Turning Point

Turning Point - Parkview

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

The inspection took place on 25 and 31 October 2017 and was unannounced. When we last inspected the service on 14 August 2015 we found that people's medicines were not always managed effectively and safely and the systems in place did not always prove effective in monitoring and identifying errors with regard to the management of medicines.

Following the comprehensive inspection, the provider wrote to us to tell us how they would make the required improvements. At this inspection we found that the provider had made the necessary improvements and therefore improved the quality of the service provided at Parkview.

Parkview provides accommodation and personal care for up to six people who have a learning disability and the home was fully occupied on the day we inspected.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

Accommodation is provided on one level and all areas of the service are accessible to wheelchair users. All bedrooms are for single occupancy and there are separate toilets and bathroom/shower facilities. There is a large kitchen, communal areas, including a dining room, a lounge and a conservatory for people and their visitors to use.

The majority of people who lived at the home were unable to communicate verbally but we observed staff supporting people with a range of communication aids, which included signing and interpreting people's body language with regards to meeting their needs and wishes. People welcomed us into their home and we found people felt safe and happy living at Parkview.

We found that people were supported to take their medicines by trained staff. We saw that staff followed safe practices and medicines were accurately documented and stock levels checked were correct.

Staff understood how to keep people safe and risks to people's safety and well-being were identified and managed. The home was calm and people's needs were met in a timely manner by sufficient numbers of skilled and experienced staff. The provider operated thorough recruitment processes which helped to ensure that staff employed to provide care and support for people were fit to do so.

People were involved in planning and reviewing their care and were encouraged to provide feedback on the service. Care was subject to on-going review and care plans identified people's particular preferences and choices.

People were supported to play an active part in their local community and follow their own interests and hobbies. No formal complaints had been made since the last inspection took place but informal issues were dealt with appropriately and to people's satisfaction.

We found that staff members received regular one to one supervision and felt supported and valued. People received the support they needed to eat and drink sufficient quantities and their health needs were catered for with appropriate referrals made to external health professionals when needed.

Relatives complimented the staff team for being kind and caring. Staff were knowledgeable about individuals' care and support needs and preferences and people had been involved in the planning of their care where they were able. Visitors to the home were encouraged at any time of the day.

The registered manager had arrangements in place to receive feedback from people who used the service, their relatives, external stakeholders and staff members about the services provided. There was an effective system in place for people to raise complaints about the service they received.

There was an open and respectful culture in the home and relatives and staff were comfortable to speak with the registered manager if they had a concern. The registered manager had arrangements to regularly monitor health and safety and the quality of the care and support provided for people who used the service.

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.

Staff knew how to recognise and report allegations of abuse.

Staff did not start work until satisfactory employment checks had been completed.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff were aware of their responsibilities in respect of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLs).

People's health and nutritional needs were effectively met.

Is the service caring?

Good

The service was caring.

People said staff were caring, kind and compassionate.

Staff recognised people's right to privacy, respected confidential information and promoted people's dignity.

There was a homely and welcoming atmosphere and people could choose where they spent their time.

Is the service responsive?

Good

The service was responsive.

People's care plans were detailed, personalised and contained information to enable staff to meet their identified care needs.

A choice variety of activities were available within the home provided by staff, and also people were supported to attend local community groups.

People were supported to make meaningful decisions about how they lived their lives.

Is the service well-led?

Good

The service was well led.

There were opportunities for people and staff to express their views about the service via meetings, discussions with the manager and through surveys.

A number of systems were in place to monitor and review the quality of the service provided to people to ensure they received a good standard of care.

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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.

This inspection took place on 25 and 31 October 2017 by one inspector. The inspection was unannounced.

Before the inspection, we reviewed the information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. On this occasion a Provider Information Return (PIR) had not been requested prior to the inspection. This is a form that requires the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also received feedback from health and social care professionals, stakeholders and reviewed the commissioner's report of their most recent inspection.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spent time in the communal lounges, and also met with individual people in the privacy of their own rooms.

During the inspection we observed staff support people who used the service, we spoke with two people who used the service, five staff members, the registered manager, one representative of the provider and three relatives to obtain their feedback on how people were supported to live their lives.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to three people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality monitoring audits.

Good

Is the service safe?

Our findings

At the previous inspection in August 2015 we found that people were placed at risk from medicines not being managed or administered effectively or safely and people's individual risk assessments had not been regularly reviewed or updated. At this inspection we found that this had improved.

We were unable to seek the views of everyone who lived at Parkview due to their complex needs. However with the support of the staff on duty and the use of both sign and body language we were able to establish that each person at the home felt safe and happy. We saw people were relaxed and related comfortably with staff throughout our visits. There was a calm and friendly atmosphere.

We spoke with two relatives who told us they were confident about the care their [family member] received, that it was safe and there were sufficient staff available to keep people safe at all times. One relative said, "I have never worried about the safety or the wellbeing of [name]. They always seem very happy to come back 'home', which to me is a good sign." We spoke with staff members who told us that were confident that they provided people with safe care. One staff member told us, "I have been employed here from the beginning and the people who I care for are what puts a smile on my face each and every day. This is not a job but a vocation and gives meaning to my life."

Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Staff were clear about what constituted abusive practice and were able to describe how they would report concerns both within the organisation and externally. Information and guidance about how to report concerns, together with relevant contact numbers, was displayed in the home and was accessible to staff and visitors alike. This showed us that the provider had taken the necessary steps to help ensure that people were protected from abuse and avoidable harm. All staff we spoke with were able to describe the signs of abuse and the correct procedure to follow if an incident of alleged abuse occurred. We saw that information that related to how to report allegations of abuse to the local authority was displayed within the office.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risk. For example we saw a risk assessment for one person whose behaviour challenged others, and another for a person who was at risk of choking and the risks associated with taking a person out of the home who had epilepsy. We found all these risk assessments had been updated and reviewed within the past six months.

Safe and effective recruitment practices were followed which helped make sure that all staff were of good character and suitable for the roles they performed at the service. We checked the recruitment records for three staff members and found that all the required documentation was in place which included two written references and criminal record checks. (DBS)

There were suitable arrangements for the safe storage, management and disposal of medicines and people

were supported to take their medicines by trained staff. We checked the medicine administration records [MAR] for all people who used the service and found that these were all up to date with no gaps or errors found. We found that boxes of tablets were dated to indicate when they had been opened and the amounts held agreed with the amount recorded on the medicine administration record. We saw that when medicine errors had occurred they were thoroughly investigated and effective steps taken to reduce the risks and likelihood of reoccurrence.

We asked four staff if they thought there were enough staff provided to do their job effectively and safely. All four told us that there was. The registered manager confirmed that there was always a minimum of three or four staff provided throughout the day time which helped to ensure people had the opportunity to go out on social trips but this also meant that for people who chose to remain at home, the staffing levels were also adequate. One staff member told us, "I feel people are cared and supported by staff who are competent and committed to improving the lives of everyone who lives at Parkview." There was also one waking night staff member on duty each night to provide people with support if needed.

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training, for example in first aid and fire safety. Regular checks were carried out to help ensure that both the environment and the equipment used were well maintained to keep people safe, for example fire alarms. Everybody who lived at the service had personalised guidance in place to help staff evacuate the home quickly and safely in the event of an emergency situation.

Good

Is the service effective?

Our findings

Although the majority of people who used the service were not verbally able to tell us about the care and support they received, we were able to observe some positive interactions between staff and people who used the service throughout our inspection. We saw that staff met people's needs in a competent manner which demonstrated that they knew the people well. For example, one person had become very anxious due to our unannounced visit. We saw that the staff member approached this person in a calm manner and gently comforted them and offered them the opportunity to go out on a trip in the minibus for lunch. We saw the support and reassurance offered by this staff member helped the person become reassured and less anxious. We saw the person then left the home smiling supported by the same staff member.

We spoke with one professional who visited the home and they told us, "I feel that the staff possess the necessary skills to support the service users. They clearly know each service user well and seek out training where there is a gap in knowledge."

Training records confirmed that staff received a varied training programme and that the training was updated appropriately. Specific training had been provided which ensured that staff had the skills and knowledge to support people for example with behaviour that challenges and how to support a person when they became distressed or anxious. One member of staff said, "We have many opportunities to do training here .The manager supports us with a range of training over and above the mandatory training we are expected to do. For example, equality and diversity training and epilepsy training.

The registered manager told us, "There is a culture of learning amongst the staff team which involves sharing each other's knowledge to ensure good practice is promoted and maintained. As a management team we also give staff members opportunities to train to become 'Champions' of specific areas within their role. For example we have supported two members of staff to access additional specialist training in 'Food and Nutrition' to support one person who has a complex dietary condition that requires extensive monitoring of their food and fluid intake. By staff attending this training they were able to discover new recipes and foods that [name] can eat and drink, new ideas on how to involve them more with their meal choices and preparation. The staff then cascaded this information to the rest of staff team."

All new care staff completed an induction programme at the start of their employment that followed nationally recognised standards. The induction process included shadowing more experienced staff before working with people independently. One staff member explained how they had 'shadowed' a senior member of staff when they first started and confirmed that they were able to do this until they felt confident to work alone. The registered manager explained that the induction period for new staff varied depending on the individual's competency but confirmed that new staff were not put under any pressure to rush through their induction period. This was confirmed by all five staff we spoke with. One staff member told us, "The registered manager is very supportive and there is no pressure for us to complete our induction before I feel completely ready."

We saw evidence that staff received regular support and supervision from the registered manager. An annual

appraisal system was in place and all three staff on duty told us that they felt they received the support and guidance they needed from the registered manager. One staff member told us that, "The manager is always available to discuss any concerns we may have as well as having formal supervision every two months and regular staff meetings."

The Mental Capacity Act (2005) (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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. We checked whether the service was working in line with the principles of the MCA and found that. The registered manager had made Deprivation of Liberty safeguards (DoLS) applications to the local authority which related to keeping people safe within the home.

People's consent was asked for before care and treatment was provided and the management and care staff demonstrated an understanding of the MCA. For example, consent had been obtained for a person's photograph to be taken and consent to administer their medication. We saw that there was pictorial information within each person's care plan which detailed all aspects of the care provided, which included a pictorial 'Consent to Care' document. This information also included medication, finances and money, health and personal care and information about advocacy services. We also saw evidence of a mental capacity assessment that had been completed with regard to specific decisions for one person in relation to the management and distribution of their finances. We saw evidence that this document had been signed by both parties. This meant that people were supported to make informed consent in a way they could fully understand.

We saw staff used visual aids to support people with different choices. For example we observed staff asked people what they would like for their meal; they used pictures to support people with making their choice.

We saw people were provided with food and drink throughout the day. At lunchtime we saw people were given the meals from the pictorial menu displayed within the kitchen and that they had chosen. We observed people were supported to eat their lunch, where required. We spoke with the staff member who was in the process of preparing the mid-day meal. We saw that there were several different meals offered to people which was reflective of their choices and preferences.

We also saw that people were supported with special dietary requirements where required, for example one person required a very specific low protein diet due to a rare genetic condition that meant the person has an intolerance to certain foods and if eaten, would place them at risk of harm . We saw that there were detailed guidelines in place for staff to follow, which included weighing and measuring all foods provided in order to protect and maintain the person's health and welfare.

We saw in people's care plans that people received care, treatment and support which promoted their health and welfare. People had access to GP's and other care professionals when required. For example, we saw from one person's care plan that they had recently been visited by the community nurse to review their epilepsy protocol. This information was well documented, with the date and the advice and action taken. We also saw from care plans that people were supported to attend regular visits to the dentist, community learning disability team and the behavioural assessment team.

People were supported with their healthcare needs and staff worked in partnership with other professionals. Information about people's health conditions and any medicines they took was in their care plans for staff

to access. One relative told us that, "The staff always do make sure my [family member] goes to the dentist for their check-ups." They also told us that they were confident they would be told of any concerns and kept up to date if there were any health concerns about their relative. Staff helped people understand, manage and cope with their health needs by sharing information and supported them to attend their appointments.

We saw records that demonstrated that people were linked to local mental health and learning disability services, when required. The registered manager and staff said they worked in partnership with all parties which helped to ensure the best outcome for people. We received positive feedback from two professionals about the support the staff offer people in the home.

Good

Is the service caring?

Our findings

People and their relatives had been invited to take part and contribute to regular reviews of their care. There was good use of photographs and also a profile of people that stated what people liked, what was important to them and how they wished to be supported. We saw that each person's plan of care was produced in a pictorial format and with the involvement of the person and their family. Where possible this document had been signed by the person themselves. This meant that people received care that met their needs and took into account their individual preference, needs and choices.

Throughout our visit we saw kind and caring interaction between staff and the people who used the service. People we spoke with were complimentary about the staff, we were told by one relative, "The staff at Parkview have all worked really hard to support [name] and I think part of their success is that there are some staff who have been working at Parkview since it opened and I think this definitely makes a difference." One person who lived at the home pointed to one staff member and told us, "Staff nice."

We saw that staff helped and supported people with dignity and respected their privacy. For example when staff entered people's rooms they were seen to knock on the door. We saw throughout the inspection the staff approach was calm, caring and respectful of people's needs. For example, we observed staff discreetly asked people if they wished to use the lavatory. One visiting professional told us, " The staff are always seen to uphold people's dignity and demonstrate the upmost respect to each and every one of the people who live at Parkview."

We saw that staff listened and responded clearly. For example, one person wanted staff to do something with them immediately by grabbing their arm even though this staff member was busy supporting someone else. We saw that the staff member responded in a calm and patient manner and explained they would help them once they had finished what they were doing. We saw that the level of support offered helped the person remain calm until the staff member was available to join them.

We found that staffing levels were adequate in order to support people's individual needs. One staff member told us that they felt staffing levels and training were appropriate and this meant that they were not rushed and could provide good support and care. In particular they felt the service encouraged people to access local community events and trips out to the local shops and restaurants. One relative we spoke with told us, "I feel that the staff who are employed at Parkview are the right kind of staff and a good mix of both female and male staff which is important."

We were invited to look around some people's bedrooms and found these to be well maintained and personalised with items that reflected people's interests and hobbies.

People were supported to have regular contact with their families, where possible. Family and friends were welcome to visit at any time and during our discussions with staff it was evident that they knew people's families well.

Confidentiality was maintained throughout the home and information held about people's health, support needs and medical histories were kept secure. Information about advocacy services was made available to people and their relatives should this be required. We were told by the registered manager that advocates were available although nobody currently had requested to use this service.

Good

Is the service responsive?

Our findings

Parkview provides a service to people with both complex and challenging needs. People, and their family members, said that they considered staff met people's care needs. One relative told us, "Everyone at Parkview from the manager to the care staff make it a welcoming and happy place for [name] to live. I get peace of mind and know I can call anytime and speak to someone who can help."

The registered manager met people before they moved into the home and they carried out a `pre-admission` assessment. This helped identify people's support needs and care plans were developed stating how these needs were to be met. For example, we saw evidence that the registered manager and staff had worked hard to support a new person move into the home by implementing a comprehensive and detailed transition plan. We saw this plan detailed each step of the transition and involved a range of both professionals and family members who assisted this person to move into their new home. The timescales provided ensured that the person was able to take each step at their own pace and clearly contributed to the success of their new placement at Parkview.

We saw that people were involved with their care plans as much as was reasonably practical. Where people lacked capacity to participate, people's families, other professionals and people's historical information were used to assist with care planning.

We observed the interactions between staff and people who lived at Parkview. We saw that staff were consistent and kind when they related to people. They listened and responded clearly. For example, we saw one staff member note that a person who was seated in the dining room appeared to be upset. The staff member communicated with the person by means of a range of pictures to ascertain how they were feeling and what they could do to assist them. This showed that staff were knowledgeable and clearly understood the needs of each individual within the home and were able to respond appropriately.

People's care plans had been further improved since the last inspection took place and were now more person centred. For example, each care plan now provided a 'one page' profile on each person, which gave an insight into the person's preferences, likes and dislikes. This was called 'What you need to know.' For one person's record we reviewed it stated, 'In the morning I get up around 6.30 and leave my room to meet the waking night care staff in the living room. I am supported every day to have a shower or a bath. I am offered a choice of activities that change daily. I go swimming once a week with two staff. I also have music therapy and go horse riding every week. Waking night care supports me to go to bed, times may vary depending on my choice.'

We saw another example where staff had worked hard to support a person to maintain contact with their family with the use of information technology. The staff supported this person to purchase a tablet computer. This person was then able to video call and face time their family when they were unable to visit and this was found to have reduced this person's anxiety significantly. They were also able to take pictures of various activities they had taken part in to show to their family. This also helped as a 'visual' prompt when they required assistance but were unable to verbally communicate their wishes. This meant that people

were provided with care and support that was individual and person centred.

We saw that daily records contained step by step information about the care that staff provided to meet people's needs. This meant that there were personalised care and support records in place for people which ensured that the staff were clear about the support that was required.

Staff were all knowledgeable about the people they supported. We saw from the information provided during our visit that all staff had undertaken training which ensured that people were given the support they needed in a way that was sensitive to their age, disability, gender, race, religion, belief or sexual orientation.

Staff demonstrated that they were aware of people's preferences and interests, as well as their health and support needs, and they provided care in a way people preferred. One member of staff said, "I have worked in other places but feel that at Parkview people are provided with care that is individual and I think we can do this because the home is nice and small."

One person we spoke with was able to communicate through their body language and through signing that they were happy and pointed to a staff member and saying 'like' and gestured to this person with a smile. Another person was able to show a member of staff what they wanted help with by taking their hand and leading them to the kitchen.

We saw that staff supported people to follow their own individual interests and hobbies. Records showed that people were supported to take part in a range of diverse and interesting social activities. For example, people had the opportunity to go horse riding once a week as well as weekly swimming sessions and regular trips out to local parks and the shopping centre. Some people also attended local daycentres where they enjoyed art and craft sessions, gardening and music therapy. We saw that each person had an individual pictorial activity plan in place which helped people make informed and personal choices about how they spent their leisure time.

Each person had their own bedroom and had been encouraged to personalise them. We saw that this included pictures, photos, televisions and music centres. The environment was generally maintained to a satisfactory standard, although some of the bathroom and toilet areas would benefit from being redecorated.. There were several communal areas where people could relax and socialise, watch television or take part in activities supported by staff.

The service had a complaints policy in place. This had been produced in both a written and pictorial format which ensured people who were unable to fully understand the written word could gain a full understanding of how to make a complaint. There were no formal complaints made to the service in the last year. We spoke with two relatives and one professional who all confirmed that they were confident that any concerns or complaints they had about the service would be dealt with effectively and promptly by the registered manager.

Good

Is the service well-led?

Our findings

Although the majority of people who used the service were not verbally able to tell us about the care and support they received, we were able to observe people's body language and their interaction with staff confirmed that people were happy living at Parkview and with the care provided.

Relatives and staff were all positive about how the home was run. They were complimentary about the registered manager who they described as being approachable and supportive. One staff member told us, "The manager is one of us and they are passionate about the people who live here, we are one big happy family with the manager at the helm."

We found the registered manager worked hard to continually familiarise themselves with the changing needs of each person who lived at Parkview, their complex needs, personal circumstances and relationships. We found that staff understood their roles, responsibilities and what was expected of them. A staff member commented, "The manager is always around to give us support when we need it and when they are not here one of the senior staff takes over." As part of their personal and professional development, staff were supported to obtain the skills, knowledge and experience necessary for them to perform their roles effectively. This included specific awareness about the complex needs of the people they supported.

Due to the size of the home the registered manager had a very 'hands- on' approach with both the people who lived at Parkview and the staff team. We saw that they had an open door policy and the atmosphere throughout our visit was both relaxed and welcoming.

The registered manager was supported by their area manager and had regular monthly meetings. These meetings were also used as learning events, to discuss any relevant changes to legislation, regulation or to review and update any best practice guidance. There was sharing of information from the providers of other services within the organisation to support their learning. The registered manager told us that they could just pick up the phone day or night for management support.

We observed and staff confirmed that the managers led by example and demonstrated strong and visible leadership. One staff member said, "I have good relationships with everyone who works here and I always feel supported."

Information gathered in relation to accidents and incidents that had occurred were reviewed by the registered manager who ensured that learning outcomes were identified and shared with staff. We saw a number of examples where this approach had been used to good effect. For example, one person who had behaviour that challenged, the home and outside professionals had worked collaboratively to reduce the number of incidents to the benefit of both the person themselves, the other people who lived at the home and the staff who supported them.

We saw that people, their relatives and staff views, experiences and feedback had been actively sought and responded to in a positive way. Questionnaires seeking feedback about all aspects of the service were sent

out annually and the responses used to develop and improve the home. We saw from the outcome of surveys that people and their relatives were positive about their experiences, the services provided and how the home operated.

Measures were in place to identify, monitor and reduce risks. These included audits carried out in areas such as medicines, infection control, care planning and record keeping. The registered manager was required to gather and record information about the homes performance in the context of risk management and quality assurance and prepare a monthly summary and progress update for the provider. This showed that the provider and registered manager were committed to providing a safe service in which to live and to maintain people's health and welfare.