Turning Point

Franklin Avenue

Inspection report

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Date of inspection visit: 12 and 16 November 2015
Date of publication: 16/12/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 12 and 16 November 2015 and was unannounced. When we last inspected the home in November 2013 we found that the provider was meeting the legal requirements in the areas that we looked at.

Franklin Avenue provides accommodation and support for up to six people who have a learning disability or physical disability. At the time of this inspection there were five people living at the home.

The home has a registered manager. 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.

People were safe and the provider had effective systems in place to safeguard them. Their medicines were administered safely and they were supported to access other healthcare professionals to maintain their health and well-being. People were given a choice of nutritious food and drink throughout the day and were supported

Summary of findings

to maintain their interests and hobbies. They were supported effectively and encouraged to maintain their independence. They were aware of the provider's complaints system and information about this and other aspects of the service was available in an easy read format. People were encouraged to contribute to the development of the service and had access to an advocacy service.

There were sufficient, skilled staff to support people at all times, however the recruitment processes in place were not robust. Staff were well trained and understood and complied with the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards. They were caring and respected people's privacy and dignity. Staff were encouraged to contribute to the development of the service and understood the provider's visions and values.

There was an effective quality assurance system in place.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

The provider's recruitment processes were not always robust.

Staff had a good understanding of safeguarding procedures to enable them to keep people safe.

Risk assessments were in place and reviewed regularly to minimise the risk of harm to people.

Emergency plans were in place.

Requires improvement

Is the service effective?
The service was effective.

Staff were well trained.

Consent was obtained before support was provided.

The requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were met.

Good

Is the service caring?
The service was caring.

Staff's interaction with people was caring.

People's privacy and dignity were protected.

Friends and relatives could visit at times that suited them.

Good

Is the service responsive?
The service was responsive.

People were involved in assessing their support needs and staff respected their choices.

People were supported to follow their interests.

Information about the provider's complaints system was available in an easy read format.

Good

Is the service well-led?
The service was well-led.

The provider had an effective system for monitoring the quality of the service they provided.

The manager was supported by a network of senior people within the organisation at all times.

Good

Summary of findings

Staff were aware of the provider's vision and values which were embedded in their practices.	

Franklin Avenue

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 12 and 16 November 2015 and was unannounced. It was carried out by one inspector.

Before the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with an Independent Mental Capacity Advocate (IMCA) who supported two people who lived at the home.

During this inspection, we spoke with three people who lived at the home, three members of staff and the registered manager. We observed how care was delivered and reviewed the care records and risk assessments for three people who lived at the home. We carried out observations using 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. We checked medicines administration records and reviewed how complaints were managed. We looked at two staff recruitment records, staff training and supervision records. We also reviewed information on how the quality of the service was monitored and managed.

After the inspection we spoke with a relative of a person who lived in the home.

Requires improvement

Is the service safe?

Our findings

A person and the relative of another person told us that they or their relative was safe. The relative told us, "Yes, [Relative] is safe. They leave her alone in her room, but there is always someone around and listening out for her."

The provider had an up to date policy on safeguarding. Staff we spoke with told us that they had received training on safeguarding people and were able to demonstrate that they had a good understanding of what to look for. They told us of the procedures they would follow if they had concerns. The manager told us that they would report relevant incidents of concern to the local authority and to the Care Quality Commission, but there had been none to report recently.

We saw that there were person centred risk management plans for each person who lived at the home. Each assessment identified possible risks to people, such as an injury occurring when people were assisted with shaving facial or body hair, the steps in place to minimise the risk and the steps staff should take should an incident occur. Risk assessments were regularly reviewed by people's relatives and advocates to ensure that the level of risk to people was still appropriate for them.

Staff told us that they were made aware of the identified risks for each person and how these should be managed by a variety of means. These had included looking at people's risk assessments, their daily records and by talking about people's experiences, moods and behaviour at shift handovers. This gave staff up to date information and enabled them to reduce the risk of harm.

Records showed that the provider had carried out assessments to identify and address any risks posed to people by the environment. These included assessments of the laundry room, storage cupboards and the fire systems. Staff told us that there were formal emergency plans with a contact number available for emergencies to do with the building, such as a gas or water leak and information as to where to find the necessary taps to switch the supplies of gas, electricity or water off. Each person had a personal emergency evacuation plan that was reviewed regularly to ensure that the information contained within it remained current. These enabled staff to know how to keep people safe should an emergency occur. There was a current Business Continuity Plan in place that showed how the service would continue to operate in the event of an emergency.

Accidents and incidents were reported to the manager. We saw that they kept a record of all incidents, and where required, people's care plans and risk assessments were updated. Records of accidents and incidents were reviewed by the manager to identify any possible trends to enable appropriate action to be taken to reduce the risk of an accident or incident re-occurring. The accidents and incidents also were reported to the provider's Regional Manager and their Risk and Assurance Department.

The manager told us that there was always enough staff on duty during the day for people to be supported in accordance with their care plans. Some people required additional support when in the community and extra staff was deployed when required, to ensure that the support needed was provided. We saw that there was a visible staff presence. The manager explained that their role was split and they provided cover for shifts for 40% of their time.

We looked at the recruitment files for two staff that had recently started work at the home. We found that there were gaps in the recruitment procedures in place. Relevant checks with the Disclosure and Barring Service (DBS) had been completed to ensure that the applicant was suitable to work in the service. However on both application forms, we found that there were significant gaps in the applicants' employment history. Also, the manager had failed to obtain a reference from an applicant's immediate former employer, even though this had been in the care industry. We brought this to the attention of the manager and they told us that they will postpone the applicant's appointment until appropriate references had been obtained.

People's medicines were administered safely by staff who had been trained and assessed as competent to do so. Medicines were stored appropriately within locked cabinets in a room opposite the main office and stocks of medicines were checked daily. We looked at the medicine administration records (MAR) for two people and found that these had been completed correctly, with no unexplained gaps. There was a system in place to return unused medicines to the pharmacy. Protocols were in place for people to receive medicines that had been prescribed on an 'as when needed' basis (PRN) and staff understood these.

Good

Is the service effective?

Our findings

People were unable to tell us whether they thought the staff were well trained. However, a relative we spoke with said that the staff were effective. They told us, ""The staff seem to be well trained and [relative] is happy."

Staff told us that they received a good induction programme and regular training. A member of staff from an agency told us that they had been introduced to every person who lived at the home, had shadowed a permanent member of staff and read all the care and support plans. They had also read policies and procedures before supporting people at the home. One member of staff told us that they all had been trained in the management of complex procedures, such as percutaneous endoscopic gastrostomy (PEG) feeding and suctioning. The person requiring these procedures had taken part in the training with staff. The manager showed us that staff training was monitored using a computer system. There were certain areas of training that the provider considered essential, including communication, safe movement of people and equality and human rights. The manager discussed training at supervision meetings and reminded staff when refresher training was due. The manager contacted the provider's training lead, who organised dates for the training to be delivered to the staff when due. This enabled the provider to be sure that staff received the necessary training to update and maintain their skills to care for people safely.

Staff had received training in methods of non-verbal communication. They told us that they used various methods to communicate with people who could not explain their needs verbally. One member of staff told us, "You make eye contact and get on their level. Talk to them slowly and give them time." Another member of staff told us how people would use hand and facial gestures to indicate their needs.

Staff told us that they received regular supervision. They told us that supervision was a two way conversation, during which they discussed their training and development needs, their morale, any concerns they had or any complaints they wanted to make. The manager showed us that although supervisions had fallen behind in the last few months whilst the service had suffered staff shortages, there was a new schedule to ensure all staff had received supervision within two weeks of the inspection

Staff had received training on the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). They were able to demonstrate a good understanding of the requirements and explain how decisions would be made in people's best interests, if they lacked the ability to make decisions themselves. This included holding meetings with the person, their relatives and other professionals to decide the best action necessary to ensure that the person's needs were met. We saw that a best interest decision had been made on behalf of one person for the use of bed rails. Staff told us, and we saw records that showed that DoLS applications had been made to local authorities for people who lived at the home, as they were not allowed to leave unless supervised by relatives or staff. As authorisations had expired, we saw that the manager had made re-applications to the relevant authorities.

Staff told us that they respected people's decisions about their daily care and support needs, such as the time they got up, what they wore or how they spent their time. One member of staff said, "I always ask. If they don't want to do anything, then I leave it until later. They will always let you know, sometimes by a nod. I would know if they didn't want it. They let you know."

People were given choices of what they had to eat each week and the menu was displayed in the kitchen so that people knew what they were having for their meal on the day. Menus were planned with the people who lived at the home and pictures were used so that people who could not tell staff what they wanted, were able to express their preferences. We saw that people were given food choices by being shown options to choose from. However, the relative we spoke with told us that people were not always given food they could easily eat. They told us, "[Relative] has difficulty chewing and they were being given chunks of meat which they left to one side. On Wednesday they were given a sandwich but they didn't want it. They were not offered anything else."

Records showed that people were supported to maintain their health and well-being. Each person had a health plan in which their weight, medicines reviews, annual health check and visits from healthcare professionals were recorded. They underwent annual health checks and their medicines were reviewed by their GP's. Staff told us that they made appointments for people to attend healthcare services, such as GPs, community nurses, therapists,

Good

Is the service effective?

dentists and opticians, and they always arranged for a member of staff to accompany people to their appointments. On the morning of our inspection, one person had an appointment with their GP and a member of staff took them to this. People's care plans identified any health issues that a person had and may require particular vigilance by staff to maintain the person's health and well-being.

Good

Is the service caring?

Our findings

The person and relative that we spoke with both told us that the staff were caring and treated them with dignity and respect. The relative told us, "There are a lot of male carers. At first I was concerned about this, but [Relative] does not seem to mind."

We saw that the interaction between staff and people was caring and supportive. Staff spoke with people as they passed them in communal areas and asked if they were alright or wanted anything. Staff clearly knew people's likes and dislikes and there was a very homely atmosphere. One member of staff told us, "We treat them as individuals and have a really good rapport with them.."

People's support records included a section titled 'About Me', which provided information about people's preferences, their life histories and things that were important to them. It also detailed how they would like to be supported with different elements of their care and support and their preferred daily routines. A member of staff told us that this had enabled them to understand how to support people in ways that were appropriate for them. Staff were also able to tell us of people's personal histories and who and what was important to each person they supported. We observed that they spoke with people appropriately, using their preferred names and supported their spoken words with non- verbal communication methods when necessary. People were supported to maintain relationships with their loved ones and the relative we spoke with told us that they could visit at any time.

We saw that staff promoted people's privacy and always knocked on their door and asked for permission before entering their rooms. Staff were able to describe ways in which they protected people's dignity when supporting them, such as ensuring that the bathroom door was kept closed if someone was having a shower and curtains drawn if they were getting dressed. They also told us that they never discussed the care of people they supported outside of the home, which protected people's personal and confidential information.

People were encouraged to be as independent as possible. The Independent Mental Capacity Advocate (IMCA) who attended the home every six to eight weeks told us, "They are encouraged to lead full lives." One member of staff told us, "I make sure that I am not undermining them, not doing too much for them. I get them to do their own thing." We saw that people were actively involved in making decisions about the way in which their support was provided. People's rooms were personalised and reflected their individual interests and taste. Before moving into the home they had been consulted about the décor and the soft furnishings that they wanted. One person who had recently moved into the home had chosen shades of pink for the walls of their room and the service had decorated it in their chosen colours. The walls were adorned by articles of their choice.

Information about the provider and the home was available in an easy read format that people could understand. People had access to an advocacy service and an IMCA attended the home regularly to support people who had no other representative to express their views.

The relative we spoke with and the IMCA told us that they could visit at any time.

Good

Is the service responsive?

Our findings

People had a wide range of support needs that had been assessed before they moved into the home to determine whether they could all be met. We saw that support plans were detailed, included relevant information necessary to support people appropriately and reflected people's wishes. Information from people's relatives and others who knew them well had been included when the plans were developed. The Independent Mental Capacity Advocate (IMCA) told us that they were consulted about the care plans of the people they supported and we saw evidence that they had regularly reviewed the plans with staff.

Each person had been assigned a key worker who was responsible for reviewing the person's support needs and agreeing the goals they would work towards. One plan we looked at showed how a person had progressed from requiring assistance to drink from a beaker to being able to drink unassisted from a bottle. We saw that people's well-being was assessed on a monthly basis and their care plans reviewed to ensure that the care provided continued to best meet their needs.

People had been provided with a wide variety of activities that they were encouraged to take part in to maintain their hobbies and interests. Most of the people attended day centres for three or four days a week. People also went swimming on a weekly basis, and other activities and entertainments in the local community were encouraged. On the day of our inspection, two people went for lunch at a local pub. The week before, two people had attended a concert held at a local manor house. The manager told us of other events that had been held, including the launch of the provider's 'Involvement Charter'. The manager showed us photographs of recent visits by a parrot which the people loved. There had also been recent visits by small, cuddly animals and reptiles. The manager told us of the plans that were in place for the Christmas period.

We saw that people had individual timetables for the activities that they enjoyed and were supported by staff in these. One staff member told us, "They go into Bedford. We take them for coffee or shopping or to the movies. They have yearly holidays and lots of parties and fun." The manager told us that the home was supported by the local community and was involved with local religious organisations. The IMCA also told us of the support provided by the home to enable people to follow their religious beliefs. They said, "They show utter respect for people's religious diversity and provide opportunities for people to practice their religion." The care plan of one person showed how they wished to be supported to celebrate festivals important to their faith, but also showed that they wished to be included in the celebrations connected with other religions.

There was a complaints system in place and people and their relatives knew how to make a complaint. The provider's policy was displayed in an easy read format so that people at the home could understand it. The manager told us that there had been no complaints received in the year prior to the inspection and the records we looked at confirmed this.

Good

Is the service well-led?

Our findings

People, staff and the relative we spoke with told us that the registered manager was very approachable and that the atmosphere was very homely. One member of staff from an agency told us, "[Manager] is really good and seems to really enjoy their job." Another member of staff said that the manager was, "Very nice, friendly and kind."

The Independent Mental Capacity Advocate (IMCA) told us how people were involved in decisions about how the home was run. People from each of the homes run by the provider acted as representatives on 'user groups'. These groups discussed plans for developments of each home. People were also involved in the recruitment process for new staff, taking part in interviewing candidates. The newly launched, 'Involvement Charter' documented how people would be involved in areas such as decision making, communication, staffing, inclusion and in expressing their dreams and aspirations.

The registered manager told us that they were supported by the area manager, they in turn were supported by a duty regional manager and a member of the executive team was also always on call. There was a duty rota which was published to all managers of the provider's services and was kept up to date so that staff at this service would know who to contact if needed. During the inspection, even though they were on leave, the area manager telephoned the registered manager a number of times to offer their support.

The provider's 'visions and values' were displayed in a huge poster fixed to the door of the office. Staff explained that these were to enable people to maintain their independence as much as was possible and to provide excellent care and support to them. Staff felt that they met these values in the way they provided the care and support to people who lived at the home.

People and their relatives were encouraged to provide feedback and be involved in the development of the service, such as in the refurbishment that was underway at the home and the choice of activities available. A satisfaction survey was sent each year and the results analysed to identify any improvements that could be made to the service provided. The service also held quarterly stakeholder meetings at which people involved with the service could discuss any developments or improvements that they wanted to see.

The agenda for the staff meeting scheduled to be held the week after our inspection showed that staff were encouraged to be involved in the development of the service. Topics such as budgeting, staffing, surveys and competencies had been included for discussion during the meeting. Staff were also provided with information about developments within the provider organisation by way of a 'team brief'.

The provider had developed their own internal quality monitoring tool, which had recently been adapted to cover the changes in legislation and the CQC inspection methodology. The registered manager provided details of their latest quality audit and an action plan had been developed to address the areas identified for improvement. The registered manager also operated a 'hands on' approach and monitored the quality of the care provided by staff whilst assisting them to provide care. In addition, the area manager carried out spot checks in the evenings and at weekends to ensure that the level of service provided at these times remained acceptable.