

Turning Point

Alison Crescent

Inspection report

65 Alison Crescent
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Date of inspection visit:
19 February 2019

Date of publication:
18 April 2019

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: Alison Crescent is a residential care home that was registered to provide personal care for one person living with a learning disability and autism. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when out with people.

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

People's experience of using this service:

- The home applied the principles and values of Registering the Right Support and other best practice guidance. These ensured the person who lives at the home can live as full a life as possible and achieve the best possible outcomes that include control, choice, inclusion and independence.
 - The person's support focused on them having as many opportunities as possible for them to gain new skills and experiences, become more independent and have the best possible quality of life.
 - The person received care which was centred around their needs, protected them from avoidable harm and ensured they received the healthcare they needed.
 - The culture in the home was positive, inclusive and one of continuous learning, promoted effectively by the provider, registered manager and other managers.
 - Respect for the person was at the heart of the home's vision and values. Staff listened to the person, respected their choices and valued them as an individual.
- The home met the characteristics of Good in all areas.
- More information is in the full report.

Rating at last inspection: This is the first time the home has been inspected since it registered.

Why we inspected: This was a comprehensive planned inspection as it was a new registration.

Follow up: We will continue to monitor this home and plan to inspect in line with our reinspection schedule for those services rated Good.

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

Good ●

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 well-led

Good ●

Alison Crescent

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

Alison Crescent 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. Alison Crescent accommodates one person in one adapted building.

The home has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensured that the person could live as full a life as possible and achieved the best possible outcomes. The principles reflect the need for people with learning disabilities and autism to live meaningful lives that include control, choice, and independence. The person using the home received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

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

Notice of inspection:

We gave the home 24 hours' notice of the inspection visit because it is small and we needed to be sure people and staff would be in.

What we did:

We reviewed information we had received about the home, including feedback from commissioners and details about incidents the provider must notify us about. We assessed the information we require providers to send us at least once annually to give some key information about the home, what the home does well and improvements they plan to make. We used all this information to plan our inspection.

During inspection we looked at the following:

- The environment
- We met the person living at the home
- We spoke to four members of staff, the registered manager and a senior quality advisor employed by the provider
- Care records
- Medicines records
- Records of accidents, incidents and complaints
- Audits and quality assurance reports
- Four staff recruitment files
- Staff training records
- Rotas
- Health and safety information

Following this inspection the registered manager provided us with additional information we requested around audits and surveys. We also received feedback from another health and social care professional involved with the home.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to prevent abuse and avoidable harm. There were policies in relation to safeguarding and whistleblowing and staff received training in this area.
- Staff understood their responsibilities to safeguard the person and knew who to inform if they witnessed or had an allegation of abuse reported to them. Information was available in the home for staff about what to do if they had any concerns, including a confidential number to call for the provider.
- Staff were aware of the signs of abuse and the importance of observing changes in the person's behaviours when they may not be able to communicate their feelings verbally. The person's care records provided guidance to staff how they would communicate or behave if they were upset or worried about something.

Assessing risk, safety monitoring and management

- All potential risks to the person were identified, assessed and were safely managed. Positive risk management was evident as this was focused on the person's needs, choices, wishes and abilities and approached in the least restrictive way possible. Staff were aware of the risks affecting the person's life and could tell us how they acted to keep them safe in line with their risk assessments. For example, how they kept them safe from the risk of choking.
- Staff knew how to respond positively to help prevent and alleviate any distress or risk of injury to the person or others. Records confirmed staff followed these guidelines.
- The environment was safe. Risk assessments relating to the environment were in place, the necessary certificates showed regular servicing and regular checks were completed.
- Emergency evacuation plans were in place and fire drills had been held. There was a personalised emergency evacuation plan to provide guidance on the support the person needed in these circumstances.
- The environment was well maintained. The registered manager described how any maintenance was undertaken promptly. The provider was continually improving and ensuring the environment was safe and had sourced specialised furniture around the person's needs.

Staffing and recruitment

- Staff were recruited safely and all the appropriate pre-employment checks were completed by the provider to protect people from the employment of unsuitable staff.
- There were enough staff deployed to support the person safely and to ensure their needs could be met at all times. All staff said there were enough staff.
- Rotas evidenced that staffing levels were consistent and arrangements were in place to ensure staff cover in an emergency. Continuity of staff was important for the person living in the home and the registered manager told us they only used familiar staff or familiar agency staff when staff cover was required.

Using medicines safely

- Medicines were ordered, stored, administered and disposed of safely. Regular checks were done, for example that medicines were stored at the right temperatures. Audits were completed by the registered manager to ensure the person received their medicines safely.
- Guidelines were in place for all 'as required' medicines which ensured staff knew when the person needed these medicines and how to evaluate their effectiveness. Staff completed training in medicines and their competency was checked by managers.
- The person's medicines had been reviewed by their GP to ensure they remained appropriate and effective. The provider promoted best practice in this area, for example they had signed up to the 'STOMP' pledge. STOMP is a health campaign about stopping the over medication of people with a learning disability and autism.

Preventing and controlling infection

- Staff had received training in infection control and could tell us what they do to prevent and control infection, such as wearing gloves and aprons. Information about how to prevent the spread of infection was present in the home and personal protective equipment was available and used by staff.

Learning lessons when things go wrong

- A system was in place to record and monitor accidents and incidents and this was overseen by the provider to ensure the appropriate actions had been taken to support the person safely. These were analysed to identify any triggers and trends and the information was used to make improvements and to prevent a reoccurrence. For example, the person's care plan was reviewed and updated following incidents of behaviour that challenged.

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

Good: 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

- The person's needs and abilities had been comprehensively assessed before moving into the home. This ensured staff could provide the care required to meet their needs and to ensure a smooth transition for the person. Assessments included the outcomes the person hoped to achieve from their planned care and support before they moved into the home so staff could support them effectively.
- The provider supported staff to deliver care and support in line with best practice guidance. For example, around positive behaviour support and guidance on supporting people living with autism. Information was available and included in the person's care plans to enable staff to provide appropriate and person-centred support according to their needs.
- The culture at the home promoted a least restrictive approach which had achieved positive outcomes for the person.
- The person's protected characteristics under the Equalities Act 2010, such as their religious beliefs and disability were identified as part of their needs assessments. Staff completed training in equality and diversity and the registered manager and staff were committed to ensuring people's equality and diversity needs were met.

Staff support: induction, training, skills and experience

- Staff had received an induction to their role, on-going training and supervision to support them in their work. Staff demonstrated their knowledge and experience when we spoke to them. Staff told us they had received an induction which included having a 'buddy' for support. Staff said they received appropriate training to support the person and were asked if they have any additional training needs.
- New staff, including agency staff were introduced to the person prior to providing any support and were supported to learn about the person's needs by familiar and experienced staff. This enabled the person to experience a continuity of care and minimise the distress and disruption caused by changes in staff.
- Staff spoke highly of the support they had from the registered manager, other managers and provider and told us they received regular supervision and competency checks.

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

- The person's dietary needs were met and staff were aware of their needs in relation to risks associated with eating and drinking. Staff followed guidance which was available in the person's care records from healthcare professionals such as speech and language therapists.
- The person's food preferences were recorded, they were offered choice in what they ate and snacks were accessible to have if they chose. Staff told us they planned meals by offering the person two or three options using picture cards.
- The mealtime experience was made positive for the person who was able to eat with staff. This was a

significant achievement as they had not previously been able to do this.

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

- The person's home was personalised with their own belongings and reflected their personal interests and preferences.
- The environment was accessible, comfortable and met the person's needs. There were various areas where the person could watch TV, relax or engage in activities. There was an accessible garden and sensory space.
- The environment had been purposefully adapted for the person's needs before moving to their home. There continued to be on-going adaptations to the home in line with their needs. For example, the plumbing in the bathroom had been adapted and frosting was removed from windows to ensure the house looked like any other on the street.

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

- The person was supported to maintain their health and was referred to appropriate health professionals as required. Staff worked with other healthcare professionals to ensure the person was supported with all their health care needs. For example, community nurses.
- Healthcare records and plans were comprehensive and offered clear guidance for staff for all the person's health needs. Detailed records were maintained for all health appointments, for example with the GP.
- A hospital passport was in place for the person. This document helps provide important information when a person is admitted to hospital. For example, how the person wishes to communicate and any allergies they have.
- The home focused on ongoing assessment and positive outcomes for the person to ensure they received any support they needed from healthcare professionals such as a speech and language therapy quickly. Health care records showed concerns were acted on and guidance was available to staff.
- Care plans provided staff with guidance how to recognise when the person was unwell. Staff told us the person can let them know if something hurts and can show pain.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the home was working within the principles of the MCA, whether any restrictions on the person's liberty had been authorised and whether any conditions on such authorisations were being met. Mental capacity assessments had been completed and staff understood and followed the principles of the MCA. The registered manager had received authorisation from the local authority to deprive the person of their liberty and did not have any conditions for this.
- The person was assessed as not having the capacity to make decisions in many areas of their life. However, they were supported to have maximum choice and control of their life and staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice. Staff could understand the person's vocalisations, body language and behaviours to establish whether consent to care was given and their day to day choices.
- Decision specific mental capacity assessments were completed and a best interest process followed in

relation to decisions about the person's care and treatment. For example, around the covert use of 'as required' medication for managing their behaviour that challenged.

- The person was encouraged to make decisions for their self where possible, for example around food, clothing and activities. The person was provided with sufficient information to enable this decision in a way that met their needs.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We observed caring, respectful and positive interactions. It was clear that staff had meaningful relationships with the person, understood their life history and disability and that the person's wellbeing was their focus. There was a positive, professional and compassionate atmosphere which was infectious. Staff were available to support the person at all times.
- The person showed they liked staff. They chose to spend time with staff, approached them and sought their support to meet their needs. For example, going up to staff to engage with them or greet them or leading them somewhere. This was an important achievement for the person considering their complex needs.
- Staff anticipated the person's needs and recognised immediately when they were becoming agitated. This was evidenced by the reduction in the amount and severity of incidents where the person showed behaviour that challenged. The staff managed any behaviour that challenged in a positive way to achieve effective outcomes for the person. This meant there was less use of 'as required' medication and less use of physical interventions which was a significant achievement for the person and had improved their quality of life.
- Staff supported the person in a compassionate way to promote their wellbeing. Staff showed affection and touched the person in a kind and gentle way. The person was happy and relaxed in their home and with the staff supporting them. The person showed positive signs of well-being through their facial expressions, through making happy noises and their gestures.
- The person communicated with staff through gestures, facial expressions, body language and noises. Staff knew the person exceptionally well and therefore knew what they were communicating and responded to this to meet their needs.
- One health care professional said, "The staff have always shown themselves to be extremely caring towards the client, and whenever they are in a calm mood will take the opportunity to engage with them."

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

- The home had a strong person-centred culture. Staff could tell us about the person's individual needs, preferences and background. Records confirmed that their views about how they wanted to be supported had been explored and used to inform all their care plans. Person centred planning reviews involved the person and were produced in a pictorial version. These demonstrated how the person was empowered to achieve the care they wanted.
- Staff showed diligence in making the person feel valued. They spoke respectfully to the person and showed a good understanding of their individual needs and preferences. Staff would ask the person's permission before doing something and engage them in everything they did. Staff supported the person to be able to express their views and be involved in every decision possible. There was an 'inclusive' atmosphere, staff asked the person what they wanted to do and then supported them to achieve it. The

person was consistently offered choices, for example about where they wanted to be, what they wanted to wear, or to eat.

- The person was involved in the recruitment of new staff; short-listed applicants were invited to visit the home so the person could meet them and give their feedback. This information was recorded and used in the providers recruitment process to ensure staff were matched with the person.
- The provider had recognised how much the person had achieved since moving to their home and had nominated them for a provider award, 'Inspired by possibility'. The provider had planned to present the award to the person in a way which was meaningful for them, by holding an afternoon tea party.
- The person could have visitors whenever they wanted and they were supported to maintain their relationships with people important to them. Guidance was available to support visitors with what they need to know before entering the person's home.
- Where possible the home involved the person's nearest relatives in planning their care. The person also had an independent advocate who visited on a monthly basis. Advocates are trained professionals who support, enable and empower people to speak up.

Respecting and promoting people's privacy, dignity and independence

- Respect for the person's privacy and dignity was at the heart of the home's culture and values. Staff understood it was their human right to be treated with respect and dignity. Staff listened to the person, respected their choices and upheld their dignity when providing personal care. For example, making sure doors and curtains were closed and recognising when the person needed some personal space.
- The person was encouraged to maintain and develop their independence as far as possible. The person's care reviews included goals which were meaningful to them and their progress was monitored and reviewed to support them to develop their skills at their own pace. For example, they were supported to develop their skills with things they enjoyed doing such as make their own cup of tea or milkshake.
- Staff described how much the person has developed since they moved into their home, for example being able to go to the shop and buy a cake. Staff had supported the person to achieve positive outcomes as their independence had increased and staff continuously supported them to achieve more. This was a significant achievement for the person.
- The person's confidentiality was supported and information about them was held securely. Staff told us how they respected their privacy by knocking on their bedroom door and waiting for a response before entering.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The person living at the home had a wide range of complex needs. However, they were supported to live their life how they wanted and their care and support was designed to support this. The person's care records included information about their life history, their skills and their strengths, their preferences and choices and what was important to them.
- The person was supported by staff who knew them well and had worked with them in their previous home for many years.
- One health care professional described how the person is "now beginning to enjoy increased access to the community and is living a less institutional life, which was the purpose of their move from their previous home." Another health care professional told us, "The resident has made great strides in achieving a normal life, and a move from a medical model of care to a social care model, with the support of the staff."
- The person was enabled to participate in a range of activities within and outside of their home to meet their needs. The person enjoyed various activities, such as relaxing in a hot tub in their garden, taking a walk and visiting wildlife parks. One staff described the range of activities they were able to do with the person, which they had never been able to do before, such as going to the shop and picking their own cake or going to the park.
- All outings were written up with photos and these were used to support the person to choose their future activities.
- In line with 'registering the right support' the person was part of their community, they used local facilities and accessed community health and leisure facilities where possible. The home had their own vehicle which enabled them to go out.
- The person's communication needs were known and understood by staff. The person had a 'communication passport' which included about their hearing, vision and how they express themselves. Care plans included details which helped new and unfamiliar staff learn about how the person expressed their needs. Information was shared with the person in formats which met their communication needs, for example with the use of pictures.
- One health care professional told us, "The staff team consistently demonstrate their knowledge of the resident's needs... Staff are able to determine the resident's current mood from the vocalisations they use... Such vocalisations often prompt action from the staff, for example if the resident is indicating they are happy in the company of others, the staff will respond with hand or foot massages."
- Technology was used to support the person's needs. For example, the use of audio monitors and magnetic door locks to keep them safe.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place for visitors. This detailed how people could make a complaint or raise a concern and how this would be responded to.

- An accessible complaints procedure was available for the person. However, they would not be able to make a complaint following a written process, therefore staff were observant and used interactions with them to identify if they were happy with their care and support.
- The person was asked about their views in care plan reviews and had an independent advocate involved with their care.

End of life care and support

- The person was not receiving end of life care at the time of our inspection. However, the person's wishes were recorded. For example, detailed wishes for their possessions and their funeral plan.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider had created a positive value based culture which had clearly motivated staff to achieve positive outcomes for the person and ultimately improve their life. It was evident staff knew the person well and put these values into practice. The person was at the centre of their home where everything revolved around their needs and wishes. One staff said, "We work from the same page, to give (name) the best life possible, we promote their independence and give them the respect and dignity they deserve."
- The registered manager was a visible presence in the home. They were caring and enthusiastic and knew the person well.
- A commissioner told us the management team has, "Consistently demonstrated a very person centred and highly focussed approach to the care and support." They gave an example of good leadership in their management of differences of opinion among professionals involved with the person to ensure that actions are taken in the person's best interests.
- Staff spoke highly about the registered manager and that leadership was open, transparent and always available to them when needed. Staff told us they felt supported to develop their skills and felt respected and valued by managers and their colleagues. One staff said, "There is no-one I couldn't go to. They are brilliant, I'm definitely supported. (The registered manager) called me the other day and asked me how I am getting on."
- The provider supported the registered manager and planned and delivered person-centred, high-quality care and consistently achieved positive outcomes for people. This was evidenced through feedback received and records reviewed. The registered manager told us the provider supported them in their role. The locality manager regularly visited the home.
- The registered manager demonstrated how they fulfilled their responsibilities for duty of candour and took the appropriate action to inform all the relevant people when incidents occurred.

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

- The provider and registered manager had effective oversight of what was happening in the home. Risks were identified and acted on promptly to monitor the safety and quality of the home the person received. Behaviour analysis was done monthly to review trends and evidenced continuous learning.
- The person's care records were well organised, up to date and kept under regular review to ensure the information for staff was accurate to enable consistent support.
- The registered manager could respond immediately to any questions we raised and demonstrated an in-depth knowledge in all areas.

- All the feedback from health care professionals was positive. Comments included, "The team manager appears to have an excellent rapport with their team and is always helpful whenever I visit."
- Staff were knowledgeable in all aspects of their role and responsibilities and were well supported by the registered manager to continually develop. Staff were motivated to continuously improve the home and the person's quality of life. For example, one health care professional told us staff collected data on the person's behaviour that challenged at mealtimes and through review identified the behaviour that challenged was partly due to staff not eating at the same time. Since staff had been eating with the person, the behaviour that challenged had significantly reduced.
- Quality assurance systems enabled the provider and registered manager to monitor and identify any shortfalls in the quality of the home the person received. Spot checks of the home were completed and all aspects of care were audited at all levels, for example, medicines, finances, staff files and health and safety. Action plans were completed to identify any improvements needed as a result. These showed action was taken in response to the findings and monitored for completion.
- The providers senior quality advisor visited the home annually and completed a comprehensive audit based on CQC's methodology. The last audit was completed on 4 February 2019 and all actions identified had been completed or were in progress.
- Information from audits, care plan reviews, feedback and incidents was used to inform changes and improvements to the quality of care the person received.
- Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, deprivation of liberty safeguards (DoLS) authorisations and deaths. The registered manager was aware of their regulatory responsibilities, had notified CQC about all important events that had occurred and had met all their regulatory requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, Working in partnership with others

- The provider and registered manager regularly sought the views of the person and where relevant relatives, health professionals and staff through surveys, reviews, meetings and informal conversations. The person was engaged in feedback about the home through their care reviews.
- Regular team meetings and staff forums were held and minutes demonstrated these were centred around the person. Staff told us they could voice their opinions, and the registered manager and provider responded to suggestions made. Positive feedback from senior managers had been shared with staff.
- The registered manager and staff worked in partnership with other services, for example the person's GP, community pharmacists, advocacy, speech and language therapists and community nurses to ensure the person's needs were met in a timely way.