

Turning Point

Turning Point - Coqbeck Support Domiciliary Care Agency

Inspection report

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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:

This service provides care and support to people living in '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. CQC only inspects the service being received by people provided with the regulated activity 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. There were 13 people receiving the regulated service at the time of our inspection.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's experience of using this service:

There were systems in place to keep people safe. Sufficient staff were deployed to meet people's needs.

People were supported by staff who were caring. We observed positive interactions between staff and people. One person told us, "I would give it 10 out of 10 for happiness."

Staff encouraged people to pursue their hobbies and interests and be active members within their local community.

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

Audits and checks were carried out to monitor the quality and safety of the service.

Rating at last inspection: Good (report published 29 May 2016, www.cqc.org.uk).

Why we inspected: This was a planned inspection to confirm that this service remained Good.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate and high quality care. Further inspections will be planned for future dates.

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 remained Good.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained Good.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained Good.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained Good.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained Good.

Details are in our Well-Led findings below.

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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 was carried out by one inspector.

Service and service type:

The service provides personal care and support to people living in 'supported living' settings, so that they can live as independently as possible.

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:

We gave the service 5 days' notice of the inspection site visits because some of the people using the service could not consent to a home visit from an inspector, which meant that we had to arrange for a 'best interests' decision about this.

What we did:

Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, local authorities and clinical commissioning groups (CCGs). We

checked records held by Companies House and the Information Commissioner's Office (ICO). The ICO upholds information rights in the public interest, promoting openness by public bodies and data privacy for individuals.

The registered manager completed a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we checked the following records:

- Four people's care records
- Records of accidents, incidents and complaints
- Two staff recruitment files
- Information relating to staff training
- Audits and quality assurance reports

We visited two independent living services and talked with five people. We spoke with three relatives and one person's friend. We also spoke with the registered manager, two team leaders, two support workers, two senior support workers and the administrator.

We contacted a manager from the care management team, a care manager and a speech and language therapist from the local NHS Trust, a manager from a local retirement housing scheme and a nurse behaviour specialist to obtain their views about the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "I feel safe – 100%." A health and social care professional told us, "All my clients are in a safe environment, and from what I have seen they are treated with dignity and respect."
- There were safeguarding policies and procedures in place. Staff were knowledgeable about the action they would take if abuse were suspected. Staff told us they had not observed anything which concerned them. The local authority confirmed there were no ongoing safeguarding investigations.

Assessing risk, safety monitoring and management. Learning lessons when things go wrong

- Risk assessments were in place which had been identified through the assessment and support planning process. Risk assessments were proportionate and included information for staff on how to reduce identified risks, whilst avoiding undue restriction such as maintaining independence in the local community whilst staying safe. A health and social care professional stated, "Support workers are dedicated, supporting client sometimes in fraught circumstances and have been responsive to guidance on risk management."
- Accidents and incidents were monitored and action taken if any themes or trends were identified. Any lessons learnt were discussed during supervision and staff meetings.

Staffing and recruitment

- Safe recruitment procedures continued to be followed.
- Most people told us there were sufficient staff deployed. One person said that more staff would be appreciated. The provider was in the process of recruiting a third team leader since the service had expanded.
- During our visits to people's homes, we saw that people's needs were met by the number of staff on duty.

Using medicines safely

- Medicines continued to be managed safely. We identified minor recording issues which the registered manager told us would be addressed. Staff had a good awareness of the national project STOMP which stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines. Staff were monitoring one person's wellbeing. They were liaising with the person's psychiatrist to find out whether changes to the individual's medication had been beneficial to them.

Preventing and controlling infection

- People's homes were clean and well maintained. Staff had access to personal protective equipment such as gloves and aprons.

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

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 had individual support plans in place which were based on best practice guidelines.
- A new service had been set up. A transitional period had taken place to ensure people and staff could get to know each other and the service could make sure they could meet people's needs. One health and social care professional stated, "I have met with Turning Point on a monthly basis, communicated by phone and email many times during the planning process and as part of this, they have met with the clients concerned on a number of occasions to plan and discuss supported living and having a tenancy, in addition to facilitating the development of relationships."

Staff support: induction, training, skills and experience

- Staff told us there was sufficient training available to meet people's needs. One staff member said, "They are following training up. They did an end of life one and autism, so they do listen to the training we request." New staff completed induction training to ensure they could carry out their duties safely and effectively. One person told us, "Staff know what they are doing."
- The provider had a training department. One of the support workers at the service also provided staff training. They had undertaken teaching and 'train the trainer' qualifications. We spoke with this member of staff who told us, "Turning Point has invested in me... Whenever we do any moving and handling it's always personalised to the individual. I train the whole team so it's consistent. It is holistic and everything interlocks." The availability of specific training staff, helped ensure that training could be delivered individually in a responsive and timely manner.
- Staff told us they felt supported. We spoke with staff from the service which had recently transferred from another provider. They spoke positively about the changes and the support they had been given. One staff member said, "We were all arms out to embrace the new beginning, it was a really positive move forward for us." A supervision and appraisal system was in place.

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

- People's nutritional and hydration needs were met. People were supported to help shop, prepare and cook their meals to promote their independence. One person told us, "I like to get involved with cooking because I love food." Staff explained that one person's appetite had decreased so they were tempting them with their favourite food. Staff had prepared a "picnic lunch" for this person which included a sandwich, pork pie and grape salad.
- We contacted a speech and language therapist who told us, "[Name of team leader] and the team have done a good job of working jointly with me to assess eating and drinking needs and have quickly and effectively acted on the outcomes, and implemented mealtime support guidelines. They have successfully adopted a more client centred approach for one service user."

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

- People had access to healthcare services. People had annual health checks. An annual health check is an NHS initiative for people with learning disabilities to provide additional health support and help identify health conditions that could otherwise go undetected. Hospital passports were also completed. These are designed to give hospital staff useful information for example, details about likes and dislikes to help hospital staff understand how to make the person feel comfortable.

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

- Both independent living services we visited had been adapted and decorated to meet people's needs. One person told us, "I have chosen the wallpaper and the paint. The theme is New York so there is a brick background and New York taxis." People at one of the services we visited had moved because their previous house no longer met their needs. The new house was more spacious and people could move around more easily. Specially adapted bathing and showering facilities were available.

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.

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The registered manager told us they had highlighted to people's care managers, if they considered that people's plan of care amounted to a deprivation of liberty. Evidence of these discussions however, was not available at the time of our first visit. At our second visit, the registered manager had emailed people's care managers to remind them about any applications that may be needed to be sent to the court of protection.

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

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

- People told us that staff supported them and they were caring. One person said that some staff were more caring than others. Relatives and health and social care professionals were complimentary about the caring nature of staff. Comments from health and social care professionals included, "Care needs are met, in particular they have followed guidance to increase engagement in positive activity using an 'Active Support' approach and proactively seek solutions to continence issues," "I am able to evidence they have treated clients with kindness, dignity and respect and promoted a person centered approach" and "Several of my tenants are cared for by Turning Point and we have always found them to be efficient, caring and professional. The care staff who come into [name of retirement housing scheme] always put their clients' well-being first and are friendly to both their clients, staff [at the scheme] and other tenants."
- A number of compliments had been received from relatives and health and social care professionals. We read an email from a relative who used words such as "compassionate", "dedicated" and "kind" to describe staff at the service.
- We saw positive interactions between staff and people. There was a happy atmosphere at both houses we visited. People also visited the office and enjoyed speaking to staff who were based there.

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

- Monthly reviews were carried out. We read one person's summary which stated, "[Name of person] has enjoyed planning their day trips and holidays with support from staff and his family."

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy and dignity. They spoke with people respectfully. One person told us, "If you want to shut yourself off - you have the freedom." They said however they would appreciate more male support since most of the staff were females. We passed this feedback to the registered manager for their information. A health and social care professional told us, "My experience is that carers and management are caring and respectful in how they work with people, and how they talk about people when discussing and planning for their support needs."
- People's independence was promoted. People carried out housekeeping skills. One person told us, "I do the housework, the bins – everything." A health and social care professional stated, "One of the clients moved into the property and the staff have worked well in encouraging them and the other [person] to become more independent and I believe that they take a person centred approach."

Is the service responsive?

Our findings

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

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

- People, relatives and health and social care professionals were complimentary about the responsiveness of the service. One person told us, "I would like to mention how it's really changed my life. Before all of this, I just dedicated my life to playing games but now it's opened my door to plenty of things." A health and social care professional stated, "Yes [they are responsive] they describe difficulties as they arise and are proactive in meeting the clients' needs."
- People had support plans in place which contained personalised information. A support worker told us, "[The documentation] contains everything [people] expect from us, anything about them and their life history and how they are now. [Name of person] is quite stringent about times like they like their coffee and they like their lunch just after the news after 1pm."
- People were supported to continue their hobbies and interests. One person told us, "Me and [name of person], we tend to do socialising and go for coffee. I can go to [name of cafe] by myself... Since I've moved here, it's opened many doors and opened opportunities. I go to a racing track every year. Last year I went with [name of staff member] to the racing and it was fab – they help me book trips." This person was also an avid photographer and had been the official photographer at the most recent National People's Parliament [forum]. A relative told us, "They need 10 out of 10. They took them to the Theatre Royal and I thought it was amazing of the staff to do that."
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard (AIS). People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. Information was available in easy read format and pictures had been added to documents to make the written word easier to understand. One person used Makaton to supplement their verbal communication. Some staff from the new service which the provider had acquired told us they would like to undertake Makaton training. The registered manager told us that they would look into organising this training.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. None of the people or relatives told us they had any complaints. One person said, "If I had a complaint, I would speak with a member of staff first, it [procedure] is in my file." A relative commented, "We've nothing to complain about. Staff are very caring." Information was available to demonstrate how any concerns had been dealt with.

End of life care and support

- There was no one receiving end of life care at the time of our inspection. We checked one person's support file and saw that information about their end of life wishes was included. A staff member told us, "It's done with them - that's why the pictures are on to make it easier to understand."

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

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

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

- People, relatives and health and social professionals spoke positively about the registered manager. One person told us, "I like [name of registered manager] she is dead canny [nice]." A staff member said, "She is reliable and consistent." The registered manager was supported by two team leaders. Positive feedback was also received about the team leaders. Comments from health and social care professionals included, "The team leader communicates clearly and in good detail with regard to incidents and health issues and supports the team effectively with practical suggestions and a listening ear" and "We have a good working relationship with management and staff which ensures that we can all work together in the best interests of the clients."
- The service was expanding. An established supported living service had transferred from another provider in November 2018 and a new service had been set up in Amble at the time of our inspection. There was ongoing staff recruitment. Existing experienced staff worked alongside new staff to ensure the staff teams had the skills, experience and knowledge to meet people's needs.
- The registered manager had submitted notifications of events at the service in line with legal requirements.

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

- A quality assurance system was in place. A range of audits were carried out to monitor all aspects of the service. Action was taken if any shortfalls were identified.
- A computerised system was in place to monitor staff training to ensure that staff had access to relevant training in a timely manner.

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

- Systems were in place to obtain the views of people. People were supported to take part in the recruitment of staff to ensure prospective staff had the values and skills which met their needs and preferences.
- People's Parliament' meetings were held. These forums were organised to give people a voice to say what they wanted and how they wanted their service to be run. Local forums were also held and guest speakers such as the local MP, the fire brigade and police attended.
- Surveys were carried out. A relative told us, "[Name of person] is particularly happy. They had to fill in a form and they stated they were happy."