

Turning Point

# Turning Point - Masons Road

## Inspection report

145-147 Masons Road  
Stratford Upon Avon  
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CV37 9NX

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Turning Point – Masons Road is a care home that provides accommodation and personal care for up to four people who may have learning disabilities or autistic spectrum disorder. There were two people living at Masons Road in their own self-contained flats at the time of our inspection visit.

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's experience of using this service

Each person received one to one support from suitably trained and experienced staff, so they had guidance and assistance when they needed it. Staff knew about risks to people and understood their role in keeping people safe. People received their medicines as prescribed from staff who had received training about managing medicines safely.

People's needs were assessed and regularly reviewed to ensure the care they received was effective and promoted their physical and mental health and emotional wellbeing. People had access to the general and specialist healthcare services they required. Staff were aware of people's nutritional risks and ensured people ate and drank well.

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 spoke to and about people in a caring and respectful manner and promoted their privacy, dignity and independence.

The service was tailored to meet the needs of people and ensured flexibility, choice and continuity of care. People's social needs were met and they provided with information in a format they could understand.

The registered manager had good oversight of the home and staff received guidance and support to understand and be effective in their roles. Effective systems were in place to monitor the quality of the service and the care provided.

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

The last overall rating for this service was good (published 16 August 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Turning Point - Masons 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 team consisted of one inspector.

#### Service and service type

Turning Point – Masons Road is a 'care home'. People in care homes receive accommodation and nursing or personal 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 announced. We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who works with the service and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and

social care in England. This information helps support our inspections.

The provider had not been asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spent time with both people who used the service to understand their experience of the care provided. We spoke with the registered manager and two care staff.

We reviewed a range of records. This included one person's care records and medication records. A variety of records relating to the management of the service, including the provider's quality assurance processes were also reviewed.

After the inspection

We spoke with one relative of a person who used the service by telephone.

# 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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in how to recognise abuse and what actions to take if they suspected or witnessed abuse or discrimination.
- Staff told us they would be confident to share any concerns with the registered manager. One staff member told us, "We are here to keep these guys safe and report any abuse."
- Information was available about which agencies staff could escalate their concerns to if they felt appropriate action to safeguard people had not been taken.

Staffing and recruitment

- There were enough suitably skilled and experienced staff to meet people's needs and keep them safe.
- Each person received one to one support during the day, so they had guidance and assistance when they needed it.
- Permanent and bank staff covered most shifts, but staff vacancies meant some shifts were covered by agency staff. The provider used the same agency staff to provide continuity and consistency of care. One staff member told us, "Most of the agency staff we do use have been here before and the guys are used to them. It makes their life much easier as they are more relaxed around staff they know." This was confirmed by a relative who told us, "If they have to use agency the same people come back."
- The registered manager was actively recruiting to fill the vacancies.

Assessing risk, safety monitoring and management

- Care plans included risk assessments related to people's individual needs and abilities. The care plans described the actions staff should take to minimise identified risks without unduly restricting people.
- Staff had been trained to de-escalate and manage changes in people's emotional needs. Staff used positive interactions and engagement to help prevent people becoming upset and frustrated.
- Staff knew about risks to people and understood their role in keeping people safe. One staff member told us, "We do our utmost to provide a safe environment for them at all times and protect their wellbeing."

Using medicines safely

- Medicines care plans provided staff with the information they needed about the safe management of people's medicines and when to give people their 'as required' medicines.
- Medication stock checks were accurate and corresponded with medication administration records.
- Staff had received training about managing medicines safely and had their competency assessed.
- People's medicines were regularly reviewed by their doctor and other health professionals involved in their care.

### Preventing and controlling infection

- Staff supported people to keep their home clean and tidy.
- Staff had received training in infection control and safe food hygiene practices. They told us equipment to reduce the risks of cross infection such as plastic gloves, was readily available.

### Learning lessons when things go wrong

- Records of accidents and incidents were reviewed by the registered manager and shared with the provider.
- The provider monitored accidents and incidents to identify any emerging trends or patterns and to ensure appropriate action had been taken to prevent the risk of reoccurrence.



# 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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed and regularly reviewed to ensure the care they received was effective and promoted their physical and mental health and emotional wellbeing.
- The registered manager sought advice from other healthcare professionals to ensure people received care in line with good practice guidance.

Staff support: induction, training, skills and experience

- New staff completed an induction programme during their probationary period. This included essential training and working alongside experienced staff to understand people's needs. The provider's induction was linked to the Care Certificate which assesses staff against a specific set of standards.
- The registered manager maintained a 'training matrix' so they could ensure staff attended regular training to keep their skills up to date and work in accordance with best practice. One member of staff described the training as, "brilliant".
- The registered manager and staff supported one another to work effectively as a team. One staff member explained, "It is a very nice team. If I feel unsure of anything I can always ask, and people are happy to show you."

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

- Staff knew people's nutritional likes and dislikes and used this information to ensure people ate and drank well.
- Staff were aware of people's nutritional risks. Staff followed the advice of the speech and language therapist and were consistent when telling us how to safely support people to eat and drink.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had access to the general and specialist healthcare services they required. People's health was regularly monitored, and appointments with health professionals such as GPs, the dentist and chiropodist were booked and attended when needed.
- Staff maintained detailed records of healthcare visits and any advice provided.
- The registered manager was aware of the best practice guidance set out in the CQC "Smiling Matters" document of June 2019. Staff had been given training in how to support people's oral health and oral health care plans were being introduced.
- People had a hospital passport to support an effective transition between services. A hospital passport is a communication document used by people with learning disabilities to help healthcare professionals

understand people's health needs and other important information.

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.

- The registered manager had completed decision specific mental capacity assessments for people using the service. Where a person had been deemed to lack capacity to make a certain decision relating to their care, records were maintained of any best interest decision meetings or discussions that had taken place.
- Where people lacked the capacity to make an informed decision, the registered manager had applied to the supervisory body for the authority to restrict their choices and freedom in their best interests to keep them safe.
- Staff had received Mental Capacity and DoLS training and understood their responsibility to offer choice and seek consent. One staff member told us, "They have got choice, so they can choose what they want to eat. If they don't want to do anything, then they don't have to do it."

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

- Each person had their own flat and shared laundry facilities. People had been involved in choosing how they wanted their flat decorated which made them individualised and personal to them.

# 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 the rating has remained the same. This meant people were consistently supported or treated with dignity and respect and involved as partners in their care.

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

- Staff spoke to and about people in a caring and respectful manner, and people responded positively when staff interacted with them. One person told us they liked living at the home and added, "[Name of staff member] is looking after me today."
- A relative spoke positively about the friendly attitude of the registered manager and staff team. They told us many of the staff had worked with their family member for some years and knew their likes and dislikes well.
- Another relative had recently complimented the registered manager on making their family member's birthday a special day.
- Staff had completed equality and diversity training and understood the importance of respecting people's differences to ensure person centred care was provided.

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

- People and their relatives were involved in making decisions about their home and planning their care.
- People's views were gathered through regular reviews of their support needs and any goals they wanted to achieve.
- People were encouraged to make decisions about the staff who supported them by being involved in interviews of potential new staff.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people's dignity and respected their need for privacy. For example, one person liked to have time alone in their home at certain times of the day. This was recorded in the person's care plan and respected by staff.
- People's independence was promoted as much as possible. Care plans detailed people's strengths and abilities and reflected how people's independence should be promoted, for example when being supported with personal care.
- People were encouraged to participate in household chores such as cleaning and doing their laundry.
- People were supported and encouraged to maintain relationships important to them and keep in touch with their families. One relative told us they continued to have regular holidays with their family member with support from staff.

# 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 good. At this inspection this key question has remained the same. 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

- The service was tailored to meet the needs of people and ensured flexibility, choice and continuity of care in accordance with Registering the Right Support.
- People's care plans detailed the care and support they required. They contained information about people's personal preferences and routines and focussed on individual needs and abilities.
- There was a stable staff team who knew people well and ensured people were at the centre of the care and support they received. The registered manager told us, "I have a really good team who are great at picking up any changes in behaviours and health and reporting it."

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.

- The service was meeting the requirements of AIS.
- People were provided with information in formats they could understand.
- Communication care plans informed staff how they could best communicate with people. For example, one plan said, "When I have to make more complex decisions you need to use picture cards to explain the decision."
- Staff understood people's different communication needs and took time to listen and respond to people.

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

- Staff were responsive to people's individual and changing social needs. They recognised people did not have the same enthusiasm for some hobbies they had previously enjoyed and looked for other opportunities to interest them. One staff member told us, "We are always changing to improve their life as much as possible. We have started to take them bowling once a month and they have got a holiday coming up in June."
- People were supported to maintain social contact with their friends and family. They also enjoyed regular trips to the local shops and visits to their favourite pubs and cafes. Establishing links with the local community was supported and encouraged by staff.

End of life care and support

- No-one was receiving end of life care. However, people had been involved in completing end of life support plans which detailed their wishes and preferences for how they would want to be cared for at the

end of their life.

Improving care quality in response to complaints or concerns

- The provider's complaint procedure was available in an easy read format which made it accessible to people.
- Staff understood the importance of supporting people to raise concerns or complaints.
- No formal complaints had been received since our last inspection.

# 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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and staff worked as a team to ensure people had safe and effective care that was responsive to their individual and changing needs.
- Staff told us the registered manager was supportive and approachable and any concerns they raised were promptly addressed. One staff member told us, "[Registered manager] is a fantastic boss." Another said, "[Registered manager] is really nice. She is very caring. I feel I could go to her with anything."
- A relative told us they had a good relationship with the registered manager and staff team who kept them informed about their family member's health and wellbeing.

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

- The registered manager had good oversight of the home and the needs of the people who lived there.
- Staff received the support and guidance they needed to understand and be effective in their roles. Staff had regular supervisions with the registered manager to discuss their practice and development.
- The registered manager had commenced a 'managers' foundation training programme' to support them in their role. They explained the purpose of the training, "Is to give managers better tools, better ways of coping and to ensure we are really good leaders." They told us the training was already supporting their management of the home.
- Effective systems were in place to monitor the quality of the service and the care provided. The provider conducted quality checks across all areas of the service, and the registered manager also carried out monthly audits. The audits identified any areas for improvement and the provider ensured actions were taken to resolve them.
- The provider understood their regulatory responsibilities. The latest CQC rating was displayed on the provider's website and within the service so it was accessible to the public. However, they had not notified us when a Deprivation of Liberty Safeguards (DoLS) application had been approved. The registered manager took action to address this oversight following our inspection.

Engaging and involving people using the service, the public and staff

- People and their relatives were invited to attend regular reviews of their care. At the reviews people could share their views and say whether they were happy with the care and support they received.
- Staff attended regular team meeting to discuss all aspects of the service and the care given to people. Staff felt able to openly discuss ideas and areas for improvement during the meetings. One staff member

told us, "They are very good because you can express what is going well and what is not going well for the guys. They give you chance to voice your opinions and get your views across. There has been a lot of improvements because everything we have said in team meetings have been listened to and they have done something about it."

Working in partnership with others; Continuous learning and improving

- The service worked in partnership with other health and social care professionals to improve outcomes for people.
- The registered manager was aware of the NHS England national project STOMP and actively followed it within the home. (Stopping over medication of people with a learning disability, autism or both with psychotropic medicines).
- There was an open culture in the home where learning was encouraged. The registered manager told us, "My team will quite often challenge me and ask me why we are doing things this way or that way. Even if we disagree about things it is all about respect and they know I will actively listen to what they are saying and give them feedback as well."

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 registered manager understood their legal responsibility to inform people, and relevant others, if people suffered harm as a result of the care they received. They explained their responsibility as, "To be always open and honest and even if we have made errors we need to report them, and we need to learn from them."