

Turning Point

Turning Point Hagden Lane

Inspection report

336-338 Hagden Lane
Watford
Hertfordshire
WD18 7SH

Tel: 01923213015

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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?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on the 16 August 2016 and was unannounced. This was the first inspection since Hagden Lane changed registration from a residential care home to support living in November 2016.

Hagden Lane provides personal care and support in a supported living environment of two adjacent houses for up to six people who have learning disabilities and mental health needs. There were six people living at the service at the time of the inspection.

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 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 told us they felt safe and secure. Staff had received training in how to safeguard people against the risks of abuse and knew how to report concerns both internally and externally.

Safe and effective recruitment practices were followed. Flexible arrangements were in place to ensure there were sufficient numbers of suitable staff available at all times to meet people's individual needs.

People told us they were fully involved in planning their care and they were encouraged to develop their skills and interests. There were clear plans on how people wished to be supported and the goals they wanted to achieve. The service was flexible and responded positively to changes in people's needs.

Staff obtained people's consent and permission before providing support in line with the legislation. Staff were kind and respectful in how they related to people living at Hagden lane.

Staff received training relevant to their roles and had regular supervision meetings to discuss and review their development and performance.

People were supported to maintain good health and access health and social care professionals and specialist services when necessary.

People said they could speak with staff about any concerns. We have made a recommendation about obtaining people's views of the service.

People and staff said there was a relaxed open culture within the service and the registered manager was very approachable. However although there were arrangements to monitor, identify and manage the quality of the service these were not always accurate or up to date.

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 not consistently 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.

Peoples medicines were not managed safely as some records of medication PRN (taken when needed) were not accurately accounted for.

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.

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?

Requires Improvement ●

The service was not consistently well led.

Although there were arrangements to monitor, identify and manage the quality of the service these were not always accurate or up to date.

People had confidence in the staff and the management team.

Turning Point Hagden Lane

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 16 August 2016 by one inspector and was unannounced.

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

During the inspection we spoke with four people who used the service, one relative, three staff member, and the registered manager. We looked at care plans relating to two 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 are very kind I feel safe with them". A relative said " They are great my relative relates well to all the staff and they are happy there".

Staff had a good understanding and knowledge of how to safeguard people against the risk of abuse. All staff knew, and had no hesitation, in reporting any concerns and told us they were confident that any concern would be dealt with quickly.

People were involved in assessments to help positively manage risks that could occur in many areas of their lives. For example, with any behaviour that may require support such as violence and aggression. Assessments also included situations such as managing money, or going out alone. One person wrote in their assessment 'If I become aggressive encourage me to go to my room to calm down'. One person said that staff helped them when they got frustrated and helped them calm down. We saw there were plans in place to help support people. For example one person had a money management contract to support them in managing their finances in a more structured way. Another plan was to support a person not to rely only on one member of staff but to relate to whomever was on shift to support them.

We saw people received care and support in a calm, patient and relaxed manner from staff who were unhurried and able to spend time and interact with them in a positive way. Staff told us there were sufficient staff to support people with rotas created around people's needs. The staff team alternate their work across the two adjacent properties which make up the service. Staff confirmed there was normally always one staff member in each house with another member in the office. The registered manager said they had now created a mid-shift to be flexible in meeting people's needs. A new member of staff was appointed to the service at the beginning of August meaning the service were now fully staffed.

The registered manager confirmed safe and effective recruitment practices were followed to help ensure that all staff were of good character, physically and mentally fit for the roles they performed. Staff confirmed checks had been made to ensure they were safe to work with vulnerable adults before a position was offered to them and that they did not start work until their Disclosure and Barring Service (DBS) had been received. One staff member said they had two interviews with a group of people who lived in another service and felt the recruitment process was thorough. One person told us they took part in interviewing staff and asked such questions as 'If you took a client out and they played up what would you do?'

People were happy with the support they received with their medicines. Staff supported people with their medicines which were kept in a locked cabinet in their rooms. One person said how they always went to the staff when they need their medicines. If they went out staff prepared their medicines in a dosset box for them to take with them. We saw staff recorded on medicine administration records when they gave people their medicines. Medicine audits were carried out however the PRN (as needed) record for two medications had not been completed accurately which meant there was no clear record of when and how many tablets had been taken and if the amount remaining was correct. This meant peoples medicines were not managed

safely as some records of medication taken as needed were not accurately accounted for.

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 do cooking and sometimes I will cook for the house but I like to get everything fresh and the staff know that and will help me if I need it". A relative told us "The staff are all very professional always trying to encourage my relative to increase their independence".

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 were completing a working with people with learning disabilities induction work book. They were working a two week observation shadowing other staff, reading care plans and required key procedures. They said they were being helped and encouraged by the manager and other staff. They were aware of the needs of people in Hagden lane and how to support them in any behaviour which may challenge others. Another member of staff confirmed they had a six month induction with good training in which they said "We were given room to grow and process the training".

The three staff we spoke with said they had positive experience of training. They had a range of training both e learning and face to face and felt it was sufficient for them to do their job well.

Some of the training they mentioned included MCA, medication, autism, mental health awareness, safeguarding. One staff member said "We are constantly learning from each person, no two people are the same". They said they had yet to do the positive behaviour support but were aware of the strategies to use to support people.

When we looked at a memo on the office wall we saw one member of staff had a reminder to complete a number of areas of training that were out of date. When the manager sent us the completed training matrix the next day we saw this person had not completed their three yearly updates in key areas of training, for example health and safety awareness, fire safety , safeguarding vulnerable adults, food hygiene, medication awareness. Not being up to date with key areas of training could put people at risk. The registered manager had reminded the person and the day after inspection the person completed four e learning modules.

Staff confirmed they had regular supervisions with senior colleagues to discuss and review their performance. They also said they could talk to the registered manager at any time. They also had the opportunity to attend regular team meetings where they were encouraged to raise and discuss issues about how the service operated. Staff told us that the managers were approachable. Staff confirmed they could contact senior staff out of hours if required. One staff member said "There is good team work. It can be isolating working on your own but team work is really supportive and needs to be highlighted".

The 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. Staff had received training in MCA and were knowledgeable about how the principals worked in practice. One

staff member said – "It's important to get to know people what their capacity is in each area and to empower them -help them build on their choices".

People said staff always asked them if they wanted support. We observed staff asking people if they wanted to do something and whether they wanted support. One person was talking with us and was not sure if they could say something and sought assurance from the staff member. The staff said they could decide what to say it was alright. Another person wanted to drink a lot of fizzy drinks and the registered manager reminded them of what their doctor had said about the number of drinks and the consequences leaving the person to make the choice whether or not to drink them.

Staff explained how they supported people with behaviour that may challenge and were clear about reacting in a positive way giving people space. For example a person might shout or lash out at things when upset, staff were aware to give them space to calm down.

All of the people in Hagden Lane prepared their own food with support from staff when needed. Healthy eating was encouraged with people though staff said people made their own choices. During the inspection one person was preparing their lunch in the kitchen and was happy to show what they cooked and spoke of the dishes they liked to prepare.

Each person had an individual health plan with information about their health and any action required to maintain it. We saw staff supported people to attend GP appointments and other health appointments if the person wished them to accompany them. People had good access to the dentist, chiropodists, community mental health team and the local opticians. One person said if they needed a doctor they would ask the staff to arrange it for them. Another person told us they were going to go and see the chiropodist again.

Is the service caring?

Our findings

People we spoke with were positive about the staff and the managers and how they supported them. One person said "Staff are very kind, they are very good. Even if they are young they are very good". Another person said "They, [staff member] are going out with me shopping and for a coffee". A relative said "I couldn't be more happy my relative is at Hagden Lane. They are going out more and staff are always trying to find new ways to work with them".

We observed staff relate to people in a positive caring way. People received support from a staff team that understood their individual needs. People's histories, likes dislike and preferences were all gathered in their care plans which they wrote with the staff and important people to them. People were supported to express their views and were fully involved in making decisions about their care and support.

People were encouraged to make choices about how they wished to spend their day. Some people attended local day centres, or worked locally. Others chose to go out with friends or support staff from other agencies to give them one to one time. 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. One person had just worked all day to help someone with their garden.

Each member of staff spoke of the importance of dignity and respect for each person. One staff member said "We promote dignity in the way we work with people enabling them to have choice and gain independence in areas. For example one person chooses to have their medication at a specific time each although it is not prescribed for a specific time we support them". Another staff member said "It's important to respect each person's personal space, their background. We are all equal there is no one lesser or higher. We need to talk with people and see what support they would like".

Whilst people's dignity, privacy and independence were promoted the environment of the supported living accommodation did not reflect this as it was in a poor state of repair and decoration. The communal living areas were filled with a mixture of old furniture and fittings and were in need of refreshing. The bathrooms were not welcoming to people as they were old and in need of updating and to be kept cleaner. The curtains in the communal rooms were half hung off the tracking giving an uncared for appearance. The kitchen in 366 had been repainted but holes had been left in the wall. All of this can reflect on people's dignity. The registered manager had been in contact with the housing group who were responsible for the environment in February 2016 and in July 2016. After the inspection they contacted the housing group again with a more detailed request to try and speed up the process.

One person was supported to paint their own room which was excellent. However the dark paint was splashed all over the skirting boards and parts of the wall had not been painted completely. This could mean the person had not been supported to complete the work in a way which would enhance their dignity.

People decided to no longer hold house meetings but felt free to express their views to staff and to the

manager. People told us staff listened to them. "You can always talk to staff they listen" One person told us. Staff said they appreciated the time they got to talk with people.

Information about local advocacy services was available and people were supported to access independent advice and guidance where necessary. Information held in records about people's medical and personal histories was kept securely. Confidentiality was sufficiently maintained across all areas of the service in a way that preserved and maintained people's privacy.

Is the service responsive?

Our findings

People said they were fully involved in creating their plan of care and support with the staff team and reviewing them regularly to reflect any changes in their circumstances or in their goals. One person said "Since moving to Hagden lane the staff take a lot of grief out of me"

Care plans gave a clear picture of how people wanted to be supported, identified any health, communication or behaviour needs and guidance about how to support people in a person centred way, based on their preferences and individual health and social care needs. The plans gave people's preferred social activities as well as their goals and ambitions. For example, people expressed what was important to them in different areas of their lives. One entry was about wanting to prepare a meal for the house. Another person had gardening as an important part of their life and goals. One person told us that talking about their life and interviewing future staff was important to them and staff supported them in this continued goal.

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.

Staff were knowledgeable about people's preferred routines, likes and dislikes, backgrounds and personal circumstances and used this to good effect in providing them with personalised care and support that met their individual needs. There was a key worker system in place. A key worker is a staff member who monitors the progress and support needs of the people they are assigned to. This ensures there is continuity of care for people who require support. One person said "[Staff member] is my key worker, we met and talk and I can talk anytime. They are good".

Staff had a good understanding of issues around privacy and confidentiality. They were able to outline how they demonstrated this when supporting individuals. One staff member spoke of promoting people's independence as a way of promoting their dignity. We heard staff knock on people's doors and waited to be asked before entering people's rooms.

People were encouraged to raise any concerns, worries or problems they had with the staff. We saw that people had raised complaints about each other's behaviours. These had been responded and managed by the manager and staff. For example a person was reminded to speak respectfully and to keep the noise down".

People said they did relate to the others but also liked to have their own space. Staff confirmed people's choice of not wishing to hold meetings and said they respected their decisions and people did raise any concerns or ideas. One staff member said "This is people's homes and we try to help create an open relaxed atmosphere and to encourage sharing of ideas or views". The registered manager said the provider had asked people to complete a questionnaire each year which was sent direct to the provider. However the registered manager had not requested feedback from the provider until requested by the inspector. We recommend the service seeks a more timely way of gathering people's views of the service.

Is the service well-led?

Our findings

People who used the service and staff were happy with how service was led by the manager and deputy. One person said "This is my home I work with the manager". A staff member said "They [managers] are very supportive". A relative said "The atmosphere is open and welcoming and I know that I will always be contacted if needed. They know my relative and they communicate well amongst themselves for the good of the people they support". All the staff spoke of an open environment where it was possible to discuss anything.

The registered manager worked on shifts with staff as well as carrying out their administrative and management duties. When asked what they were proud of they said they were proud of the continual development of the people who lived in the service and of the staff saying " They manage and work really well"

There was a focus on the people who were supported which meant that choice and independence were central to how support was provided. These values were understood and put into practice by staff in a way that promoted a positive and inclusive culture which benefited everybody at the service.

All staff said how they worked as a team and felt supported by the registered manager and their other colleagues. Staff were clear about their roles and the focus on people who they supported and enabled to be as independent as possible. One staff member said " Everything is led by the people we support"

There were systems in place to assess the quality of the service they provided. However we found they were not always up to date. For example one staff member's training, which needed to be updated every three years, was out of date in five areas. This member of staff often carried out lone working when on 'sleep in' duty which meant that they may not have sufficient training in place to safely support people in their care.

The fire evacuation drill which the service said it carried out every six months, to ensure people were familiar with what to do in the event of a fire, had not been completed since November 2015. Although a housekeeping audit completed in July 2016 which specifically asked if emergency evacuation drills had been carried out, had been marked as completed yet it was overdue by two months. Regular fire drills help to keep people safe. Once highlighted to the registered manager they fixed a drill for the following weekend.

The registered manager failed to respond in a timely manner to aspects of the house that required attention. For example whilst they had contacted the housing body about the need for decoration, furniture replacement and repairs of the premises had not followed up progress regularly nor kept a log of required actions and outcomes. This meant there was no clear overview of the current state of the environment of the service. One of the people in the house and staff spoke of a drain that was causing a very unpleasant smell under the kitchen window and a window of a person's room. The problem had been reported but only been partly resolved so the issue continued. The registered manager contacted the company after the inspection and the work was then completed.

The record for PRN (as needed) medication had not been completed accurately which meant there was no clear record of when and how many tablets had been taken and if the amount remaining was correct nor were the medicines audits carried out correct. All these records which were maintained for quality assurance and the safety of the people in the service were not up to date or accurate.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However the registered manager was very open to all comments and acknowledged these areas as ones that needed to be improved. Following the inspection they provided information confirming they had taken action against each area. This meant that although the systems and monitoring processes used to keep people safe had not been effective, the registered manager had taken action when these were identified

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
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 (1) (2) (a) (b) (c)</p> <p>The provider had not ensured systems or processes that were established were effectively used to monitor and improve the quality of services people received, and to keep people safe.</p>