Turning Point

The Crescent

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 site visit took place on 21 May 2018 and was announced, with calls to relatives taking place on 25 May 2018. We gave the service 48 hours' notice of the inspection visit because we needed to make sure someone was in.

At our last inspection on 8 September 2016 we found improvements were needed in how incidents which had occurred were recorded and reported and how action was taken to prevent further incidents. At this inspection we found the provider had made the required improvements.

This service provides care and support to people living in eight 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

There was a registered manager in post. 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 protected from abuse and risks were assessed and planned for to keep people safe. Premises and equipment were maintained to minimise the risk of infection. People were supported by sufficient safely recruited staff. Medicines were managed and administered safely. The registered manager had systems in place to learn when things went wrong.

People's needs were assessed and effective care plans were in place. Staff received training to support people with effective and consistent care. People were able to choose what they had to eat and drink and were supported safely. People had support to maintain their health and wellbeing. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported by staff that were kind and caring and had good relationships with people. People had their communication needs assessed and care plans were in place which supported people to make choices and retain their independence. People were treated with dignity and respect.

People's preferences were understood by staff, assessments and care plans considered diverse needs and how to meet them. Reviews of people's care needs were undertaken and people were supported to follow their interests. People could make a complaint and there was a system in place to investigate these. People had their wishes for end of life care considered.

People and their relatives were involved in the service and were asked for feedback. We found systems in

place to check on the quality of the service people received and the provider used information from these to make improvements. The registered manager had systems in place to monitor the delivery of people's care.

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 good.

People were supported by staff that protected them from abuse.

People were supported to reduce risks to their safety.

People were supported to live in a clean environment.

People were supported by enough staff that had been recruited safely.

People were supported to receive their medicines as prescribed.

Lessons were learned when things went wrong.

Is the service effective?

Good

The service was good.

People had their needs assessed and care plans were in place.

People were supported by trained staff.

Peoples care was delivered consistently.

People had enough to eat and drink and could make choices.

People had their health needs were met.

People had access to adaptations in the home

People's rights were protected.

Is the service caring?

Good

The service was good.

People were supported by caring staff.

People were supported to communicate and make choices for themselves

People were treated with respect and their privacy and dignity was maintained.

Is the service responsive?

Good

The service was good.

People's diverse needs and preferences were understood and observed by staff.

People had support to follow their individual interests.

People were able to make complaints and these were responded to.

People had plans in place to support them at the end of their lives.

Is the service well-led?

Good

The service was good.

The registered manager had systems in place to seek feedback from people.

There were systems in place to monitor the consistency of the service.

There were checks in place to ensure people had the care they needed and make improvements to the quality of the service.

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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 checked 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 21 May 2018 and was announced, with calls to relatives taking place on 25 May 2018. The inspection team consisted of one inspector.

As part of the inspection, we reviewed the information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about. We reviewed feedback from the commissioners of people's care to find out their views on the quality of the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with one person and two relatives by telephone after the inspection site visit. We also spoke with the area manager and three staff.

We reviewed the care records of two people and three staff files, which included pre-employment checks and training records. We also looked at other records relating to the management of the service including complaint logs, accident reports, monthly audits, and medicine administration records.

Good

Is the service safe?

Our findings

At our last inspection on 8 September 2016 we found improvements were needed to how incidents were recorded. At this inspection we found the provider had made the required improvements.

People felt safe. One relative told us, "When I go away I know [person's name] is safe and I don't worry, they are well cared for." Staff could describe how to protect people from abuse, they understood the different types of abuse and could tell us the action they would take if they suspected someone was being abused. There was a safeguarding policy in place, which staff understood and we found where incidents had occurred these had been referred to the local authority. This meant people were safeguarded from abuse and people were protected from the risk of harm.

People were protected from the risks to their safety. Relatives told us they felt staff understood risks and made sure people were safe. Staff could describe in detail the actions taken to keep people safe. For example, one staff member was able to describe how one person was supported when they displayed behaviours that challenged. We confirmed with the person's care plan that staff had a detailed understanding of what they needed to do to minimise risks associated with the person's behaviour. We saw risks were assessed, plans were put in place and guidance developed to show staff how to minimise the risk and reviews took place regularly. We saw records which showed staff followed the guidance to keep the person and others safe. This demonstrates how people had their assessed and planned for and were protected from harm.

People were supported by sufficient staff. One relative told us, "[Person's name] has lived here for a long time, they are very happy, exceptionally so, there is a core staff team in place to support them and there are no concerns with staffing." Staff told us there were sufficient staff to provide support. They told us about some people that required more than one staff member to do some aspects of their care and this was always available. We saw records which supported what we were told. The area manager told us, the staffing was in place for 10 hours over what was required to enable flexibility. There were internal cover arrangements in place for when staff took time off. This demonstrated there were enough staff to support people safely.

People received support from safely recruited staff. Staff told us checks were carried out to ensure they were suitable to work with people. The records we saw supported this. The provider checked to ensure staff were safe to work with vulnerable people through the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions. This meant safe recruitment procedures were being followed.

People received their medicines as prescribed. One relative said, "Medicine is managed by staff, [person's name] can get anxious, the staff have worked really hard with getting the medicines right." Staff told us they received training in medicine management and administration. The area manager told us, competency checks were carried out. Medicines were administered as prescribed and there was guidance in place to show staff how to administer medicine safely. For example, when people needed medicine on an as required basis, there were clear instructions on how and when this should be given. We saw checks were

carried out on medicine stock and orders were done to ensure people had the medicine they needed. Medicines were stored in individual flats and staff could describe people's individual medicine routines. This shows people received their medicines as prescribed and systems were in place to safely manage medicines.

People were protected from the risk of infection. Staff could describe how they prevented the risk of cross infection; they were able to describe the infection control procedures. Records showed staff had been trained and we saw competency checks were carried out. The area manager told us checks were carried out frequently and that staff helped people maintain the cleanliness of their flats. This meant people were supported and cared for in a clean environment which helped to minimise the risk of infection.

The area manager told us when incidents occurred there was a learning process in place. For example, incidents, accidents, safeguarding and complaints were entered into a system and reviewed to ensure learning. This meant analysis was undertaken and made improvements when things went wrong.

Good

Is the service effective?

Our findings

At the last inspection on the 8 September 2016 we found the service was effective. At this inspection we found the service continued to be effective.
People had their needs assessed and plans put in place to meet their needs. One relative told us, "We have meetings monthly, where we can discuss the care plan with the core support team; any issues or problems are addressed then." Staff told us people had their individual needs assessed and care plans were put in place. The area manager told us, an initial assessment was completed with the person, relatives and others involved in the care. Following this a plan was put in place then over a longer period of time further assessments were carried out to work with the person to develop a holistic view. The area manager told us at this point specialist input was also sought if needed and the information was shared with family members. We saw assessments and care plans had been produced as they had been described to us to meet individual needs. For example, one person had a specific health need and there was an assessment and plan which guided staff on how to provide effective support. Plans were focussed on helping people to retain their independence, meet goals and were continually reviewed. This showed people's needs were assessed and effective care was planned to meet those needs.

People were supported by trained staff. Staff told us they had received and induction and ongoing training. One staff member said, "I had an induction which included shadowing other staff and spending time to get to know people and their needs for those that I would provide support to. I also had structured training for things like safeguarding." The area manager told us staff had regular training and this was kept up to date and monitored by the registered manager. They also told us where needed specialist training was provided for staff when they were supporting someone with a specific health condition. Records supported what we were told. This demonstrated people were supported by suitably skilled staff.

People were supported to maintain a healthy diet. One relative told us, "The staff have worked together to support [person's name] to improve their diet. Previously they would not eat a varied diet, now there is great variation, and they work with them to produce a menu." Staff had a good understanding of needs and preferences related to food. They could describe in detail any risks associated to diet and fluid intake and what steps to take to keep people safe. For example, one person required a speech and language therapy (SALT) assessed diet. Staff could describe what they did to support the person. We looked at records which confirmed what we were told. People's preferences were also documented in their care plans, and staff understood and followed these. We found people were involved in creating their own menus and shopping was done to provide the items for the week. This meant people had a choice of meals, their preferences and needs were understood and followed by staff.

People received consistent support. One relative told us, "The core team works really well, they know [person's name] well and make sure things are consistently done." Another relative added, "[Person's name] is happy, they have a bond with the staff and the managers do all they can to keep staff consistent, it helps them to be settled." There were regular handovers and staff worked as a core team with one person. The core team had regular discussions and held review meetings with those involved in the person's care. This meant staff were kept aware of any changes to needs and care plans were updated to reflect this. We also

saw staff had handover meetings at the start and end of their shift. This helped to ensure people received support which was consistent.

People were supported to maintain their health and wellbeing. One relative said, "Medically they support [person's name] without exception and inform me about what is going on, I need this update as it is important to me." Another relative told us, "The staff have worked to make changes to [person's name] diet, this has meant they now have reduced medicine required." We saw people had individual health action plans in place. Staff understood these and could describe the support people needed with their heath. We found where needed people had been referred to specialist health professionals to get advice, guidance and treatment. People's care records showed how they received individual support to monitor and maintain their health and wellbeing. The area manager told us the service used a health toolkit and worked with specialist nurses to provide support for people's health plans. The records supported what we were told. This meant people were supported to see health professionals and maintain their well-being.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had knowledge of the principles of the MCA they could describe how to seek consent and the action they would take if a person did not have the capacity to consent. We found people had their capacity assessed when they were unable to make decisions about their care and support. We saw discussions had taken place with relevant people and a decision had been taken in the people's best interest. For example, one person could not consent to medicines or express when they were in pain, a best interest discussion was documented about what signs staff should look for to determine the person was in pain and when to administer pain relief. This demonstrated staff applied the principles of the MCA when supporting people.

Good

Is the service caring?

Our findings

At the last inspection on 8 September 2016 the service was caring. At this inspection we found the service continued to be caring.
People were supported by staff that were caring. One relative told us, "Staff are great they know [person's name] well and look after them." Another relative said, "[Person's name] has a mobile phone and the staff use it to keep us in touch with each other, they include me and tell me about what [person's name] has been doing." Another relative told us, "Visitors are always welcomed and I am really happy with how things are." Staff spoke warmly about the people they cared for, they had a good understanding of people and their personalities and could describe what people liked and disliked. Staff told us they had time to get to know people well and working in small core teams with people helped. This showed staff knew people well and treated them with kindness.

People were involved in making decisions and choices about their. One relative said, "[Person's name] doesn't spend time in communal areas they choose to spend their time in their own flat." People were also supported to maintain their independence. One relative said, "[Person's name] loves their flat and their independence." Staff understood the importance of allowing people to choose things for themselves. Care plans were written to support the maintenance of people's independence and encourage people to have an active life. People had their communication needs assessed and individual plans put in place to support them. One person had received support from a specialist to help staff and family members understand how best to communicate with the person. Their relative told us, "I wished I had this in place when [person's name] was younger, we have to not overload with words, use short sentences and we are going to try some sign language." We saw plans were in place for the person which included support from a specialist. This showed people were supported to make choices and retain their independence and have their communication needs assessed and planned for.

People were supported in a dignified way, their privacy was protected and they were treated with respect. One relative told us, "[Person's name] has their own front door; they are left to have their privacy." Another relative told us, "The staff always knock the door, they are respectful of the fact this is [person's name] home." Staff told us how they respected the fact people needed to have time on their own and they ensured they did things to protect people's privacy. One staff member said, "The flats are their homes, we always knock doors and announce all visitors to check they are happy to receive them." This showed people were treated with respect and their privacy and dignity was maintained.

Good

Is the service responsive?

Our findings

At our last inspection on 8 September 2016 we found the service was responsive. At this inspection the service continued to be responsive.
People's preferences were understood by staff. One relative told us, "The staff have purchased tickets to take [person's name] to see a concert." Another relative told us, "[Person's name] goes out a lot with staff, there is transport available." Staff knew people well and could describe their preferences; we saw people's preferences were included in their care plans with detailed descriptions of how people liked their support. People's diverse needs were assessed and this was used to create care plans which were person centred. People's plans included detailed information about their life history and what was important to the person. Staff understood this and used the information to plan support and help people make decisions. Care plans were reviewed often and people and their relatives were fully involved. People's routines were understood by staff. Some people required routines to be followed to help them not feel anxious. These were clearly documented in people's plans and staff could describe them in detail. This showed people were supported to receive personalised care. People were supported to follow their interests, we saw plans were in place for people to take part in activities, go out and enjoy things in their home. Records showed staff reviewed this with people and their relatives to mark things that had been achieved and identify new things people were interested in taking part in. Staff could tell us about the interests people had and how they supported people, we saw records which showed how people had spent their time. These included going out to local facilities, taking part in activities, using computers and equipment in their homes. This meant people were supported to follow and maintain their interests.

People and relatives complaints were investigated and a response was given. Relatives told us they felt their complaints were listened to and they had a response. They could give examples of where they had raised concerns and these had been addressed. We saw there was a complaints policy in place and this was followed when complaints were received. We found records which showed complaints had been investigated and responded to in line with the policy. We found the provider used information from complaints to learn and improve the quality of the service people received. This showed the provider had a system in place to respond to people's complaints.

People had their preferences and wishes for how they would like to be cared for at the end of their life assessed and the information was used to draw up a plan. Nobody was receiving end of life care at the time of the inspection. However, we saw people had discussed this and made some decisions along with their relatives about their future wishes. For example, where people would want to be cared for, whether they would want to be resuscitated and what they would like to see happen with their belongings after their death. Some people had detailed funeral plans in place. Staff understood these plans and could describe how they would support someone if they were at the end of their life. This showed plans were in place to ensure when people were at the end of their life they would be cared for to have a comfortable pain free death.

Good

Is the service well-led?

Our findings

At our last inspection on 8 September 2016 we found the providers systems were not identifying concerns with incidents not being recorded in people's daily records. At this inspection we found the provider had made the required improvements.

The registered manager understood their responsibilities in relation to their registration with us (CQC). We saw that the rating of the last inspection was on display and notifications were received as required by law, of incidents that occurred at the service. These may include incidents such as alleged abuse and serious injuries.

We found staffing levels were set based on people's needs to ensure there were sufficient staff in place to support people. There were clear contingency plans in place to provide additional staffing hours where needed. Staff training was monitored and staff were enabled to undertake refresher training when needed. This meant the provider had a system in place to ensure people's needs were met by sufficient suitably skilled staff.

We saw MAR charts were checked to ensure people were receiving the medicines they needed. Stock checks were also done by staff and these were effective in ensuring people had access to their medicine and received it as required. For example, the audits had identified a signature was missed for one person's pain relief medicine, this was investigated straight away and it was found the person had not had their medicine as they were asleep but the staff had omitted to record this. This showed audits were effective in identifying concerns and enabling investigation and action to be taken.

Incidents and accidents were analysed to look for patterns. Analysis of incidents had resulted in a change to how incidents were mapped and recorded to ensure any unwitnessed incidents were investigated and potential incidents which may bring bruising at a later stage were also captured. This meant learning took place when accidents and incidents occurred. In another example, analysis of behaviour monitoring charts took place to identify if there were any patterns or triggers which could be identified. We saw this had resulted in changes to people's care plans for example, one person was noted as displaying behaviours that challenged at key points in the day and it was identified the person needed some points throughout the day with lower stimulation to prevent the behaviours and reduce risks. This showed monitoring and evaluation lead to improvements in care plans.

There were a range of audits carried out which identified where changes were required. The audits included internally completed ones and some done by an external person on a monthly basis, The audits were effective in identifying where improvements were needed. We saw where areas of improvement had been identified, action had been taken. For example, one audit had identified an update was required to a person's care plan. We saw this had been done. Unannounced spot checks were also carried out. This meant there were systems in place to monitor the quality of the care people received. Audits were completed of daily records. These identified if there were any areas of care or medicine records not competed. The audits identified issues, investigations were carried out and a note was made of the

outcome. This meant the provider could be assured people were getting the care they needed.

People, relatives and staff were involved in the service. One relative told us, "We are involved in everything, we have regular discussions." Staff told us they had opportunities to discuss how things could be improved and make suggestions and they felt supported. One staff member said, "The registered manager is supportive, we have regular team meetings and the handovers are good at sharing information." The staff told us about the core teams meeting regularly to discuss people's care, changes and make plans. The area manager told us there were relative meetings held, and surveys, there was a magazine published to keep people and relatives informed and there were regular staff events to discuss issues along with staff surveys. The records we saw supported what we were told, which demonstrated people relatives and staff felt listened to and involved in the service.