Turning Point

Turning Point - Marloes Walk

Inspection report

14 Marloes Walk
Sydenham
Leamington Spa
Warwickshire
CV31 1PA

Tel: 01926452805
Website: www.turning-point.co.uk

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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

We conducted an unannounced inspection of Turning Point - Marloes Walk on 14 January 2016. The service provides nursing care and support for up to eight people with learning disabilities. There were eight people using the service when we visited. Each person had their own bedroom and there were two shared lounges and dining room areas at the home.

The service had a registered manager in post. 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. We refer to the registered manager as the manager in the body of this report.

During the day there were four members of care staff on duty, a trained nurse, and a trainee nurse. Staff told us the staffing levels enabled them to spend time with people inside and outside the home, and respond to requests for assistance without delay.

Staff had received training in safeguarding adults and were able to explain the correct procedure to follow if they had concerns. All necessary checks had been completed before new staff started work at the home to make sure, as far as possible, they were safe to work with the people who lived there.

Risk assessments around the provision of care and support had been carried out and action taken to reduce any identified risks. There were systems to ensure that medicines were stored and administered safely.

New staff completed a thorough induction programme when they started work. Staff received training and had regular supervision and appraisal meetings in which their performance and development was discussed.

The provider understood their responsibilities under the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure people were looked after in a way that did not inappropriately restrict their freedom. The provider had made applications to the local authority in accordance with DoLS and the MCA, and at the time of our visit was awaiting the outcome of some of those applications. Some applications had already been approved by the local authority.

People were encouraged to eat a varied diet that took account of their preferences and, where necessary, their nutritional needs were monitored. People were supported effectively with their health needs and had access to a range of healthcare professionals.

People were supported in a range of activities, both inside and outside the home. Activities outside the home enabled people to be part of their local community and to take regular holidays. Staff were caring and encouraged people to be involved in decisions about their life and their support needs. People were

supported to make decisions about their environment and choose how their room was decorated.

Each person had a care and support plan with detailed information and guidance personal to them. Care plans included information on maintaining the person's health, their daily routines and preferences.

Staff told us they felt supported by the management team and by each other. Both staff and people were given opportunities to make suggestions on how the service was run. The service carried out regular audits to monitor the quality of the service and to plan improvements. Where concerns were identified, action plans were put in place to rectify these.

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 safe.

People felt safe living at the home. People were protected from the risk of abuse as staff knew what to do if they suspected abuse. Staff identified risks to people who used the service and took appropriate action to manage these risks and keep people safe. Staff had been recruited safely and there were enough staff available to meet people's needs. Medicines were stored and administered to people safely.

Is the service effective?

Good

The service was effective.

Staff completed induction and training so they had the skills they needed to effectively meet the needs of people at the home. Where people could not make decisions for themselves, people's rights were protected; important decisions were made in their 'best interests' in consultation with health professionals. People received food and drink that met their preferences and supported them to maintain their health.

Is the service caring?

Good

The service was caring.

Staff were friendly and people appeared comfortable in their company. Relatives spoke positively about the care and support received by their family member. People were supported to maintain relationships that were important to them.

Is the service responsive?

Good

The service was responsive.

People were encouraged to take part in activities and follow their interests. Care plans provided staff with the information they needed to respond to people's physical and emotional needs. Relatives were involved in the development of care plans.

Is the service well-led?

Good

The service was well led.

Staff had a good understanding of the aims of the service and were positive about the support they received from the management team. There were systems in place, so people who lived in the home could share their views about how the home was run. Checks were carried out to ensure the quality of the service was maintained.

Turning Point - Marloes Walk

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.

The inspection took place on 14 January 2016 and was unannounced. The inspection was undertaken by one inspector.

We spoke with all the people who lived in the home and spent time observing how they were cared for and how staff interacted with them so we could get a view of the care they received. We also spoke with three relatives.

We looked at information received from statutory notifications the provider had sent to us and commissioners of the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are representatives from the local authority who provide support for people living at the home.

We spoke with the registered manager, a nurse, two student nurses, and three members of care staff. We reviewed three people's care records to see how their support was planned and delivered. We reviewed records of the checks the staff and management team made to assure themselves people received a quality service.

Good

Is the service safe?

Our findings

There was a relaxed and calm atmosphere in the home and the relationship between people and the staff who cared for them was friendly. Although people had limited communication, they confirmed to us with hand gestures and expressions they felt safe when we asked them. People did not hesitate to call staff when they wanted support and assistance. This indicated they felt safe around staff members. A relative we spoke with told us, "I think [Name] really enjoys staying at Marloes walk. I have no concerns about their safety." Another relative told us, "Yes it's safe. It's really relaxed and calm, you can just feel the warmth there when you visit, I have no concerns at all."

There were enough staff to meet people's care and welfare needs and provide the supervision and support they needed to keep them safe at home and in the community. During the day there were four members of care staff on duty, in addition there was a trained nurse and the manager who was available to assist people if needed. On the day of our inspection there was also an additional member of staff who was undergoing their nursing training. In addition to these staffing levels, one person had fourteen additional hours allocated to their care and support each week so they received personal one to one time with a care worker.

One member of staff told us, "It would be nice to have other members of staff to assist with domestic chores, as we need to do these as well as support people with their care." However, staff told us the staffing levels enabled them to spend time with people and respond to requests for assistance promptly. One staff member told us, "There are always enough staff here to support people and there is always a trained nurse on the shift." They added, "We do use agency staff, as we have some vacancies, but the numbers of staff on shift are always the same. We also use the same agency staff where we can which helps us maintain consistent care to people."

People were supported by staff who understood their needs and how to keep people safe. Staff attended safeguarding training regularly which included information on how staff could raise issues with the provider. Staff told us the training assisted them in identifying different types of abuse and they would not hesitate to inform the manager if they had any concerns about anyone. One staff member said, "We have regular training, there is also the procedures for how we report things on display. I know I need to alert the nurse or the manager as soon as I suspect anything."

The provider protected people against the risk of abuse and safeguarded people from harm. The provider notified us when they made referrals to the local authority safeguarding team where an investigation was required. They kept us informed with the outcome of the referral and actions they had taken.

The provider had recruitment procedures to ensure staff who worked at the home were of a suitable character to work with people who lived there. Staff told us they had to have their Disclosure and Barring Service (DBS) checks and references in place before they started. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. Records confirmed what staff had told us.

The manager had identified potential risks relating to each person who used the service, and care plans had been written to instruct staff how to manage and reduce the potential risks. Risk assessments were detailed, and reviewed regularly. Risk assessments gave staff clear instructions on how to minimise risks to people's health and wellbeing. For example, one person was at risk of harming themselves when they became anxious. There were plans which informed staff how the person should be assisted if they became anxious. Information was included in the records on why the person may display this type of behaviour, so that staff could take preventative action. Staff confirmed they referred to the information in risk assessments and care records to manage risks to people. We were given consistent, detailed information by all staff members on the risks facing individuals.

The provider had systems to minimise risks in the environment, such as regular safety checks. Emergency plans were in place if the building had to be evacuated, for example in the event of a fire. There was a service continuity plan should people be unable to return to the home which made sure they continued to receive safe, consistent care.

We observed how medicines were administered at Marloes Walk. Nursing staff were trained in how to administer medicines safely and received regular checks on their competency following their training, to ensure they continued to maintain their knowledge and skills. The provider had procedures in place to ensure two members of staff were present when medicines were dispensed, to check the correct amount of medicines were being given to each person. Medicines were stored safely and securely. Administration records showed people received their medicines as prescribed.

Some people required medicines to be administered on an "as required" basis. There were detailed protocols for the administration of these types of medicines to make sure they were given safely and consistently. Daily medication checks were in place to ensure medicines were managed safely and people received their prescribed medicine.

Good

Is the service effective?

Our findings

People could not tell us themselves whether they believed the staff who cared for and supported them had the right skills to do so. However, we saw that all staff communicated with people effectively and understood their individual needs. One relative told us, "Staff are just really lovely with my relative, they know what to do."

Staff told us they received an induction when they started work which included working alongside an experienced member of staff, and training courses tailored to meet the needs of people who lived at the home. The induction was linked to the new Care Certificate which provides care staff with the fundamental skills they need to provide quality care. Staff told us in addition to completing the induction programme; they had a lengthy probationary period to check they had the right skills and attitudes for the people they supported.

Staff told us the manager encouraged them to keep their training and skills up to date. The manager maintained a record of staff training, so they could identify when staff needed to refresh their skills. Staff told us that each member of staff received an individual training programme tailored to their specific job role. For example, nursing staff who administered medicines had specialist training in that area. One member of staff told us, "Yes, the training is really good and we have the skills we need." Another member of staff told us, "If we want any further training in something we just ask, and it's organised for us." Staff told us the provider also invested in their personal development, as they were supported to achieve nationally recognised qualifications.

Staff used their skills to assist people at the home effectively. For example, staff used appropriate moving and handling equipment and techniques when they assisted people to move during our inspection visit. Staff explained to people what they were intending to do, and offered them reassurance. Transfers were completed safely.

Staff told us they had regular supervision meetings with their manager where they were able to discuss their performance and identify any training required to improve their practice. They also participated in yearly appraisal meetings where they were set objectives for the following 12 months and their development plans were discussed. Staff told us they found supervision helpful with one staff member explaining, "It gives me an opportunity to reflect on what I want to achieve, I can discuss my training needs."

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. The application procedures for this in care homes are 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 were being met. The manager was able to explain to us the principles of MCA and DoLS, which showed they had a good understanding of the legislation. Mental capacity assessments were completed when people could not make decisions for themselves. Staff demonstrated they understood the principles of the MCA and DoLS. They gave examples of applying these principles to protect people's rights, for example, asking people for their consent and respecting people's decisions to refuse care where they had the capacity to do so. One staff member said, "We always explain to people what we are doing. People can let us know through expressions and their actions if they are unhappy. We need to take this into account when providing support to people." Where people could not make decisions for themselves, records confirmed important decisions had been made in their 'best interests' in consultation with health professionals.

The manager reviewed each person's care needs to assess whether people were being deprived of their liberties. Where people required a DoLS application to be made, the manager had made the appropriate applications to the local authority. At the time of our visit some of these applications had been approved, and others were awaiting approval. This meant the manager understood their responsibility to comply with the requirements of the Act.

We observed a breakfast and lunchtime meal at the home. The dining room was calm, and there was a relaxed atmosphere. Where people needed assistance to eat their meal, staff assisted people at their own pace and waited for people to finish before offering them more food. Staff knew the dietary needs of people who lived at the home and ensured they were given meals which met those needs. For example, some people were on a soft food diet. We observed staff prepare food appropriately. Where people required specialist equipment to eat or drink, staff knew people's personal needs and provided the equipment without being prompted.

People had access to food and drink throughout the day and staff supported them when required. A daily menu of the food on offer was displayed on the notice board at the home, so that people could choose each day what they wanted to eat. Where people were unable to make decisions themselves, staff made choices based on the individual's likes and dislikes, which were recorded in their care records. We saw people could chose alternative foods if they did not like what was on offer at the mealtime. One member of care staff confirmed, "If people don't like the food, we can prepare them alternatives anytime."

Staff were able to respond to how people were feeling and to their changing health or care needs because they were kept updated about people's needs at verbal handover meetings at the start of each shift. We observed a shift handover meeting during our inspection visit. This was attended by the nurse and care staff. The handover provided all staff with information about any changes in people's needs since they were last on shift. Staff explained the handover was recorded so that staff who missed the meeting could review the records to update themselves.

Each person had a health action plan that identified their health needs and the support they required to maintain their emotional and physical well-being. This helped nursing and care staff ensure that people had access to the relevant health and social care professionals. Records showed people had regular health checks with their GP throughout the year and were referred to other healthcare professionals such as nutritional professionals, when a change in their health was identified. One member of staff said, "The GPs are very good, they come to the home to see people whenever we need them to." We found where health professionals had made recommendations about people's health needs, these had been transferred to care records to ensure staff had the information they needed to meet those needs. One member of staff told us, "Care records are always up to date, and any information or recommendations we receive from health

professionals is transferred to people's records straight away."

Good

Is the service caring?

Our findings

We asked people if they enjoyed living at Marloes Walk. They responded with smiles and hand gestures that indicated they enjoyed living at the home. One relative told us, "I think [Name] enjoys living there."

Relatives spoke positively about the care and support received by their family member. When we asked whether staff were caring, responses included, "Yes, they are very caring." "They are the 'A' team." "They are very dedicated, I couldn't ask for better."

We observed the interaction between the staff members and the people for whom they provided care and support. We saw staff treated people in a kind and respectful way and they knew the people they cared for well. People seemed content. We observed one person cheerfully greeted a member of staff when they entered the room.

We asked staff whether they thought the home provided a caring environment for people. All the staff told us they thought it was caring with one explaining, "I love my job and working with people here. It's a good place that feels like home."

People were able to spend time where they wished, and were encouraged to make choices about their day to day lives. Staff respected the decisions people made. For example, we saw some people were up when we arrived and had eaten breakfast, and other people were still in bed.

Staff told us they involved people as much as possible in making daily choices and decisions. This included what they would like to wear, what food and drink they wanted and what activities they would like to take part in. One staff member explained, "People are encouraged to make their rooms at the home their own personal space." We observed three bedrooms at the home. We saw these were personalised and each one was different. There were ornaments and photographs of family and friends, personal furniture and their own pictures on the walls. We were told by the manager people had been involved in choosing the colour schemes, decoration and furniture in their rooms.

People had communication plans in place, to assist them in showing staff how they wanted to be supported with their care. Communication plans included pictures and information that people could refer to where they had limited verbal communication skills. This helped people to maintain their involvement in making their own decisions.

We saw people's privacy was respected. Staff knocked on people's bedroom doors before announcing themselves. People were offered care and support discretely when needed. People had access to areas where they could meet their family in private or spend time alone. Staff supported people to maintain relationships with those closest to them. Relatives confirmed they could visit when they wished to and always felt welcomed into the home.

Good

Is the service responsive?

Our findings

People were encouraged to participate in activities inside and outside the home according to their personal wishes. For example, people were supported to go shopping, go out for meals in local restaurants and participate in activities in their local community. The manager explained that most people at the home chose to go out individually, rather than with other people at Marloes Walk. One staff member said, "Most people go out at least once or twice a week to do things they enjoy."

Everyone had activities arranged according to their personal preferences. We observed people taking part in activities at the home during our inspection visit. People were encouraged to do things individually such as reading, listening to music they enjoyed, or spending time in the sensory room. Staff spent time with people chatting with them and participating in the activities they enjoyed.

We saw photographs displayed around the home showed people participating in a number of activities such as trips out to the seaside and places of interest. For example, one person showed us a record of a recent holiday. Staff had encouraged them to keep a record of the things they enjoyed, and this included pictures and photographs of places they had visited. A member of staff told us, "We support people to visit places they like. We've recently been to the theatre, and some people visited Weston Super Mare." They added, "People can be supported to go on holiday every year, some people have chosen where they want to go this year already. We usually take people in groups of up to two people, as people want to go to different places." This demonstrated the home supported people to access a range of activities that met their personal wishes.

Each person had a care and support plan with detailed information and guidance personal to them. Relatives told us they were involved in making decisions about their family member's care and how support was delivered. Care plans included information on maintaining the person's health, their daily routines and preferences. Care plans were detailed and provided staff with written instructions on how tasks should be performed as well as providing visual images and photographs of tasks being performed, to provide staff with as much knowledge as they needed to support each person. The plans also identified how staff should support people emotionally, particularly if they became anxious or agitated. This information meant staff had the necessary knowledge to ensure the person was at the centre of the care and support they received. People's care plans were reviewed regularly. One staff member said, "Paperwork is up to date and reviewed every six months, or when things change. People and their families are involved in review, as well as staff here." Another staff member told us, "The paperwork is really good, it tells you what you need to know to support people."

People had information in an 'easy read' format in their care records. 'Easy read' formats use visual images and large print sizes to make the documents more accessible to people. Information about who people could talk to, or how they could raise a complaint if they were worried was in 'easy read' in care records and on display at the home. We asked relatives what they would do if they were unhappy or had any concerns. Relatives told us they would not hesitate to raise any concerns if they had any. One relative told us, "There are no problems there though." As people did not communicate verbally at the home, staff told us they

would support people to share any concerns they had. One staff member told us, "You can tell if people are unhappy or upset. We need to be aware of people's facial expressions and try to understand if we need to change anything." In the complaints log we saw that previous complaints had been investigated and responded to in a timely way. The provider had acted on the feedback they received in complaints to improve the quality of their service.

Good

Is the service well-led?

Our findings

The service had a registered manager in post. Relatives told us the manager was approachable and they could raise any concerns they had with the manager if they needed to. The staff members we spoke with also told us the manager was approachable and they felt well supported. One staff member told us, "The manager is good; they are flexible and listen to staff. Sometimes they do a shift to keep in touch with what is happening here."

There was a clear management structure within Marloes Walk to support staff. The registered manager was part of a management team which included a nurse on each shift to supervise care staff. Care staff told us they received regular support and advice from managers and nurses to enable them to do their work. Care staff confirmed there was always an 'on call' telephone number they could call outside office hours to speak with a manager if they needed to. One member of staff said, "I think the manager is good. We have the support we need, the manager understands what's happening here because they work here, and they do a daily walk around. We can also go and see them at any time." This showed leadership advice was present 24 hours a day to manage and address any concerns raised.

The manager told us the provider was supportive and offered regular feedback and assistance to support them in their role and their professional development. For example, the provider visited the service to hold meetings with the manager, and discuss issues around quality assurance procedures and areas for improvement at the home.

There were systems in place so people who lived in the home, their relatives, and staff could share their views about how the home was managed. There was a suggestion box in the reception area of the home where people could place any suggestions they had about how the service or the home could be improved. People took part in regular house meetings where they were able to discuss what activities they would like to take part in and what food they would like. All staff were involved in regular meetings where their feedback was sought. In addition, the provider conducted yearly satisfaction surveys with stakeholders. We reviewed information from the latest survey where the feedback was very positive. One person wrote, "My relative is fortunate to live in a caring and loving environment. I must praise the care given by all the staff."

We found the provider acted on the feedback they received to improve the quality of the service. For example, we saw people had provided feedback on how the garden was being maintained and actions had been taken to improve the garden area.

There was a system of internal audits and checks completed within the home to ensure the safety and quality of service was maintained. For example, regular audits in medicines management and health and safety. The manager recorded incidents and accidents and submitted these to the provider. These were analysed to identify any patterns or trends so appropriate action could be taken. The provider also carried out periodic audits throughout the year from which action plans had been generated where a need for improvement had been identified. These checks ensured the service continuously improved.

The provider had sent statutory notifications to us about important events and incidents that occurred at the home. They also shared information with local authorities and other regulators when required. They had kept us informed of the progress and the outcomes of investigations they carried out. For example investigations in response to accidents, incidents or safeguarding alerts, the manager completed an investigation to learn from these incidents. The investigations showed the manager made improvements to minimise the chance of them happening again.