

Turning Point

Austen House

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

This inspection took place on 31 October 2018 and was announced. At the last inspection completed on 18 February 2016 we rated the service Good. At this inspection we found the service continued to be Good. This service provides care and support to people living in a 'supported living' setting, so that they can live 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.

There was a registered manager in post at the time of our inspection. A Registered Manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safeguarded from abuse and people's risks were for assessed and plans were in place to manage these. People were supported by sufficient numbers of safely recruited and trained staff.

Medicines were managed safely and people received their medicines as prescribed. People were supported to eat and drink enough to maintain a healthy diet. People had access to healthcare and people's health needs were monitored and responded to.

Safe recruitment practices were followed and staff were provided with regular supervision and support.

People were supported to make informed decisions and where a person lacked capacity to make certain decisions they were protected under the Mental Capacity Act 2005. People were supported in the least restrictive way possible and staff were knowledgeable about how to support people who presented behaviours which may challenge others.

Staff had a very good understanding of how people communicated, and were kind and compassionate and treated people with respect and people's rights to privacy and dignity were promoted and upheld.

People and their families were supported to raise issues and staff knew how to deal with concerns if they were raised.

Where possible people and their families were involved in planning their care and support, staff knew people's individual preferences and tailored support to meet their needs. People were enabled to make choices about their care and support and encouraged to be as independent as possible.

People led full and varied lives and were supported to have a social life and to pursue their interests and goals.

People using the service, staff and relatives were involved in giving their views on how the service was run and there were effective systems in place to monitor and improve the quality of the service provided. People

and staff were encouraged to raise any views about the service on how improvements could be made, and the registered manager promoted an open culture.

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 continued to be good.

Is the service effective?

Good ●

The service continued to be good.

Is the service caring?

Good ●

The service continued to be good.

Is the service responsive?

Good ●

The service continued to be good.

Is the service well-led?

Good ●

The service continued to be good.

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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.

This inspection took place on 31st October and the provider was given 48 hours' notice as the people living there are often out during the day and we needed to be sure that someone would be in.

The inspection was carried out by one inspector. We looked at information we held about the service which included notifications that we had received from the provider about events that had happened at the service. A notification is information about important events which the provider is required to send us by the law.

Prior to the inspection the provider submitted a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make

During the inspection we spoke with two relatives, three staff members, a health professional the registered manager and the area manager. People living in the service were unable to communicate with us effectively so we spent time observing the care that people living in the service received to help us understand their experiences of living there. We reviewed the care records of three people and records relating to the management and quality assurance of the service.

Is the service safe?

Our findings

At our last inspection on 18 February 2016, we rated Safe as Good. At this inspection Safe remains rated as Good.

People were protected from abuse and risks to their safety. Staff understood the different types of abuse, how to protect people from harm and knew how to report concerns. One member of staff told us, "We are given training in safeguarding, and I really do think that any of the staff would report any concerns, and would take it to higher management, CQC or Police if needed. I've never seen anything of concern but if I did I'd report it." We saw that staff worked in a safe manner when helping people. For example, when supporting people to move, staff ensured the correct equipment was being used and spoke with people about what was happening.

People were supported by staff who knew them well and knew how to support them safely. People had detailed care plans and risk assessments in place that were regularly reviewed to provide guidance for staff in how to maintain people's safety. One member of staff told us, "I keep people safe by following their risk assessments and by ensuring I understand any equipment they need." Staff followed the actions that were outlined in people's personal risk assessments to maintain their safety.

Staff, relatives and health professionals felt there were enough staff on duty to support them safely and they had the help and support they needed, when they needed it, our observations supported this. Staff told us and records showed that when new staff started working in the service all recruitment checks had been carried out. These checks included requesting and checking references of the staffs' characters and checks were made with the Disclosure and Barring Service (DBS) as to whether they had any criminal convictions and their suitability to work with the people who used the service.

People received their medicines when they needed them and staff spoke with them and explained what their medicines were for. Where people needed medicines to manage pain or anxiety, there was a record of why people may need these and protocols for staff to follow. Records were available to demonstrate when people took their medicines and any reason why this had been refused. Staff had received training in how to administer medicines safely and were assessed as competent to administer medicines to people. One member of staff told us "I've had training and competency assessments from the manager and we are informed if there are any changes to anyone usual medicines." We reviewed the Medication Administration Records (MAR) charts for the people living in the home and found that these were completed accurately.

Infection control measures were in place to minimise the risk of infection, which included water temperature checks, fridge checks and regular cleaning. The building was also appropriately maintained as checks were carried out on the gas, electric and fire systems to help keep people safe. People also had a Personal Emergency Evacuation Plan (PEEP) in place in case an emergency should occur.

Systems were in place to learn from when things went wrong. The registered manager confirmed all incidents were reviewed and we saw records that supported this. An online tool was used that had been introduced by the provider. This tool monitored all accidents and incidents at an organisational level to

identify any trends so that control measures could be put in place to reduce the risks of repeat accidents and incidents. When incidents had happened, staff told us that were updated with any changes that had occurred as a result. Incidents or accidents were discussed individually if required and in team meetings so that learning could be gained from these.

Is the service effective?

Our findings

At our last inspection on 18 February 2016, we rated Effective as Good. At this inspection Effective remains rated as Good.

People's needs were assessed prior to moving in to ensure that the service could provide for their care and support needs. These assessments were regularly updated and care plans were developed to assist staff in meeting people's care and support needs.

People's care plans considered their individual preferences, life history, communication needs and other information needed by staff to enable them to deliver person centred care.

People were supported to make decisions about their care, their preferences and how they spent their day. Staff had a good understanding of service users' rights regarding choice and decision making. Where people were unable to make decisions themselves, capacity assessments had been completed and they were supported by family, advocates and professionals to make decisions that were in their best interests.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We saw that appropriate referrals had been made and people were not being unlawfully restricted. The least-restrictive option had been considered and people were supported to make decisions. This meant people were being supported in line with the MCA.

Staff told us and records showed they had completed training to help them to support people effectively. One staff member said, "We get quite a bit of training here, and we have this every year or sooner if there has been changes to someone's needs."

Staff were able to demonstrate how training had helped them to better support the people who used the service. Staff told us they had attended training sessions on how to support people to move safely and how to prepare food and drinks for people that required these in different consistencies.

Staff were supported to carry out their roles effectively. A staff member told us they completed an induction which included classroom based training and shadowing more experienced staff members to enable them to support people effectively. They told us, "After the training and shadowing I felt confident to support people but knew I could ask if I was unsure." Staff told us and records confirmed they had regular supervision and staff said they found this useful. One staff member said, "We get supervisions regularly, we get feedback about what we do well or what we might be struggling with and the manager would provide any extra training if we needed it."

We saw that people were supported to maintain a healthy diet. Some people required their meals to be prepared in a different way and staff could tell us how this was done. Staff encouraged people to participate in their menu planning and preparing of meals. One person in particular was supported in this way by staff to encourage them to be more independent. Staff told us there were systems in place to ensure they provided consistent care to people. One staff member said, "Each person has a core team of staff that they know really well, this means we build up a relationship with each other and support them better. We have monthly meetings with them to check they are happy, talk about activities they want to do and go through any changes there might be to their care plan."

People received health care support when they needed it. Staff we spoke with gave us examples of how they had recognised and responded when people they were caring for had become unwell. One staff member told us, "As we know people so well it is usually obvious when they are unwell, and we will know that they don't quite look themselves. Peoples care plans also have information in about their specific health conditions so we know what signs to look for and what to do." A health professional told us, "All the staff do exactly as they are advised and report anything they are worried about straight away. They always follow all the advice we give them."

People were supported in an environment that had been designed to meet their needs. People live in six individual flats with adapted kitchens, bathrooms and toilets in place. There are outside areas for people to use and a communal lounge.

Is the service caring?

Our findings

At our last inspection on 18 February 2016, we rated Caring as Good. At this inspection Caring remains rated as Good.

People were treated with dignity and respect. One member of staff told us, "We never just go into people's flats, we always ring their doorbell, and say who it is when we go in." Throughout our inspection we saw that staff rang people's door bells and waited for a response and respected their wishes. We also saw that staff spoke with people respectfully and engaged them in conversations that interested them which gave a relaxed and friendly atmosphere in the service. Staff told us how they maintained people's dignity during personal care, one staff member said, "I always make sure doors and curtains are closed, then I make sure I keep them covered up as much as I can when I'm supporting them."

Staff knew people well; they were able to tell us about people's personalities and what was important to them. We saw staff supporting people to attend a Halloween party and had assisted people to choose their costumes, put on makeup and to ensure they were ready on time. A relative told us staff had formed a good relationship with their relation, "It was difficult in the beginning as [relation] didn't know the staff, but they've got to know [relation] now and are able to understand their needs and seem to get along well."

People's needs were assessed prior to them moving in to ensure that the provider was able to meet their care and support needs and also any needs relating to religion or any other protected characteristics. For example, one person was supported to follow their faith and attended a place of worship when they wished to. The manager and staff had recently helped arrange for people from the place of worship to visit the person at home as they have been unwell.

Plans were in place to ensure people's communication needs were met. Staff used people's care plans and their relationship with them to communicate effectively to ensure people had understood information and made informed choices. People had access to information in ways they could understand. For example, one person always liked to know which staff member would be supporting them each day, so staff used a sign and pictures so that the person could see which staff member would be on shift.

We saw that feedback from people was sought during monthly meetings with staff to review their plans of care. These meetings were used to reflect upon people's wellbeing and goals over the previous month and to set goals for the upcoming month. For example, one person had a goal of developing their independence in relation to cooking. We saw that this person had started to assist with stirring food and was encouraged by staff to complete more tasks in the kitchen. We saw that this aided this person's sense of achievement and well-being.

People were supported to make choices. One member of staff told us, "We support people to make decisions and help them to choose what they want. If they can't tell you then there's other ways that we use to try to understand them. I always offer a couple of choices of clothes so that they can point at which ones they want, or show them what they have in the fridge to help them decide what to eat or drink."

Is the service responsive?

Our findings

At our last inspection on 18 February 2016, we rated Responsive as Good. At this inspection Responsive remains rated as Good.

People received care that met their individual needs. The care was planned and reviewed with people and staff knew people's preferences and what was important to them. Staff recognised people's differences and personalities and one relative told us, "They [staff] know everyone really well, they know what to do if they not very happy and know things about them that will cheer them up, or things that will calm them down if they're a bit agitated." One staff member told us about how they enjoyed their job, "I really love it here, we get to support people to have as much independence as possible, and it's great to see someone reach their goals." Some people living in the home had complex needs including behaviours that may challenge. Staff were able to tell us how they supported people in a consistent manner to minimise any triggers that may cause people to become upset or anxious.

People's care plans were written in a personalised manner and had been developed with the people using the service, their relatives and other professionals involved in the persons care. The plans covered all aspects of a person's individual needs, any identified risks and things the person enjoys.

Staff supported people to follow their interests and hobbies. One person's relative told us "Staff are always trying to encourage [relative] to try things. They have just started to encourage them to do more stuff in the kitchen like mixing things and they seem to be really enjoying it." Throughout our inspection we observed that people were supported to enjoy their individual interests and staff told us, and we saw that they spent time talking with people as well as providing personal care. One staff member told us, "We try to encourage people to be out and about as much as they want to, we got to football matches, tea dances, have parties for birthdays and encourage people to see people that are important to them. There's always something happening."

People were provided with information to tell them what to do if they wanted to complain, meetings took place where people had the opportunity to raise any concerns.

Relatives knew how to make a complaint and were confident that any complaints would be acted upon. We saw that there were processes in place to record complaints that had been raised and what action had been taken about resolving the issues of concern. Recently a suggestions box had been placed in the reception area to encourage compliments or suggestions for their service.

Is the service well-led?

Our findings

At our last inspection on 18 February 2016, we rated Well-Led as Good. At this inspection Well-Led remains rated as Good.

Relatives told us that the registered manager was approachable, knew their relations well and was responsive to their feedback. One person's relative told us "The manager is very good. She is very friendly and approachable and always keeps me informed, she'll always give me a call if [relation] isn't well or has been somewhere new." A member of staff told us "The manager is very supportive, I'm very happy here." We saw that the registered manager had a close relationship with people and engaged them in friendly conversation.

There was a system of quality assurance in place that was effective in monitoring and improving the quality of service. Weekly checks were completed by the team leaders, which were checked by the registered manager. These were checks for each flat that included medication, menus, daily diaries, care plans and incidents. People had monthly meetings with the staff members that supported them regularly to enable them to discuss any issues or goals, and relatives told us they were invited to these meetings.

Registered manager audits took place monthly and covered key areas such as health and safety, people's care plans and staff training. When areas for improvement were identified these were monitored, for example where some staff had forgotten to sign care plans the registered manager had highlighted this on the audit and spoken to the staff members responsible. These audits were then checked by the area manager monthly and any actions required were worked on by the registered manager prior to the next month's audit.

We spoke to the registered manager who told us they felt supported by their managers, "Yes, I feel my managers are very supportive, and they work alongside me to develop the service. We're doing a lot of work to try and get our services to integrate more so that people and staff get to meet others from other services, and in the community."

We saw that a lot of work is being done to encourage people to participate in new activities and to get to know other people in the providers other services.

We saw the last CQC inspection rating was being clearly displayed, as required by law.