Turning Point

Turning Point - Cumbria Learning Disabilities Supported Living

Inspection report

Flat 5, Hillcrest Close
Carlisle
CA1 2QL

Tel: 01612385230

Date of inspection visit:
25 June 2021
30 June 2021
16 July 2021

Date of publication:
27 August 2021

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Turning Point – Cumbria Learning Disability Supported Living is a supported living service providing personal care to people with a learning disability or autistic people living in their own flats within five complexes. At the time of our inspection there were 26 people receiving support with personal care.

People's experience of using this service and what we found
Some staff did not have enough training in essential and relevant areas. There were few staff deployed who could drive. People felt frustrated by this as it meant they did not have the independence to use their own mobility vehicles.

Infection control practices had improved since the last inspection, particularly relating to the COVID-19 pandemic. The management of medicines was now more closely scrutinised by the provider to ensure people received their medicines in a safe way.

People who used the service made positive comments about the improving management of the service and felt new seniors listened to them. They also said there had been so many changes in the past few months that they hoped for a period of stability now. People and relatives said there had been little opportunity to give their views over the past year and we have made a recommendation about this.

People said they felt safe with the support they receive. People had good relationships with senior staff and said they would raise concerns if necessary. Safeguarding processes were followed.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This was a focused inspection that considered Safe and Well-led areas. Based on our inspection of those areas the service was not fully able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People and staff said a small number of staff did not always support personalised care; and some people were disempowered by the lack of drivers. This was contrary to the provider's own expectations and standards and they were looking at the culture and skill-mix within the services.

The provider was committed to improving the service. The provider had identified several areas that

required remedial attention and there were action plans in place to achieve these.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was requires improvement (published 4 February 2021) and there were two breaches of regulation. We issued conditions on the provider's registration. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations and had met the conditions issued against their registration.

Why we inspected
We carried out a focused inspection of this service in December 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained as requires improvement. This is based on the findings at this inspection. We have found evidence that the provider has made some improvements and taken action to address the previous breaches of regulations, but further time is required to fully address all areas and sustain good practice.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Turning Point – Cumbria Learning Disability Supported Living on our website at www.cqc.org.uk.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up
We will continue to monitor information we receive about the service until we 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Turning Point - Cumbria Learning Disabilities Supported Living

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
This inspection was carried out by one inspector.

Service and service type
This service provides care and support to people living in five 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

At the time of this inspection the new manager was applying for registration with CQC. A registered manager 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
We gave a short period notice of the inspection because we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 25 June 2021 and ended on 16 July 2021. We visited the office location on 30 June 2021.

What we did before inspection
We reviewed information we had received about the service since the last inspection, including the statutory notifications we had received from the provider. Statutory notifications are reports about changes, events or incidents the provider is legally obliged to send to us. We sought feedback from the local authority, professionals who work with the service and local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

The provider was not 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.

During the inspection
We spoke with seven people who used the service and received views from five relatives about their experience of the care provided. We spoke with the area manager, transformation manager, a team leader, four senior care workers and contacted 45 support staff.

We reviewed a range of records. This included three people's care records and multiple medication records. A variety of records relating to the management of the service 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.

Requires Improvement

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 as further work was required. This meant there were limited assurances that some aspects of the service were always safe.

Preventing and controlling infection

At the last inspection the provider had failed to protect people from the risk of infection because staff were not following government guidance. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 and conditions placed on their registration were removed.

- The provider had systems in place to reduce the risk of staff and people catching and spreading infections. The service's infection prevention and control policy was up to date.
- People told us staff always wore PPE and followed hygienic practices. The provider carried out spot competency checks of staff to make sure they were following best PPE practices.
- The provider accessed testing for staff. There was sufficient equipment and guidance to throughout the five schemes.

Using medicines safely

At the last inspection medicines were not managed safely because records were not always completed. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had arrangements for receipt, storage, and disposal of people's medicines. People said they received the right support with their medicines. One person said, "Staff help me with medicines. I keep them in my flat and staff come at the right time to help me."
- Since the last inspection the service had reviewed people's medicines and health information. There were now daily checks of medicines records. Any errors were discussed with relevant staff and retraining and competency checks were used to support improved practices.
- Protocols were now in place for 'when required' medicines and for the use of prescribed creams.

Staffing and recruitment

- The provider was not fully able to demonstrate they had mitigated risks to people by having staff trained in safe working practices as well as specific care needs. The provider's own audits had identified several shortfalls in essential and relevant staff training, including food hygiene and epilepsy. The provider had an action plan but it would take several months to address this.
- There were few staff deployed who were able to drive. This meant there were insufficient skilled staff to help maintain people's independence. People who had mobility cars expressed frustration and

disappointment that they often did not have support to go out in their cars.

The lack of skilled, trained staff was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider promoted safe recruitment practices. Since the last inspection the provider had carried out a full review of all personnel files to make sure any gaps were addressed.
● There were enough staff deployed to cover the minimum staffing levels by utilising bank and agency staff. The provider was actively recruiting to cover the existing vacancies and to provide contingency cover.

Systems and processes to safeguard people from the risk of abuse
● The provider had systems in place to report and manage safeguarding issues. People told us, "I feel safe with the staff."
● Staff had training and guidance about safeguarding adults. They understood their responsibility to report concerns and had taken action to protect people.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
● The provider had a system to assess risks to the safety of people and their environment before undertaking their care.
● The service had an electronic management system to record accidents and incidents. These were reviewed by management staff as well as the provider's health and safety team. The system meant managers could identify any trends of incidents.

Requires Improvement

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 had been inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection the provider had failed to make sure there were robust governance systems to identify and address shortfalls within the service. At this inspection we found some improvements had been made. However, further work was required.

- Since the last inspection the provider had brought in a 'transformation' team to identify and find solutions to shortfalls in the service. The provider had a comprehensive action plan to address these areas, but they had not yet had time to make all the required improvements.
- During the past seven months there had been several changes to the management of the service. Staff and relatives commented the inconsistent management arrangements had made communication difficult.
- At the time of this inspection, a new area manager had commenced at the service and had applied to CQC to be the registered manager.
- The service was still recruiting for some vacant team leader and senior posts to manage the individual schemes. Overall, staff said the changes were positive but had impacted their understanding of organisational directives. For instance, a senior worker commented, "There have been a lot of management changes over the past six months and it has been difficult to achieve consistent messages."

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

- Most staff were clearly committed to providing person-centred care to people. People's comments included, "It's so much better now. Staff actually ask you what you want them to do" and "I explain what I want and then they help me with it." A relative told us, "There are some very good carers here who take pride in what they do and that is much appreciated."
- The provider was not always able to demonstrate that people received support that empowered them. For example, there were very few staff members who had a driver's licence.
- In some schemes staff said the morale was good and they worked effectively together as a team. In other schemes, people and staff commented on a 'unwilling' culture amongst a small number of staff. The provider had brought in quality checks to address standards of practice but recognised it would take time to embed improvements throughout the staff team.

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

characteristics
● People said they felt able to express themselves to senior support workers and team leaders. People said this was an area that had significantly improved since the changes to the senior team. Their comments included, "Last year I wasn't happy with the management or their attitude, but management has really improved and I can talk to them" and "The seniors really listen to people and encourage staff to spend time with us."
● People said there had not been opportunities to meet to give their views during the last few months due to the on-going social distancing restrictions. People could not recall being asked for their opinions in a survey.
● Some relatives said communication still needed to improve, as reported at the last inspection. For example, relatives' comments included, "At a local level the new senior support worker has improved communication hugely but I feel communication from senior management at Turning Point has not improved at all" and "There has never been any emails or contact to keep us all in the picture. We have never been contacted to ask our views or suggestions."

We recommend that people and stakeholders are offered opportunities to make comment on the quality of the service they receive and an analysis of resultant suggestions is acted upon.

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 and manager understood their duty of candour responsibilities.

Working in partnership with others
● The service worked alongside other health and social care professionals who were involved in people's care.

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	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured that staff were sufficiently skilled and trained in safe working practices and to meet people's support needs. Regulation 18(1)(2)(a)