

Turning Point

Turning Point - Brickfields Cottage

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

This inspection was carried out on 5 January 2016 and was unannounced.

Turning Point-Brickfields Cottage provides accommodation and personal care for up to 6 people with learning difficulties. There were 6 people living at the service on the day of our inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (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.

At the last inspection on 22 July 2014, the service was found to not be meeting the standards in relation to safeguarding people from abuse due to an ongoing investigation into how the provider funded the use of the mini bus. At this inspection we found that the issue had been resolved and the home was meeting the standards.

People were protected from the risk of abuse. Staff had a good understanding of how to recognise and report concerns. Risks were assessed and monitored and action to mitigate risk was taken without limiting people's right to live.

People were supported by appropriate levels of staff which met their care needs and enabled them to spend time in the community and participate in events and activities. Staff were recruited through a robust procedure and received the appropriate training and supervision.

People were supported to eat and drink sufficient amounts and had regular access to health care professionals. Care was person centred and the culture in the home was people first. This was shared by the manager and staff.

There was strong leadership in the home and staff were valued and given additional responsibilities to ensure the smooth running of the home. There were systems in place to monitor the quality of the service and address any issues.

The Mental Capacity Act (2005) 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. The application procedures for this in care homes and hospitals are

called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working in line with the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the service was working in accordance with MCA and had submitted DoLS applications which were pending an outcome.

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 were supported by staff who knew how to keep them safe.

Accidents and incidents were reviewed and risk of reoccurrence reduced.

People were supported by sufficient numbers of staff who had undergone a robust recruitment process.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who received appropriate training and supervision.

People had their capacity assessed and consent obtained prior to support being delivered.

People had sufficient amounts of a variety of food and their health was promoted.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring.

People were involved in planning and reviewing their care.

People's relationships with family and friends were promoted.

Is the service responsive?

Good ●

The service was responsive.

People received care that met their needs and their care plans gave clear guidance to staff.

There were activities that took into account lifestyles, hobbies and interests.

People's feedback was sought and responded to appropriately.

Is the service well-led?

Good ●

The service was well led.

There was strong leadership in the home.

There were systems in place to ensure the smooth running of the service.

There was an open and people first culture.

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Turning Point - Brickfields Cottage

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This visit took place on 5 January 2016 and was carried out by one inspector. The visit was unannounced. Before our inspection we reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the Provider Information return (PIR) which sets out how the service is meeting the standards.

During the inspection we spoke with one person who lived at the service, two relatives, two members of staff and the registered manager. We received feedback from health and social care professionals. We viewed two people's support plans.

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

Is the service safe?

Our findings

People felt safe living at the service. One person told us they felt safe and our observations showed that people were relaxed and comfortable with staff. Relatives had no concerns about the safety of people living there.

Staff were familiar with how to protect people from the risk of abuse and knew how to report any concerns. Information on how to raise concerns was displayed. One staff member told us, "I'd whistle blow if I was worried."

People had their individual risks assessed which supported them to live their lives positively without unnecessary restrictions placed on them. We saw that staff had assessed the type of risks associated with an activity and put a plan in place to enable people to do what they enjoyed. For example cooking and going swimming. Staff recorded a control measure for swimming stating that the person should not to go in above their neck due to increased risk.

Accidents and incidents were recorded and monitored for themes or trends. We saw that all events, bruises or accidents included an account of what happened, action taken and who it had been reported to. Staff told us that remedial actions were discussed at handover and staff meetings. This was so staff could review the any lessons learned and review their own practise

People were supported by sufficient numbers of staff. Care needs were met in a timely fashion and staff had time to sit with people and ensure they pursued interests and activities. We saw that care was given in an unrushed way and staff had time to speak with people. The home was fully staffed and the rota was covered to ensure consistency.

Recruitment procedures were in place to ensure that all perspective employees had undergone the appropriate checks prior to commencing employment. This included full employment history, criminal records checks, references and proof of identity. This helped to ensure people were supported by staff who were fit to do so.

Medicines were managed safely. People had individual boxes and these had the temperature monitored. Medicine records and stocks were accurate and staff counted boxed medicines daily. We saw that there was a protocol for as needed medicines guiding staff on when these were needed. There were also plans on how to support people to take their medicines. For example, if they needed to take their medicines with a spoon of lemon curd to help them swallow it for people assessed as having swallowing difficulties. Staff had received training and competency assessments prior to administering medicines and this was reviewed annually.

Is the service effective?

Our findings

People were supported by staff who had received the appropriate training and supervision. People were unable to give their views on the competency of staff but relatives told us they felt the staff were knowledgeable. One relative said, "Whatever they do they do well."

Staff received regular training updates and we saw that all staff training was up to date with refreshers scheduled for training that was due. Staff received a robust induction prior to starting employment which consisted of a week of shadowing staff which was time to read the service's policies and also to read people's care plans and get to know them. There was a six month programme they were to follow which enabled them to be competent to lead a shift at the end of the programme.

Staff told us that they felt supported. One staff member said, "There is definitely enough support, I feel like supervisions come really often." We saw that staff received monthly meetings but also a one to one session with the manager every six weeks. These sessions covered all aspects of the staff member's performance and set goals or actions as needed. These were reviewed at the next session. For example, to enrol onto a health and social care diploma.

People were encouraged to participate in decision making about their care. We saw that staff asked people's consent before supporting them. For example, if they wanted to go out for the day and what time to get up. Where people were unable to make decisions, a mental capacity assessment was completed. However, we saw that if a person lacked capacity to make important decisions, staff still asked them for their choices in relation to day to day decisions. In addition, best interest meetings were held and the outcome documented. People who required constant supervision, support when going out and it's in their best interest to receive personal care, had DoLS applications pending. These had previously been authorised and the manager was waiting for the reviews to be completed by the local authority. During this time they worked in accordance with people's agreed best interest.

People were supported to eat and drink sufficient amounts. We saw that staff spent time with people showing them visual choices of what they could choose for lunch. People picked various things including soup, sandwiches and beans on toast. We noted that when a person didn't eat much of their chosen lunch, staff promptly offered them something else which we saw them enjoying shortly afterwards. Staff told us that everyone living at the home had a good appetite and drank well. Then went on to say that when a person recently was a bit off their food they recorded all the things they refused. We saw this record. Staff record what each person had for each meal. One staff member said, "This is not to monitor intake but so we can check they are having enough variety."

There was regular access to health and social care professionals. Staff were prompt in recognising a change to people's health and contacting the appropriate professional. We also saw that staff were passionate in ensuring people received the treatment they felt was required and followed up with professionals to ensure it was carried out. A health care professional told us that staff referred to the relevant professional appropriately and always followed any advice given.

Is the service caring?

Our findings

People were treated with dignity and respect. For example, when we entered the home, staff introduced us to everyone we met as we walked through the home. Staff respected people as individuals and acknowledged this was their home and their life.

People were not able to express their views due to complex health needs but relatives told us staff were kind and caring. One relative said, "They [staff] are very kind and caring, always welcoming." They also said, "I'm so glad we accepted a place here. [Relatives] are happy here, they call it home, and like to see their friends." A health professional told us that staff were friendly and always available. People were referred to by their names and staff approached them as equals. We heard staff talking between themselves about some art a person had done. They were praising the person's talent and stating how good it was. We noted that people were friendly with the manager and staff and were comfortable with them. One person came to the office to say bye to the manager prior to going out, offered to take the manager's cup to the kitchen and gave them a kiss on the cheek.

Staff spent time with people. We saw that when people sat to watch a film, staff sat with them. When one person wasn't showing an interest in the film, a staff member sat with them chatting and gave them a hand massage. Staff noticed when people changed their clothes and complimented them on their appearance, this was responded to with a smile particularly by a person who enjoyed changing their clothes and looking nice.

People were encouraged to maintain their relationships. Staff welcomed visitors in the home and new family members well. We found that two people stayed with family every weekend and there photos showing this on the activity board so they knew what they were doing. There was regular access to the community and people attended day centres. One person described this to us as, "Going to work." They told us they enjoyed this.

People were involved in planning and reviewing their care. We saw that care plans were completed in pictorial form to help people understand them. We also saw that staff spent one to one time with people asking them how things were, if they were happy and for suggestions for meals and activities. In one person's case they had signed these records. Where people were not able to participate verbally, staff told us they spent time interpreting reactions to events, food and choices, including watching their eyes as an indicator of something they preferred. At times relatives and advocates were involved, in particular when it was a decision that impacted on their life. For example, receiving support with personal care. Plans were detailed and included a large amount of information about people, what their strengths were and how they chose to live their life. They gave a real sense of the person and not just what their needs or limitations might have been. When reviews took place they were in depth and covered all aspects of the person's life setting agreed new goals for the upcoming month. This demonstrated that staff knew people well, they treated everyone as individuals and there was a person first culture in the home.

Is the service responsive?

Our findings

People's care needs were met. Staff were familiar with each person's needs and able to describe to us the varying abilities of those they supported. This was in relation to getting washed and dressed, using the toilet and going out. Relatives told us they were very happy with the care people received. One relative said, "You will never find anywhere better, whatever they need to do, they do it." People's assessed needs were clearly described in people's plans giving a significant amount of guidance to staff to enable them to meet their needs safely and in accordance with their preferences. Plans were reviewed regularly and any changes were reflected. Goals were set up for people and these were reviewed to see if they had achieved them.

People had access to activities, hobbies and interests. We saw that staff spent time engaging people in drawing, puzzles and games on the morning of our inspection. We saw that people went to day centre regularly and on their days spent at home they went out with staff for various activities. For example, swimming or bowling. We noted that people were offered to go along for the ride when dropping people off to day centre. All four people who were not attending the day centre chose to go for the ride. In the afternoon time was spent watching a film and having one to one time with staff. The service joined in with group events with the other homes in the area. We saw that they had recently had a recruitment day which people had been actively involved in and there was also a sports day event. There were photos displayed of all activities and we noted that a staff member spent time speaking with people about them and reminiscing.

People were asked for their feedback through one to one keyworker meetings and surveys. We saw that there had been a survey about general satisfaction and also about the sports day to see what they could do better. All feedback received was positive and there were no actions needed.

There was a complaints procedure displayed and the manager kept a record of any complaints or grumbles received. However, there had been no recent complaints. Relatives told us they had not needed to make a complaint. One relative said, "I can't fault them at all." They went on to say, "If I've got anything to say I just say it but I've no complaints, lovely home." The staff documented any refusals of food, incidents where people appeared cross or unhappy and all events that may need reviewing to see if there was any remedial action to be taken. We saw that these were discussed at staff meetings to ensure that any triggers to behaviours were avoided and to prevent a reoccurrence.

Is the service well-led?

Our findings

There was clear leadership in the home. People knew the manager and the team leader well. People were unable to tell us their views on the leadership of the home but relatives were very positive. One relative told us, "I'm very happy with them." Another relative said, "They are excellent, both [the manager and team leader] of them." A health care professional told us that the manager was always available for feedback at the end of their visits. The manager and team leader worked well together sharing tasks to ensure the smooth running of the home. For example, the manager took the lead but delegated tasks such as medicine management and training to the team leader. We also saw that other staff members took lead roles in some areas, for example, health and safety. As a result, all areas we reviewed had been monitored and staff felt valued. Staff were positive about the leadership in the home and told us that the manager was very supportive. One staff member said, "She works on the floor with us to keep her hand in and oversee everything." Another staff member said, "The leadership is pretty good, she's not just in the office but out here on the floor, if you have an issue you can go to her." They went on to say they enjoyed working at the service and this was due to the management, the team work and the people. They said, "Everything is done well here."

Systems were in place to monitor the quality of the service and these were reviewed annually. The manager told us, "It's really good at making sure everything is in place and up to date." We saw that in addition to the annual provider review, there were monthly provider visits and internal audits carried out. Actions set from these visits were documented and reviewed.

The culture in the home was a people first approach. This was from the manager and through the staff. Staff were clear that it was primarily people's home and not their place of work and were committed to providing a safe and happy home for them. The manager and the team leader were comfortable to challenge views of others if these were not what was best for people living there. For example, they had been advised to put hand washing technique posters in people's own bathrooms but the manager and team leader felt this took away from the homely feel. They were satisfied that support offered and monitoring of people's abilities and the training and supervision of staff ensured good hand hygiene was maintained.

The management team were proactive in leading the home and striving for a high quality of service. We saw that there had recently been a recruitment day to help them find new staff. People had been involved in this process and the event held at a village hall. As a result two new staff members were gained who the team leader told us, "They are excellent, so enthusiastic." Relatives also told us that even the new staff were good and cared about the service. The manager told us that they shared roles with different members of the team because as well as benefitting the service, it was positive for the provider if they progressed within the organisation but also for the staff member's personal development, even if this meant that they eventually moved on. This demonstrated that the ethos of the home was to improve services and continually work on maintaining standards.