

## Turning Point

# Turning Point - 1 Hamilton Road

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

1 Hamilton Road is a residential care home providing personal care and support for up to two adults who have complex support needs including learning disabilities and / or autism. The home accommodates two people in one adapted building, each person having a separate flat with adapted facilities.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service and what we found

There were a range of systems in place to assess and monitor the quality and safety of the service. However, these had not always been effective in mitigating identified risks. Safeguarding and staff recruitment processes were not as effective and robust as they should be.

There was a positive, inclusive culture and ethos within the service. The registered manager and staff engaged well with people using the service, their relatives, and external stakeholders.

Staff we spoke with were friendly and caring and treated people with respect.

People's medicines were stored and well managed to ensure their safe and proper use.

People's needs were assessed and care and support plans were person-centred and reviewed.

Staff were supported to provide appropriate care to people because they were trained, supervised and appraised. There was an induction, training and development programme, which supported staff to gain relevant knowledge and skills.

Records showed people received regular and on-going health checks and support to attend appointments. People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff demonstrated a good knowledge of people's individual needs and preferences regarding their support.

People were supported and encouraged to be involved in making decisions about their care and support.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 18 August 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection significant improvement had been made but had not been sustained in all areas and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

**Good** ●

### Is the service caring?

The service was caring.

**Good** ●

### Is the service responsive?

The service was responsive.

**Good** ●

### Is the service well-led?

The service was not always well-led.

**Requires Improvement** ●

# Turning Point - 1 Hamilton Road

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

1 Hamilton Road is a 'care home'. People in care homes receive accommodation and their care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We met one of the people using the service. Neither person was able to tell us about their experience of the care provided. We spoke with six members of staff including the registered manager, service manager, team leader, two care and support workers, and an administration member of staff. We spoke with an independent advocate who was visiting a person using the service.

We reviewed a range of records. This included both people's care records and medication records. We looked at staff records in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from two professionals who regularly visit the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- Staffing levels were based on people's assessed needs and kept under review. The rota was planned and staff deployed to provide appropriate support to each person with their daily living needs and activities, within their individual flats and out in the community.
- Following a successful recruitment drive, people were receiving support from a more consistent staff team. The service was using less agency staff, there were two such staff on the rota, who were familiar with the service and received the same training as the regular staff. The provider's records confirmed agency staff were checked before commencing duties and received appropriate training, including positive behaviour support and epilepsy awareness.
- However, following this inspection, we received information showing the recruitment process was not as robust as it should be. The provider had not adequately followed up a negative previous employment reference for a new member of staff. The member of staff had continued working on shift with a vulnerable person despite concerns raised by other staff.

This was a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Systems and processes to safeguard people from the risk of abuse

- Staff received training in safeguarding people, and demonstrated understanding of the policies and procedures for safeguarding and whistleblowing, which provided guidance on how to report concerns.
- Staff were also trained in recognised management and intervention techniques to help staff cope with escalating behaviours in a professional and safe manner, which included knowing how to choose the least restrictive intervention.
- The provider employed a trainer to provide specific support for staff when required, including the development of individual support plans focused on people's behaviours and needs. Staff demonstrated their knowledge of people's behavioural support plans and appropriate action such as reassurance and redirecting people to other activities.
- A social care professional told us, "As far as I am aware the placement is safe and meets (the person's) needs in this way. Any safeguarding concerns are addressed appropriately and dealt with efficiently." A health care professional said, "They report concerns / incidents appropriately and in a timely manner."
- However, following this inspection, we received information about an investigation by another agency into a safeguarding concern identified by the service. This investigation identified that safeguarding processes had not been followed and that people had been placed at risk of harm. Also, that the provider failed to complete adequate employment checks that, if completed, may have prevented this.

## Assessing risk, safety monitoring and management

At our last the provider had failed to ensure that the premises and equipment were safe to use. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had in place a set of health and safety management system folders, which helped managers to organise service safety requirements into four main areas: fire, risk assessment and safety records, premises and equipment, and team meetings and communication. The provider and registered manager carried out regular audits of the system to ensure people were supported safely.
- Records relating to safety checks and risk management were organised and easy to access.
- The provider had clear procedures and staff were allocated lead roles to further promote aspects of health and safety, for example fire safety.
- The service worked in partnership with a housing association to maintain safe premises. Legionella checks were undertaken and a risk assessment update was scheduled to take place in October 2019.
- Each person had a set of personalised risk assessments which were reviewed regularly.

## Using medicines safely

- People's medicines were stored and managed so that they received them safely. Up to date records were kept of the receipt and administration of medicines. There were individual support plans in relation to people's medicines, including any associated risks. Guidelines were in place for when prescribed 'as required' (PRN) medicines should be given and a member of staff demonstrated their knowledge of these.
- Staff received training and completed competency assessments before supporting people with their medicines.
- Staff told us, and records showed, that there had been a significant decrease in a person's need for PRN medicines, and that they were more settled at the home.

## Preventing and controlling infection

- The home was clean and tidy and cleaning materials were kept locked away when not in use. Staff received training in infection prevention and control (IPC) and were equipped with personal protective equipment, such as disposable gloves and aprons, for use when providing personal care and carrying out domestic cleaning tasks.
- Cleaning schedules were in place and the management team carried out IPC checks and audits as part of the monitoring of the safety of the service.

## Learning lessons when things go wrong

- The registered manager supported learning from incidents by preparing a monthly summary of all incidents which was shared and reviewed each month at area team meetings. The aim of this was to continually improve the support provided to people.
- Following an investigation into an incident, a member of staff retook training in safeguarding and positive behaviour support and was not permitted to work alone until assessed as competent to do so.
- Any medicines errors, whether in relation to recording or administration, were flagged during checks and prompted an investigation, in line with the provider's policy, to minimise the risk of re-occurrence. The service was looking into purchasing an electronic medicines administration recording system (MARS), which would help reduce any medicines errors.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received appropriate support and supervision to enable them to carry out their duties. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff confirmed they received training and regular updates to support them in working in line with best practice and meeting people's specific needs. Training included safeguarding people, equality and diversity, fire safety, epilepsy awareness and positive behaviour support, first aid, and basic life support. Training in supporting people with oral health had recently been added to the programme. A system was in place to track and record the training that each member of staff attended.
- New members of staff received induction training based on the Care Certificate, which sets out common induction standards for social care staff. During their induction period, new staff were supported to get to know people using the service by shadowing experienced staff. A new member of staff confirmed they had a thorough induction to the service and that the management team were very supportive.
- Staff were supported through supervision and appraisal meetings. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. A member of staff told us they had supervision "a couple of months ago" and said they felt supervision could be held on a more regular basis.
- A supervision and appraisal planner and records in the office confirmed these were taking place. The registered manager told us the provider's policy on staff supervision was every three months, however the service aimed to do these every two months or monthly if possible.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Both people living at the home had done so for a number of years. Each had a set of care and support plans based on their assessed needs.
- Staff monitored people's changing needs through a system of regular reviews and observation and this was clearly recorded. Assessment reviews were also undertaken by the commissioning body.
- Staff sought and acted on appropriate support and advice from services such as Learning Disability Health Teams, GP and other health and social care professionals.

- The provider promoted equality and diversity in the service through their policies and staff training.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to meet their needs. Each person had an eating and drinking support plan based on their requirements, routines and preferences. Plans included support guidelines for mealtimes and where necessary, speech and language therapy (SALT) assessments had been sought to assist staff to minimise the risk of choking for people who may have difficulty swallowing.
- Staff used pictures and other methods to help people make choices about what they ate and drank.
- Since the last inspection, both people were more involved in preparing their meals. For one person this meant helping to cook a meal. For another this meant increased access to the kitchen with staff support; and enjoying themed meal evenings and takeaways.

Staff working with other agencies to provide consistent, effective, timely care;

Supporting people to live healthier lives, access healthcare services and support

- Staff were liaising with learning disability team health professionals in relation to scheduled dental surgery and a programme of de-sensitisation for one person.
- Records showed people received regular and on-going health checks and support to attend appointments. People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals.
- Staff recorded all contacts and visits from health professionals in people's care records and followed up any appointments where required. There were scheduled reviews of the medicines people were prescribed.

Adapting service, design, decoration to meet people's needs

- The home provided people with a secure, low stimulus environment to meet their needs. People had individual flats that were personalised and fitted out in accordance with their needs, with each person having access to a private garden area.
- Maintenance of the premises was carried out by a housing association, who owned the property. Recent work had included the bathroom floors being replaced in both flats.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Each person had an independent advocate who visited them.
- Following multi-disciplinary team reviews and best interest decisions, some previous interventions had been removed from people's support plans as part a restrictive practice reduction plan. For example, one person now had increased opportunities for mixed gender staff support. Another person was accessing their kitchen more with staff support, which was a condition on their DoLS authorisation.
- Other conditions the service was working on were addressing defects in ventilation in a person's flat and

supporting the provision of a reliable vehicle for them.

- Staff received training and showed an understanding of The MCA and DoLS.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff we spoke with knew the people they supported well and had developed positive caring relationships with them. Staff communicated with people using their preferred method and took time to listen and act on what people wanted.
- A social care professional said, "I believe the staff are caring and with those that I have worked with I feel they have the best interests of the clients at heart." A health care professional said, "They support a very complex man well."

Supporting people to express their views and be involved in making decisions about their care

- People's care and support plans included guidance to assist staff to involve the person and help them with everyday decisions. For example, how best to present information and ways to help the person understand. Records showed staff spent time with people, involving them in decisions about their activities, daily living tasks and care, with support from families or advocacy.
- Monthly review meetings between individuals and their key workers took place and were recorded. These meetings were used to review activities, any incidents, goals and plans. For example, staff had started making arrangements for a person to visit Longleat safari park.
- A social care professional said staff knew their client well. They told us, "He loves being outside, and staff do provide the opportunities." They said there had been an issue about having staff who could drive on duty, and that this had now improved.
- A person had been reluctant to have a haircut or shave. Staff had set up a makeshift 'barber shop' in the person's flat and offered the person to take a seat. The person had responded positively and this way of supporting them had now been adopted.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and protected their dignity. Staff spoke about people in a respectful manner and demonstrated understanding of their individual needs. Staff were knowledgeable about people's preferences and what mattered to them, enabling them to communicate positively and valuing the person. People's care and support plans were written in a respectful way that promoted people's dignity and independence.
- We saw records showing a person was now accessing the community more frequently. The staff rotas had been altered to better accommodate this. The person's car had been fitted with tinted windows, to protect their dignity due to their behaviours occasionally when travelling.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection we recommended the provider continued to review levels of staff support to ensure both people who use the service received person centred care and support. The provider had made improvements.

- Staffing levels were planned to suit individual needs and choices, including community activities that required staff to have had specific training and be able to drive. For one person, a specifically timed 'middle' shift had been implemented to provide individualised support.
- People's care and support plans were comprehensive and staff completed daily records of the care and support people received. Records showed any health concerns were addressed and referrals sought from appropriate professionals when needed.
- Staff told us they were encouraged to suggest ideas for people's on-going support planning.
- Person centred care reviews were held with the involvement of others including family members and external health and social care professionals. People also had regular in-house review meetings with their key workers.
- A social care professional told us staff kept people's support plans up to date.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Each person had their communication needs assessed and documented as part of their care plan and was supported accordingly. People had communication boards in their flats and staff used picture symbols to assist communication, for example about choosing activities.
- Staff told us, "A lot of work has been done on communication", including communication books. They told us how one person was communicating more now, saying the names of staff and using gestures to inform them he would like to go out.
- A social care professional said, "The placement is responsive to my client's needs and uses appropriate methods to communicate with him to best try and ascertain his wishes."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with people important to them. Relatives were able to visit their family member at any time of day and there were no restrictions in place. A person had a detailed support plan in relation to receiving visits from a relative. The plan showed how the service actively supported the person and their relative to maintain their relationship.
- Staff told us, and records showed, people were now accessing the community more often. A person was enjoying swimming regularly and going for walks either with staff or a family member.
- Another person had been engaging in and enjoying 'theme nights' facilitated by staff. This included, for example, watching staff cook Mexican, Australian and Indian meals and the person having fun trying on matching traditional hats and outfits. The person had also experienced going for a drive-through meal and going for walks in quiet areas, which met their needs.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure. The registered manager confirmed they had received no formal complaints. Staff knew people well and each person had an independent advocate, so they would be supported to express any concerns.

End of life care and support

- Any advance decisions, end of life care and support plans were discussed and reviewed with the involvement of people's family members and / or other representatives.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to operate effective systems and processes to assess and monitor the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had not been sustained and the provider was still in breach of regulation 17.

- Following our last inspection, there had been a period of increased senior management involvement, after which a system of audits was implemented by a senior quality advisor and the area manager. These audits were now taking place regularly and actions taken were recorded.
- There were now clear written procedures for staff to follow in relation to monitoring the quality and safety of the service. Staff were receiving supervision and were allocated lead roles, which strengthened individual accountability while promoting collective responsibility.
- However, these systems had not always been effective in mitigating identified risks. Safeguarding and staff recruitment processes were not as effective and robust as they should be.
  
- Staff received debriefings and support from senior staff following incidents. Records contained an analysis of incidents, any themes identified, and actions going forward.
- A social care professional said, "The current (registered) manager is maintaining good leadership, but she is working across another nearby project related to Turning Point. Due to this there have been times when some support staff feel a little less supported than they should."
- The registered manager also had an area manager role, which meant they were not based at the service. They told us they visited the service a couple of times a month. There was now an additional office nearby where they could work from. Staff at the service received direct line management support from a team leader and a service manager.
- A member of staff told us, "Direct line management is fantastic." They said, "It would be nice to have more team meetings." Another member of staff confirmed the management team were supportive to staff and welcomed any suggestions at team meetings for improving the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Satisfaction surveys were conducted that included questionnaires sent to people who used the service, relatives and external professionals. Responses were used to inform the service development plan. The views of people using the service were also sought via meetings with their key workers.
- The provider organised 'People's Parliament' meetings, aimed at engaging with people using their services. A person from the service had attended a local one of these meetings. A person's family member attended a quarterly family forum, also organised by the provider.
- Staff team meetings were held and minutes were taken. Staff had raised concerns about management presence and communication within the service. An outcome of this was a full-time team leader was employed to provide direct line management support to staff.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- There was a supportive management team who promoted an open, inclusive culture within the home. This was confirmed by staff and external professionals who provided feedback. A health care professional said, "They have worked very hard to improve" and "The registered manager (name) is forward thinking, helpful and passionate."
- The registered manager and service manager had attended and spoke at an event promoting positive behaviour support in September 2019. The event organisers had nominated the registered manager for the award of practice leadership. The registered manager and service manager had been able to use examples of good work from within the service about reducing restrictive practices to empower people.
- The provider ran a registered managers forum, which provided opportunity for all registered managers to come together, review good practice and share knowledge.

Working in partnership with others

- The service worked in partnership with other agencies, including community health and learning disability teams, to support people's needs and promote good practice. A health care professional said, "They communicate well with us as commissioners of their service."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a policy on duty of candour to help ensure staff acted in an open and transparent way in relation to care and treatment when incidents occurred.
- The registered manager and provider were clear about their legal responsibilities and notified the commission appropriately.
- Where issues were brought to their attention, the registered manager and provider investigated these and informed relevant parties as needed.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  There was a failure to operate and sustain effective systems and processes to assess and monitor the quality and safety of the service. Regulation 17(1)(2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Robust processes were not always followed when checking staff for suitability before being employed by the service. Regulation 19 (2).