

Turning Point

Turning Point - Timberlea (Dom Care)

Inspection report

Redwood Close
South Oxhey
Watford
Hertfordshire
WD19 6HW

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31 August 2016

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Website: www.turning-point.co.uk

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 visit took place on the 31 August 2016 and was unannounced.

Turning Point - Timberlea provides personal care to 12 adults with learning disability and mental health needs in a supported living environment.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.□

Staff received training in how to safeguard people from abuse and knew how to report any concerns that arose both internally and externally. Relatives and health care professionals told us that people were kept safe at the service and when out and about in the community.

Safe and effective recruitment practices were followed and there were sufficient numbers of suitable staff available at all times to meet people's individual care and support needs. Information from incidents was used to good effect in reducing identified risks and keeping people safe.

There were effective plans and guidance in place to help staff deal with unforeseen events and emergencies. The environment and equipment used were regularly checked and well maintained.

People were helped to take their medicines safely by trained staff who had their competences assessed and checked in the workplace. Potential risks to people's health and well-being were identified, reviewed and managed effectively.

Relatives and health care professionals were positive about the skills, experience and abilities of staff who worked at the service. Staff received training and refresher updates relevant to their roles and the needs of the people they supported.

Staff regularly worked with the registered manager and had opportunities to discuss any concerns they had, issues about their personal development and performance and how the service operated. Formal 'one to one' supervisions and annual appraisals were up to date.

People were supported to maintain good physical and mental health and well-being. They had access to health and social care professionals when necessary and were supported to eat a healthy balanced diet that met their individual needs.

We saw that staff obtained people's consent and agreement before providing personal care and support,

which they did in a kind and patient way. People's individual plans of care and support accurately and consistently reflect that consent had been provided.

Arrangements were in hand to ensure that people were supported by advocacy services where appropriate to help people then access independent advice or guidance. People and their relatives were involved in the planning and reviews of care wherever possible.

We saw that staff had developed positive and caring relationships with the people they cared for. The confidentiality of information held about people's medical and personal histories had been securely maintained throughout the service.

Care was provided in a way that promoted people's dignity and respected their privacy. People received personalised care and support that met their individual needs and took account of their preferences. Staff knew the people they looked after very well and were knowledgeable about their background histories, preferences, routines and personal circumstances.

People were supported to pursue social interests, hobbies and meaningful activities relevant to their needs, both at the service and in the local community. Relatives told us that staff listened to them and responded to any concerns they had in a prompt and positive way. Complaints were recorded and investigated thoroughly by the registered manager with learning outcomes used to make improvements where necessary.

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.

People were protected by staff who understood the safeguarding procedures and would report concerns.

There were sufficient staff members available to meet people's needs.

People were supported by a staff team who had been safely recruited.

People's medicines were managed safely and records of medication were accurately recorded.

Is the service effective?

Good ●

The service was effective.

People received support from a staff team who were appropriately trained and supported to perform their roles.

Staff sought people's consent before providing care and support.

People were supported to enjoy a healthy diet.

People were supported to access a range of health care professionals to help ensure that their physical and mental health and well-being was being maintained.

Is the service caring?

Good ●

The service was caring.

People who used the service were treated with kindness and respect.

Staff had a good understanding of people's needs and wishes and responded accordingly.

People's dignity, privacy and independence was promoted.

Is the service responsive?

Good ●

The service was responsive.

People received care that was responsive to their individual needs.

People were supported to be involved in decisions about their care.

People were supported and encouraged to engage in a range of activities in the wider community.

People's concerns were taken seriously and acted upon. We have made a recommendation about obtaining people's views of the service.

Is the service well-led?

Good ●

The service was consistently well led.

Arrangements to monitor, identify and manage the quality of the service were accurate or up to date.

People had confidence in the staff and the registered manager.

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Detailed findings

Background to this inspection

We carried out this visit under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This visit 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 visit took place on 31 August 2016 by one inspector and was unannounced.

Before the visit we reviewed all the information we held about the service. We also contacted commissioners and social care professional to obtain feedback.

During the visit we spoke with eight people who used the service, two relatives, three staff members and the registered manager. We looked at care plans relating to three people who used the service and a range of other relevant documents relating to how the service operated, including monitoring data, training records and complaints and compliments.

Is the service safe?

Our findings

Everyone we spoke with who were supported by the service said they felt safe. One person told us, "The staff at Timberlea are always full of energy and enthusiasm". A relative said, "They are a very friendly and caring staff team; it feels like a real family there." Another person told us, "I do feel safe, I used to live on my own but now there are staff to help me and if I need help I just pull the cord and staff come straight away."

Relatives told us they were confident that their family members were kept safe and well protected from potential risks of abuse and avoidable harm. The relative of one person said, "I am very happy that [family member] is safe in their hands and well looked after." Another person's relative commented, "I don't need to worry because I know [family member] is safe at Timberlea."

Staff received training about how to safeguard people from harm and were knowledgeable about the risks of abuse. They knew how to raise concerns if any arose, both internally and externally, and how to report potential abuse by whistle blowing. Information and guidance about how to report concerns, together with relevant contact numbers, was prominently displayed at the service. A staff member said, "Safeguarding is a priority and we discuss procedures and potential risks often at our staff meetings."

Safe and effective recruitment practices were followed to make sure that staff employed at the service were of good character and suitable for the roles they performed. Candidates were invited to visit the service and meet with people who lived there while staff observed how they interacted. People were also involved in the recruitment and selection process of new staff members.

Flexible and effective arrangements were in place to ensure there were enough suitably experienced, skilled and qualified staff available at all times to meet people's individual needs. One person's family member said, "I have always found enough staff around if I need to ask a question or make an arrangement." Throughout our visit we saw that there were enough staff to provide care and support in a calm, patient and effective way; even during times when people required one to one support with specific tasks.

Medicines were stored, managed and disposed of safely. People were helped and supported to take their medicines by trained staff that had their competencies checked and assessed in the workplace. People's individual plans of care contained detailed information about the medicines they used what they were for and guidance about potential side effects. We saw that when medicine errors had occurred they were thoroughly investigated and effective steps taken to reduce the risks and likelihood of reoccurrence.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. This included in areas such as behaviour, eating and drinking, medicines, use of the kitchen, activities, physical health and mental wellbeing. Staff adopted a positive approach to risk management to ensure that people's independence was supported and promoted in a safe way that reflected their individual needs and personal circumstances. The registered manager told us, "We feel passionately that allowing individuals to take risks is an essential part of experiencing life."

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training, for example in first aid and fire safety. Regular checks were carried out to ensure that both the environment and the equipment used were well maintained to keep people safe, for example fire alarms. Everybody who lived at the service had personalised guidance in place to help staff evacuate them quickly and safely in the event of an emergency situation.

Is the service effective?

Our findings

People told us staff were good at supporting them and knew what support they needed. One person said, "I like to be involved in cooking the tea, when it's my turn but need staff to help me get organised as I can get in a bit of a muddle or get distracted, but the staff are all kind and don't rush me, which is good and how it should be as this is my service not theirs."

We spoke with a new member of staff who explained they were required to complete a structured induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed in the work place. They also completed an induction work book and had a period of two weeks shadowing an experienced member of the staff team. They told us that they were also required to read care plans and key procedures and policies before they were assessed as competent to work unsupervised. We also saw that all staff had to complete a six month probationary period.

People's identified needs were documented and reviewed on a regular basis which ensured that the care and support provided helped people to maintain good physical, mental and emotional health and well-being.

Staff were clearly knowledgeable about people's health, welfare, individual support needs and personal circumstances. One person who received support told us, "I have lots of choice here and although I want to move onto be more independent, I think this is the right place for me at the moment, all the staff know what I like and how to help me with everyday things, like shopping and going into Watford."

We saw that people's agreement and consent to the support they received was both accurately and consistently reflected in their individual plans of care. One person told us, "The staff know that I like to be as independent as possible and they always ask before they do anything to help me."

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff told us they had received training about the MCA 2005 and DoLS and that they understood what it meant. All three staff we spoke with were able to describe how they supported people to make their own decisions as much as possible such as with their personal care and daily choices.

People who lived at the service told us that consent was sought before care or support was provided. We

saw that records of assessments of mental capacity and 'best interests' documentation were in place for people who lacked capacity to make their own decisions. We found that the registered manager demonstrated a good understanding of when MCA applications were necessary to apply to the local authority. At the time of the visit we found that applications had been made to the local authority in relation to people who lived at Timberlea and were awaiting an outcome. These related to access to the community, people's safety and for the use of bedrails. This meant that people were safeguarded from harm from staff who had been adequately trained and possess the knowledge and skills to ensure that people were appropriately assessed.

People said that staff respected their choices. Our observations throughout the visit showed that staff asked people their choice and respected the choices made. People told us that they felt listened to by staff. Staff were able to demonstrate to us an understanding that they knew how to ensure people did not have their freedom restricted. For example one staff member gave an example of where a person's freedom may be lawfully restricted in order to protect their welfare. The example they gave was in relation to the use of bedrails. They went on to give further examples where a person's liberty may be restricted, for example if a person was being given medicines that had been disguised in their food (covertly) but that this had been deemed necessary for their health and welfare by their GP. However they told us that this was not relevant to the people who currently lived at Timberlea. This meant that staff had been provided with the information and knowledge to support people who were the subject of a DOLS application and restriction.

Staff were knowledgeable about people's nutritional requirements and helped those in need of support to eat a healthy balanced diet that met their needs wherever possible. We saw that one person had been assessed by the speech and language therapist [SALT] due to a risk of choking. We saw an appropriate diet had been provided to this person. The risk assessment had also been updated and reviewed within the last six months. Another person told us that they had no set menu in place but decided on the day what they would like to eat. However we saw that there was a system in place to monitor and record people's diets which ensured that each person received a nutritionally balanced diet.

We saw that people were supported to prepare and cook a range of meals, which included fresh vegetables; a variety of meats and desserts, fresh fruits were also readily available. The levels of support provided varied in accordance with people's individual needs and personal circumstances. On the day of our visit one person was helping to cook a roast supper and took great pride in explaining how they prepared and cooked each part of this. We observed the suppertime meal and found that it was both a relaxed and social occasion. Our observations during the meal showed that social interaction was encouraged and promoted by staff.

People received care and support that met both their physical and mental health needs, some of which were very complex, in a safe and effective way from trained staff who knew them well. They were supported to access appropriate health and social care services in a timely way and to receive the on going care needed to meet their individual needs. A healthcare professional with experience of the service and the people who lived there commented, "All the staff I meet are competent and know each individual person at Timberlea. There is a great 'air' of professionalism there."

Is the service caring?

Our findings

We spoke with eight people and asked if they felt supported by the staff team. One person told us "Absolutely, they are all very kind and only help me when I cannot do something myself as I want to keep my independence." The staff always try and take me out when I ask them, even if they are really busy." A family member told us that they always found staff kind and caring towards their relative. They told us "It's the simple things that make the difference, like making sure they look clean, well-cared for and get out an about as much as possible."

All eight people we spoke with told us that they had been involved in the planning of their care. Each person confirmed that they had seen their care plan and one person recalled signing 'something'. We found that all three care plans we looked at had been signed by the person themselves or their relative. This meant that people had been involved and consulted about their plan of care.

People`s right to privacy was promoted. We saw that staff knocked on people's doors before entering their rooms. Staff acted on people's preferences to have their bedroom doors open or closed and we saw staff closing bedroom doors when personal care was delivered. We also saw that people had been provided with their own bedroom door keys which ensured that their privacy was maintained and their personal belongings kept safe.

We saw that staff helped and supported people in a calm and patient way and respected their privacy and dignity at all times. A staff member told us, "The care and support is very good but we all strive to further improve their skills." The importance attached to promoting respect and dignity was reflected in people's individual plans of care. For example, an entry in one person's plans stated; "I like to pick which clothes I am going to wear." Another care plan stated "I would like staff to verbally encourage me with my personal care." This meant that people's choices and preference were respected.

A healthcare professional commented, "I have always found the support staff and manager at Timberlea to be honest and open and have always found the people I visit well cared for. No issues with this service on that score."

The environment throughout the service was warm and welcoming. People's individual bedrooms were personalised with many items that had been brought in from their service such as pictures, memorabilia and small pieces of furniture. We saw that people were relaxed and comfortable to approach and talk with care staff and the manager.

Relatives and friends of people who used the service were encouraged to visit at any time. Not everyone who lived at Timberlea had capacity to make decisions about their care and support or to communicate clearly and we noted that an external advocacy service was available to provide people with support in this instance. We saw evidence that one person who lived at the service had involved an advocate in the past in relation to a complex family issue. We saw that information regarding a local advocacy service was displayed within the main reception and the office. People also had the opportunity to participate in an

initiative called the 'People's Parliament' which is an advocacy group that is linked with other Turning Point services within the local area and brings people together to enjoy social activities and gives people a 'voice' to discuss any issues they may have with the service they receive.

Confidentiality was well maintained throughout the service and information held about people's health needs and medical histories was kept secure.

People were encouraged to make choices about how they wished to spend their day. Some people attended local day centres, or take part in social and leisure activities both within the service and the wider community, supported by staff or independently. Staff would accompany people to the bank, to the shops or out for a meal or a coffee or any other activity they may wish support with. We saw evidence that people had been offered an opportunity to take an annual holiday and had also been on recent day trips to Windsor castle, the Cotswolds and Southend. One person we spoke with was very proud to tell us that they had been attending their day care service for over 20 years and had made many friends during this time and was very proud to be 'going to work' each day.

People were involved in regular reviews and discussions about their care and support with key workers, family members and health and social care professionals. This involvement was reflected in people's individual plans of care and showed they were consulted about progress in terms of activities, their independence, relationships, health and future goals. For example one person's care plan

Is the service responsive?

Our findings

People received personalised care and support that met their individual needs and took full account of their background history and personal circumstances. A family member of one person commented, "Care is about the person and is a true reflection of my [relatives] needs and aspirations." Another person told us, "My care plan is about me and not what anyone else thinks I want."

Staff had access to detailed information and guidance about how to look after people in a person centred way, based on their preferences and individual health and social care needs. This included information about their preferred routines, medicines, health needs, relationships that were important to them, dietary requirements and personal care preferences.

For example, entries in one person's plans of care and support was about their bathing preferences; "I like to decide for myself which day I wash my hair and I like a shower not a bath." Another person told us, "I like to choose my own clothes that I am going to wear each day." This meant that people's views and preferences had been factored into the planning and delivery of their care and support.

Each person had a 'Circle of support' document within their main care plan which identified key people who were involved in supporting the person in their daily lives, this included, 'People who are important to me, support staff, family and my friends.'

Staff also had access to detailed information and guidance about how to communicate effectively with people who lived at the service, particularly those who were non-verbal, and how to recognise potential signs and triggers for pain, discomfort and behaviour that may challenge staff and others. A staff member commented, "The key to success here is knowing and understanding people very well, particularly how they communicate their needs and feelings."

Opportunities were provided for people to engage with meaningful activities and social interests relevant to their individual needs and requirements, both within the service and in the community. For example one person took great pride in telling us that they attended a day centre where they helped with the gardening and assisted in the shop. We saw from people's individual activity plans that they also enjoyed going to local activity clubs, shopping, long walks in nice weather and having meals out together. We saw that one person was supported to look after a pet which they kept in their room. We saw this gave them great pleasure and also a level of responsibility that they embraced.

A relative commented, "Activities are numerous and varied so that my [family member] leads an active and meaningful life. The staff are always seeking to find new ways to provide learning opportunities." A health care professional told us, "I see people at Timberlea engage in a range of activities. They don't all do the same thing and timetables are appropriate to the individual person."

We saw that people were offered the opportunity of attending monthly resident meetings. These meetings were used to discuss everyday topics and also to give people the opportunity of offering ideas and

suggestions about how the service could be improved and further developed. The most recent meeting discussed the forthcoming sports day which involved people living in other supported living projects within the local area and also forthcoming holidays and day trips.

Care plans were regularly reviewed to ensure staff supported people in the way they wished. There were also close working relationships with other professionals to make sure people's physical and mental health needs were met.

People's relatives told us they were consulted and updated about the services provided and were encouraged to provide feedback about how the service operated. They felt listened to and told us that the managers responded to any complaints or concerns raised in a prompt and positive way.

We spoke with two relatives and they told us they knew how to complain and told us that any issues they raised were dealt with in a prompt and positive way. One relative commented, "Feedback is asked for at regular intervals, especially if we are visiting our [family member] I have never had cause to complain." A family member of another person said, "In the time our [relative] has been at Timberlea we have not had any occasion to formally complain and we would always try and do this informally rather than make it official as we think that's the best approach."

Is the service well-led?

Our findings

People's relatives, staff and health care professionals were very positive about the provider, how the service operated and the management arrangements that were in place. They were very complimentary about the registered manager in particular who they felt demonstrated an effective style of leadership and had continued to make improvements, both in terms of how the service was run and the overall quality of the care. One person's relative told us, "I have always found the manager both helpful and professional. I know who the manager is and see them helping support people and asking them how they are and what they have been doing."

Staff felt well supported by the registered manager and were clear about their roles and responsibilities. One staff member commented, "I have worked with the manager for over two years and have always found them fair and honest." Another staff member told us that they had recently been appointed as a support worker and appreciated the advice and training that the registered manager had offered them. They stated that, "It's a great family atmosphere here and I really love coming to work." Another staff member told us, "We are a great team here and every day is different, in a good way that is."

The registered manager kept in close contact with people's family members and health professionals as part of a collaborative approach to care planning, reviews and obtaining feedback about the quality of services provided. Survey questionnaires were also sent out by the head office and the responses collated and an action plan created to address any outstanding issues. A recent feedback form stated, "The level of emotional care and compassion shown by staff towards people living at Timberlea is very impressive."

The registered manager was knowledgeable about the individual needs of people who lived at the service and their personal circumstances. They made sure that the staff team had the training and resources necessary to help them meet people's complex needs in a safe and effective way. A relative commented, "I feel confident with the manager and staff at Timberlea and that they support my relative in a kind and caring way, but also maintain their independence. They are all very professional but they also have fun together."

The registered manager was clear about their vision regarding the purpose of the service, how it operated and the level of care provided, "I believe strongly that the people at Timberlea deserve the best support and quality of life that can be offered and that's what I try and promote within the whole staff team staff".

Information gathered in relation to accidents and incidents that had occurred was personally reviewed by the registered and assistant managers. They ensured that learning outcomes were identified and shared with staff.

The registered manager ensured that regular checks and audits were carried out in a number of key areas in order to monitor and reduce identified and potential risks. This included areas such as medicines, health and safety, nutrition, food hygiene, the environment, fire safety and care planning. They completed a monthly report for the provider, who they met with regularly to discuss performance, and developed action

plans where areas for improvement were identified.

We found that people's individual plans of care were up to date and accurate and consistently reflect who had been involved in or consented to the support provided.

Staff told us that out of office hours support was always available and explained the on call process and who they needed to contact in an emergency. The provider had a policy and procedure that was available to staff regarding whistle blowing and what staff should do if an incident occurred. Staff we spoke with clearly demonstrated an understanding of what they would do if they observed bad practice.

We saw evidence that people who lived at Timberlea were invited to attend regular residents meetings. Topics discussed in a recent meeting included the security of the building, personal safety and a change in key workers. There was a record of what action the registered manager had taken and the how the issues were resolved to everyone's satisfaction.