails which demonstrated a positive and supportive relationship between the service and relatives. One relative had written: 'I was so pleased to look through [the person's] personal file, you must have spent hours putting that together – very impressive. This is the first time during [the person's] care anything like this has been available for the family to look through'. We were able to look at the care plan in question and saw that it provided clear information about the person's support needs. It had also had been supplemented with photographs all the way through, providing personalised and accessible information for the person, as well as demonstrating their current skill level with each aspect of their plan. For example there were photographs of the person with their medication, unpacking the shopping and doing their laundry. During our visit, we observed support being provided exactly as set out in the person's care plan.

People told us they felt able to make choices and have as much control over their lives on a day to day basis. For example, two people told us they often chose to make their own food at meal times, and they were supported to do so. We met another person who did not communicate using words. We noted that they made their wishes very clear however, through non-verbal actions. For example, they were due to go out food shopping, and we watched as the person led a staff member around the house to collect money and their coat. When they were ready the person went to the front door and staff supported them to go out without delay. This showed that the person's choices had been respected, and they were able to take control of their planned activity. We observed staff encouraging people to take ownership and control throughout the inspection. We saw that staff prompted people using the service to open their front doors to visitors, rather than staff. People were also encouraged to have and use their own front door keys, when going out. Care records showed that people were supported to increase their independent living skills on a

daily basis. The supported living manager spoke to us about planned changes to the service that would enable some people to take the next step to more independent living in the future. It was clear from speaking with staff that they were passionate about increasing opportunities for people, and helping them to live as independently as possible.

People talked to us about their hobbies and social interests. One person told us they were looking forward to participating in a forthcoming 'bake off' event with a member of staff, and was in the process of planning what they were going to be cooking. They spoke very enthusiastically about cooking and it was clear that they enjoyed having the opportunity to do this on a regular basis. A number of people had regular external day care placements, two people we met had their own pets and one person had their own snoezelen in the garden. The aim of a snoezelen is to provide a soothing and stimulating environment by stimulating various senses with lighting effects, colour, sounds, music and scents. During our visits we saw that people were engaged in a variety of meaningful activities such as writing, playing games, speaking to staff, shopping, cooking and laying the table. Everyone had their own activity planner which staff explained were done on a weekly basis, and incorporated regular activities, such as day care, planned healthcare appointments as well people's individual social interests, such as going out for coffee. We observed that people were very active with regular opportunities to participate in activities within the local community. This was supplemented by lots of photographic evidence of the people we met, participating in a variety of activities such as social outings, holidays, meetings and day to day domestic tasks, prior to the inspection.

We saw that a formal complaints policy and pictorial version had been developed and people confirmed they would feel happy talking to staff if they had any problems or concerns. During the inspection we observed people speaking with staff and it was evident that they felt at ease in their presence. The registered manager talked to us about one complaint that had been received, and we saw that it had been dealt with appropriately. No other formal complaints had been made. We spoke to a team leader who told us they had developed positive working relationships with families and that if there were any concerns, they would try to resolve these with people and their families as soon as possible. They explained that this

## Is the service responsive?

approach aimed to prevent the need for people to make a formal complaint. The registered manager told us that they

viewed people's feedback as an opportunity for learning and improvement. We noted throughout the inspection that the managers were open to our feedback, and received this in a positive manner.

# Is the service well-led?

## Our findings

People told us there were opportunities for them to be involved in developing the service. For example, we were told about tenant and stakeholder meetings and satisfaction surveys. The registered manager told us about Turning Point's 'People's Parliament'. She explained that this aims to maximise the involvement of people at a local and national level, and to support them in influencing what the organisation does. We saw that the organisation had developed an 'Involvement charter' which included five standards of involvement: decision making, communication, staff, inclusion and dreams. In each of the services we visited we saw involvement folders were in place, which contained photographic evidence of these standards being put into practice on a day to day basis.

We spoke with one person using the service who told us they were involved in staff recruitment. They had been involved in recruiting the supported living manager for their service, as well as the regional manager for Turning Point in Bedfordshire and Hertfordshire. It was clear that they were proud to have been included in this way, and told us they had been paid for their time. This had clearly added value to the whole process for them, and it showed that the service promoted inclusion and equality for people. We saw a written article about the person's experience in which they had stated: 'I'd definitely do it again and recommend it to other people as its important tenants get to have a voice'. The supported living manager told us that other people using the service had also been involved in staff recruitment, and there were opportunities for them to be involved in staff training too.

Staff confirmed there were regular opportunities for them to come together as a team or individually, to share information and to raise any concerns. Staff also told us they were aware of the service's whistleblowing policy and felt comfortable reporting concerns to the registered manager or another senior member of staff. They were able to describe the service's internal processes for reporting

concerns, and keeping external agencies such as the local authority and the Care Quality Commission, if required, informed. We saw that clear information about whistleblowing had been provided to staff. Clear systems were also in place for staff to report concerns, accidents and incidents. We saw that these were reviewed by senior staff in a timely manner, to identify areas where improvements were needed, and to minimise the risk of future reoccurrences.

The registered manager told us that she had oversight of all four services, supported by two supported living managers who had responsibility for the day to day running of the individual services. Everyone spoke positively about the management of the service and felt they were accessible and approachable. This was echoed by all seven staff who returned feedback questionnaires to us before the inspection. All of them told us that their managers asked what they thought about the service and took their views into account. One member of staff described the registered manager as: "A good manager" and added: "It is a nice company to work for and you feel like you've got support." Staff were clear about their roles and responsibilities. They knew what was expected of them to ensure people received support in the way they needed it. We observed staff communicating effectively and working cohesively throughout the inspection.

The registered manager talked to us about the quality monitoring systems in place to check the quality of service provided, and to drive continuous improvement. In addition to satisfaction questionnaires, an internal quality monitoring system had been developed. We noted that this was detailed and had been arranged to answer the Care Quality Commission's five key questions which we focus on when inspecting services. We ask whether a service is safe, effective, caring, responsive to people's needs and well-led. We saw that an audit had been undertaken recently. Where areas of improvement had been identified, clear action plans were in place to address these.