

# Turning Point Gulliver House

## 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 Saturday 30 January 2016 and was announced. The provider was given 24 hours' notice because the location was a small supported living service for younger adults who may have been out on a Saturday.

The inspection was carried out by an adult social care inspector. This was the first inspection of this service which was registered in April 2015.

Gulliver House provides personal care and support for up to 9 people who are recovering from mental ill health. People live in one property which is located in the centre of Whitehaven and within walking distance of all the amenities of the town. The property is a listed Georgian House. The service does not take people who have complex physical disabilities as the property cannot be adapted due to the listing.

The accommodation consists of nine single bedrooms - some of which have ensuite toilet facilities. The house has a shared bathroom and a shared shower room. There is a kitchen where people can prepare meals. There is a shared lounge area. People can live in this supported living environment for up to two years.

The service had a manager who had applied to be the 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.

We spoke with people in the service and they were generally satisfied with the arrangements in place for support. They told us that the staff team treated them well and encouraged them in their recovery.

People told us that they felt safe in the property and that staff protected them from any potential abuse or harm. They told us that no one on the staff team was abusive or impolite. Staff could talk about safeguarding people from abuse. The manager and the deputy understood how to make safeguarding referrals and were training support workers so that they could do this. There was information about local safeguarding strategies available for staff and people who used the service.

Turning Point had a dedicated 'whistleblowing' line so that staff and people who used the service could contact the organisation if they felt concerned about anything in the service.

Turning Point took responsibility for the building and worked with the landlord Impact Housing. The property was safe and secure and people had keys to the front door and to their rooms. No one had a tenancy agreement but lived in Gulliver House under a license.

Accidents and incident management was done correctly and the management team were aware of their

responsibilities while working with vulnerable people.

We looked at rosters and saw that there were two staff on duty by day and night. This was appropriate to the needs of the people using the service.

We checked on recruitment and disciplinary matters. These were being managed appropriately. The manager had good levels of support from the organisation's human resources department.

We checked on medicines management and we discussed some minor improvements. We judged that medicines were managed appropriately.

Staff and service users were aware of good infection control practices and the home was clean and hygienic on the day of our visit.

The original staff team had received comprehensive training prior to the service opening. Anyone recruited after this had completed induction and further training was planned for them. We met knowledgeable and skilled staff who were keen to develop in their role. All of the staff were registered to complete a foundation course in working with people who were living with mental health problems.

We saw good records of supervision and appraisal. Staff told us that they used these meetings to reflect on their practice and that they could ask for training and support. They said that they had a good relationship with the manager and that communication was good in the service.

Staff had received training on the Mental Capacity Act and the Mental Health Act and they could apply this learning to their work.

We had evidence to show that people were asked for consent when support was needed. Staff understood that sometimes people in the service would have constraints on their freedom if they were subject to mental health legislation. There were some rules related to the terms of the licence agreement.

People were encouraged to shop and cook for themselves and were expected to attend healthy eating groups. One person had been helped to access the dietician for advice.

People in the service saw their psychiatrist and other members of the mental health team. They were registered with local GPs and went to the optician, dentist and chiropodist when necessary.

People lived in a comfortable and suitable house that met their short term needs.

We met staff who were able to approach people in the service in a suitable way. They had been trained in equality and diversity and they respected people's preferred lifestyles. People told us that staff treated them appropriately and with dignity and respect. People trusted that the staff used information about them in a confidential way.

Care plans showed that the focus of the service was to encourage people to become independent after ill health. Good person centred plans were in place. People were involved in the creation of their recovery plans.

People were encouraged to be part of the community in order to improve the social isolation that mental health problems may bring. Staff helped people on the day to access the local gym, to shop and to use the

amenities of the town. One person was in education and others were planning to look for voluntary work. There were some joint activities on offer but people were encouraged to develop their own interests.

The manager was developing the culture of the home. Staff understood the vision and values of the organisation. Turning Point had strong values and staff were aware of these.

The manager's application to register with the Care Quality Commission was underway.

We saw evidence before, during and after the visit to show that quality monitoring was of a good standard and that changes were made when people felt the service needed to improve.

We had evidence to show that there was good joint working with the local GP practices, social workers and the mental health team.

## 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.

Safeguarding was managed well in the service.

Staff were trained in equality and diversity.

Medicines were managed appropriately.

### Is the service effective?

Good ●

The service was Effective.

Staff were inducted, trained and supervised appropriately.

People were encouraged to shop and cook for themselves.

People were supported to access health care.

### Is the service caring?

Good ●

The service was Caring.

Staff treated people with dignity and respect.

People were involved in their care and support and in the day to day life of the service.

Independence was promoted in the service.

### Is the service responsive?

Good ●

The service was Responsive.

Suitable assessment and care planning was in place.

People were encouraged to become more involved in community activities.

A complaints procedure was in place.

### Is the service well-led?

Good ●

The service was Well-led.

The service had a suitably qualified and experienced manager who was applying to be registered with CQC.

The organisation had a quality monitoring system which ensured that improvements were made.

The staff team worked well with other professionals.

# Gulliver House

## 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 Saturday 30th January 2016 and was announced shortly before it took place.

The provider was given 24 hours' notice because the location was a small supported living service for younger adults who may have been out on a Saturday and we wanted to meet the people who used the service.

The inspection was carried out by an adult social care inspector.

Before the inspection, we asked the provider to complete 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 were also sent information about rosters, training and quality monitoring just before the visit. The operations manager also spoke to us by telephone prior to the visit.

We also gathered and reviewed the information that the provider is required by law to notify us of

We had comprehensive feedback from the local mental health team. We gathered this just before the visit.

We spoke to six of the seven people who were in receipt of care at Gulliver House. We met them in a group in a shared area in the house and spoke to three of them individually in their own bedrooms or in the shared areas.

We also read all seven care files and the related forms the service used. This included person centred plans, recovery plans, risk assessments and contingency plans. Files also contained relevant documents related to the Mental Health Act.

We checked on all the medicines kept by staff on behalf of people who used the service. We did not look at medicines people managed themselves.

We looked at five staff files. These included recruitment information, supervision and appraisal information and other personnel matters. We were sent a copy of the record of training received and a training plan for 2016.

On the day of the visit we saw quality monitoring records and analysis of these audits. We saw minutes of management meetings. We were also sent copies of quality reports completed by the operations manager and by other senior officers of the organisation.

# Is the service safe?

## Our findings

We asked people who lived in that the service about how safe they felt. People told us that there were enough staff in the service to give them appropriate levels of support. People said, "It's fine here... I don't worry about being here."

People said that there were enough staff both day and night to give them the right level of support.

We were told by people who used the service that medicines were closely monitored and "We are assessed and reassessed so that staff know if we can manage their own medicines."

We spoke to staff on duty and they confirmed that they had received safeguarding training. Staff were able to talk about their responsibilities in terms of protecting vulnerable adults from harm and abuse. The manager said that both she and the deputy were confident about making safeguarding referrals and were training support workers so that they too could make appropriate referrals. Staff in the team told us that they were confident in the manager but that if there was anything of concern they could also use Turning Point's whistle blowing line. Staff told us that they were confident that the manager and the organisation protected people living with mental health problems appropriately.

The staff we spoke to could discuss their responsibilities in terms of human rights, the duty of care and risk. We had evidence to show that staff had received suitable training in relation to these. We saw supervision notes and team meeting minutes where staff had discussed these concepts in relation to people living in the service.

The manager had completed risk assessments about the environment so that people who lived or worked in Gulliver house were as safe as possible.

We had evidence to show that accidents and incidents were managed appropriately. We saw that the manager and team were pro-active with any incidents related to mental health problems. There had been no accidents since the service opened but we saw evidence to show that risk of accident was reduced because of the systems in place.

We received copies of the last four weeks rosters for the service. We saw that normally there were always two staff on duty both day and night. The manager spoke about risk and dependency levels and we judged that this level of staffing was suitable. People in the house judged that there were enough staff to give good levels of support.

We checked on staff recruitment procedures and found that these were in order. There had been a number of new staff recruited since the service had registered and they had been recruited in an equitable way with suitable background checks in place before any new recruit had contact with vulnerable people. We also looked at Turning Points disciplinary procedures. These were in order and the manager said that the organisation's human resources department supported her in relation to personnel issues.

We checked on how the service supported people with medication. People were assessed on admission and self-medication was a goal in some of the recovery plans we saw. Each person kept their medicines in a locked cabinet in their bedroom and staff supported people individually to take their medicines correctly. Other medication was kept in a locked medicines cupboard. The service had suitable storage for controlled drugs. Staff said that no one had needed controlled drugs since the service opened. The staff we spoke to understood how to manage these strong medicines. The service did not have the controlled drugs book. This was an oversight and the manager arranged to purchase one straight away. Some people had medicines only when required. There were details of these medicines recorded in medication planning and we spoke to the manager about making as required medicine protocols a little more detailed. At the time of our visit no one had as required sedative medicines. We had evidence to show that if these had been prescribed a suitable care plan was in place that gave staff guidance about how to administer these. People in the service had been prescribed medication to help with the symptoms of mental illness. Staff were fully aware of the side-effects of some antipsychotic drugs. They monitored people for adverse reactions and could refer people back to the mental health team if medicines were causing people difficulty.

Staff were fully aware of their responsibilities in managing and controlling infection. We saw that they used personal protective equipment appropriately and that members of the staff team had received suitable training. Staff supported people in the service so that any risk of infection was minimised. The house was clean and good systems were in place to ensure infection control was in place.

## Is the service effective?

### Our findings

We spoke to people in the service in a group and individually. People generally found the support they received to be effective. They were satisfied with the skills and knowledge staff displayed. One person said, "The staff understand (the diagnosed mental illness) I have and they are really good at helping me when I am anxious." Another person said, "I think that Turning Point give them good training and they understand why I need to see mental health workers...I know they would be able to get me back to hospital if I was ill..."

People also told us that they were asked for consent. One person said, "Some things on my care plan are imposed...because I have a mental health problem...I accept that!" Other people told us that "The staff always ask...or persuade me...If I want to do something they help me and I am making better decisions."

This service had re-opened in 2015. Some staff had worked in a previous service operating from this building which ran as a residential home. These staff became the core staff team and they had received four weeks of intensive training prior to the service re-opening as Gulliver House. A number of new staff had been recruited and we saw that they had received comprehensive induction into the organisation and the service. New training was in place for these staff.

Staff told us that they had access to e-learning and to some face to face training. They also said that their competence in things like administering medication was monitored by the manager. We learned that every member of the staff team was expected to complete a foundation course in working with people living with mental health problems. Staff understood their responsibilities under the Mental Health Act and the Mental Capacity Act because they had received suitable training.

Staff had received some training in moving and handling and all staff had completed an e-learning course on moving and handling objects. No one living in the service needed help with their mobility when we visited the service. Staff had received training in health and safety, first aid, fire safety, key working, records management, person centred planning and recovery planning. We saw in the staff files that we reviewed that staff had received a wide range of training that covered both practical skills and theoretical concepts. For example staff had received in-depth training on matters of equality but also had received training on things like food safety.

We read a number of staff files which showed that staff regularly met with the manager or the deputy to talk about their work, personal development and any other issues. Staff also maintained their own personal development workbooks. We saw that staff had meetings that were called "supervision" where they spoke about the needs of people using the service and how staff worked as key workers. They also had a second meeting which was called "one-to-one". The agenda of these second meetings was personal development, training, competence and any personal issues or problems. We judged that these two meetings with staff which were held every 6 to 8 weeks helped with on-going staff development. We read minutes of these meetings and judge them to be of a high standard. They were appropriate to the role, expertise and experience of individual staff members.

Staff had received training related to consent. The core group of staff had also received training in how to manage behaviours that challenge. The staff team told us that they did not use restraint but used de-escalation techniques. All the staff we spoke to were confident about how to access urgent psychiatric support if a person in the service became unwell.

We observed people in the service planning their meals and going out to shop for food. Each individual was encouraged to shop, budget and cook healthy meals. The staff ran healthy eating groups and encouraged people to eat well. One person was being supported by a dietician and they had a suitable nutritional plan in place. At times the group of people living in Gulliver house cooked together and shared a meal. People were organising a shared Sunday dinner. Staff were aware of individual needs and preferences.

People who lived in this service had been diagnosed with a mental illness. At the time of our visit every person had an allocated worker from the local mental health team. People saw a psychiatrist and a community psychiatric nurse when appropriate. People living in the service told us that they also visited the GP when they needed to. Some people were receiving treatment from a local dentist. We were told that the staff team could support people to access the care of opticians, chiropodists and other healthcare specialists if necessary.

Everyone who was in receipt of care from the staff team lived in Gulliver House. The property was an 18th-century listed building. Before the service had opened this house had been adapted as well as possible given the restrictions in the listing. Several rooms had been improved by the addition of ensuite toilet facilities. Shared bathrooms and toilets had improved. We were told by the manager that impact housing owned the property and it had been renovated to a good standard.

# Is the service caring?

## Our findings

We asked the people who were living in the service about staff approach. People told us that, "They are okay", "Staff are fine" and that "Everyone of them is okay...They seem to understand and we all get on quite well."

People told us that they were treated with dignity and respect. They said the staff understood their mental health issues. They said they were never spoken down to or judged because of their ill-health diagnosis. One person said that this had given them more confidence and that they felt very relaxed with the staff. We observed staff speaking to people respectfully, asking people their views and opinions and encouraging people to make decisions. We heard staff using humour appropriately and we also saw empathic responses from staff. We noted that staff were very sensitive to the needs of someone who had not been in the service for very long. The manager and members of the staff team showed compassion and understanding for people who had been ill over a number of years.

Staff told us that they had attended equality and diversity training. They spoke to us about their understanding of this and give us some examples of how they interacted with people in relation to matters of diversity. Turning Point as an organisation had specific policies in relation to equality.

We learned that people in the service were taking part in a national awards ceremony where they could nominate professionals for a Turning Point award. The group felt that this empowered them to reward good practice. They valued the fact that Turning Point respected their opinions about what was good practice.

People in the service told us that they were consulted and that any concerns were listen to. They said that staff team help them to understand any restrictions on them. We saw in written notes, and on the day, that the manager and team carefully explained some financial issues to one person. This was done with patience and care so that the person involved understand the arrangements.

We saw a number of examples showing that staff spent time supporting people in situations where their well-being might have been compromised. We saw written evidence showing that people were encouraged to be independent and to make their own decisions. When decision making affected their well-being staff negotiated and used lateral thinking to find a suitable solution. People told us that the staff "went to great lengths" to help them "find the right way."

We learned that each individual had a case worker who would act as an advocate. Some people had family members who they could ask to support them. People told us that they could have an independent advocate if necessary. The staff team confirmed that an advocate would be found from an independent mental health charity if necessary.

Service user files showed that plans were in place to support and encourage people to be as independent as possible. Most of the planning in this service was related to developing confidence and building independent living skills. We noted that people were at different stages but we observed staff encouraging

people to be as independent as possible in an appropriate way. Steps to be taken were also written into recovery plans in a detailed way.

## Is the service responsive?

### Our findings

People in the service could talk at length about their recovery plans and care plans. They told us that they had been "asked about everything... we can make suggestions and they listen to what is wanted." One or two people talked about being persuaded to add specific things to their care plans. It was evident that staff had negotiated some of the recovery planning for people in the service so that they could set realistic goals for themselves. The people we spoke with also told us that staff met with them individually, on a regular basis, to talk about their progress.

We looked at all of the care files in the service. We saw that detailed and extensive assessment of need was in place. This included an initial assessment by the manager or one of the staff team, assessments by social workers or mental health practitioners. There were also detailed mental health assessments in place. The files contained suitable risk assessments.

We contacted mental health practitioners who were positive about the responsiveness of the staff. One person said "Really good attitude and approach from all staff around actually expecting people to change and make progress from the outset...really helps to set clear expectations from the outset, ensure appropriate placements and very positive to see active and on-going participation in the recovery process is the expectation from day one."

Each person had a recovery plan, a care and support plan and a contingency plan in place. We could see that people had been involved in care planning. The plans were detailed and up-to-date. The content did not just concentrate on people's mental health needs but also took into account their social, emotional and physical health needs.

When people came to live in this service they signed a licence agreement. Individuals were able to talk about what this meant. People told us that they were expected to attend daily meetings. This was part of the group work in the service. Each morning there was a house meeting where people were asked about their plans for the day and where they could discuss any issues in the house. There was a meeting later in the day where people could review their achievements.

In the afternoon people were expected to join a discussion group. We learned from people living in the service that each day there was a different topic. These have included healthy eating, smoking cessation, emotional responses to situations and managing recovery. People told us that these meetings were "really good" and "very useful". People engaged with the group in different ways depending on where they were within their recovery pathway.

Staff recorded these daily groups and they also spent time working with individuals. We saw detailed records of individual progress. We judged that staff developed supportive relationships with people and helped them to achieve their goals.

Goal setting was realistic. Some people in the service had been hospitalised for some time before their

admission. Everyone had both short and long term goals in their plan. For some people their goals were fairly simple and we saw in daily notes that staff encouraged and supported people to achieve goals in things like budgeting or shopping or cooking. Two people in the service were at the stage of organising independent living in the community. We saw evidence to show that staff supported and encouraged people in this but that these two individuals were making independent arrangements.

One person told us about their fitness plan. We learned that this individual was cycling, trying to eat healthily and was signed up as a member of a local health centre. When we spoke to this individual they told us that they felt that the service had helped them to make good progress.

Another person in the service was in education. One or two people spoke about longer term goals of doing voluntary work and taking some classes. Staff were able to help people with accessing information. We saw that there the home had a large screen TV, games and other activities available. People were encouraged to have their own hobbies and interests and to join in activities and entertainment in the community where possible.

No one had any complaints on the day but everyone we spoke to was aware of how to make a complaint both formally and informally. People said: "I would just tell the staff" and "I tell the manager". Several people said that if there was any major problems they would go to their case worker who was either the social worker or community psychiatric nurse. The complaints policy was easily accessed and people knew how to contact Turning Point if necessary.

We contacted the local mental health team prior to visit and we had some very positive comments from them about how the staff team had managed a discharge from the service. We had enough evidence to show that people were supported to move to a more appropriate service if necessary.

## Is the service well-led?

### Our findings

The registered manager for this service retired in September 2015. Turning Point then advertised for a new registered manager. The successful candidate started to work in the service shortly after this. The manager was suitably qualified and experienced person who has been registered with the Care Quality Commission (CQC) in the past. She had applied to be registered and was awaiting an interview with CQC.

Staff and service users were happy with her leadership style. People in the service told us that they saw the manager "all the time" and that she understood their needs and wishes. They said that she asked them and that she was an easy person to talk to. We learned from people in the service that she consulted them about their preferences both individually and in a group. The staff team said that they too were consulted and that the manager was very open with them.

We observed staff discussing their work with the manager. They were treated respectfully by the manager and their views and opinions were taken into account. The manager took on board staff views and in relation to one particular issue was happy to support the staff. Staff told us that they were happy with the way they were managed and that the manager communicated well with the entire team.

Turning Point had very specific values. These were included in induction and in all training. The organisation had recently developed a new strategy for working more effectively and the aims and objectives were seen on the staff notice board. The staff said that these were discussed in team meetings, individually in supervision and one-to-one were discussed regularly in handovers and informal discussions. We saw that the organisation had specific expectations of staff and that staff were happy to commit to these.

The organisation had a quality monitoring and quality assurance system. This system was called IQAT and it covered all aspects of staffing, care delivery, welfare and safety. Externally officers from Turning Point visited the service on a regular basis, met with management and staff and completed quality audits. The manager was expected to make regular returns in relation to quality and we saw some of these that had been completed.

We had evidence to show that the manager completed quality audits, analysed the results and made plans to improve any issues that were brought to her attention. The people who lived in the home told us that because of the town centre location sometimes unwelcome visitors might come to the house. They had been in discussion with the manager about a CCTV camera and as a group they thought that this would be a good idea. We saw that the manager had taken this matter to senior management and was working on the details of this arrangement. This was an example where we saw that incident reporting and quality monitoring were being worked on to improve the safety and well-being of people who lived in the service.

We contacted the local mental health team prior to our inspection and they were extremely positive about how this relatively new staff team worked with them in partnership. One person stated, "I really appreciate the fact as a care coordinator that the team at Gulliver House provide regular and accurate communication and are able to work together with secondary services in terms of setting boundaries and expectations,

negotiating responses to challenging situations and helping to develop clear areas of responsibility for promoting wider care plan goals. I think good evidence of this has been their ability to have difficult conversations and say 'no' to some complex patients at times and still maintain a good working relationship. Good leadership and guidance from the management team-speaking to the staff they usually know what is going on and feel supported in implementing plans." Another professional said, "On a professional level they are easy to work with and appropriate in contacting me."