

Turning Point Coalpit Flats

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

About the service:

Coalpit Flats is a supported living service for people living with learning disabilities or autistic spectrum disorder who may also have mental health needs. At the time of our inspection there were five people using the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

What life is like for people using this service:

People were safe because staff understood any risks to their health and wellbeing and what action to take if they thought people were at risk of harm. The registered manager ensured there were always enough staff on duty who had been trained in safe medicines management and good infection control practices.

People received effective care from staff who were knowledgeable and had the skills and experience to support them. Staff encouraged people to follow a healthy diet and had good relationships with other healthcare professionals to ensure people received timely support when they needed it. People made their own decisions or were given support to do so in their best interests.

People had caring, kind supportive relationships with the staff who supported them. Staff promoted people's privacy, dignity and diversity and took pride when people achieved some independence in their lives.

Staff supported people to live interesting and fulfilled lives and achieve their goals and ambitions. Information was provided in formats that was accessible to people and staff ensured people's voices were heard.

People, relatives and staff were happy with the management of the service and told us the registered manager was actively involved in the daily routines and readily available to discuss any matters. Staff felt they were fully supported by the registered manager and were included in any developments of the service.

More information is in the Detailed Findings below.

Rating at last inspection:

Good (report published 18 August 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection. We found the provider had maintained the characteristics of Good in all areas and the overall rating remains as Good.

Follow up:

We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner. .

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Coalpit Flats

Detailed findings

Background to this inspection

The 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.

Inspection team:

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

Service and service type:

Coalpit Flats provides care and support to people living in a 'supported living' setting, 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was announced. We gave the manager 24 hours' notice of the inspection visit because the service is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 24 January 2019 and ended on 28 January 2019. It included visiting the office location and talking to people and their relatives by telephone. We visited the office location on 24 January 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Prior to the inspection, we looked at the information we held about the service and used this to help us plan our inspection. We looked at notifications that we had received about events that had happened at the

service, which the provider is required to send to us by law. These included notifications about deaths, serious injuries and safeguardings. We also considered the Provider Information Return (PIR). This is information we ask the provider to send to us at least annually to give us key information about the service such as what it does well and any improvements they plan to make.

During the inspection visit, we spoke with one person who used the service and observed the interactions between people and staff in communal areas of the service. We spoke with two members of support staff, a team leader and the registered manager. We looked at one person's care and medicine administration records and records that related to the management and running of the service such as audits.

Following the inspection visit, we spoke with three relatives of people who used the service by telephone.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Safeguarding systems and processes

- People said they felt safe at Coalpit Flats. One person told us they felt safe because staff were around if they needed them.
- The provider had effective safeguarding systems in place and staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. Staff had received appropriate and effective training in this area.
- The registered manager had explored ways of improving people's safety when they were outside the home. For example, 'safe places' are places in the local area people can go to if they feel lost, bullied, worried about their safety or in need of assistance. However, most 'safe places' were not open during the evening when one person liked to go out. The registered manager had liaised with a local public house which was now this person's designated 'safe place' at night.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.
- Appropriate recruitment practices continued to ensure staff were suitable to provide care and support to people.

Assessing risk, safety monitoring and management

- The potential risks to each person's safety and welfare had been identified. Risks which affected their daily lives, both in the home and out in the community, were documented and known by staff.
- Risks around specific health conditions had been assessed. For example, one person had a detailed risk management plan for their epilepsy. The information described the type of seizures they had, how staff should avoid harm to the person whilst having a seizure, and when staff needed to call for emergency assistance.
- Equipment supported people's safe care. For example, one person had an audio monitoring system to alert staff if they had a seizure when they were alone in their flat. Where people needed equipment to stay safe, there were detailed plans about how it should be used safely.
- People were supported to stay safe without compromising their independence. The registered manager had arranged for one person to receive guidance from the local fire service about how to keep safe when smoking.
- Each person had a personal evacuation plan so staff and the emergency services knew what support people would need to ensure their safety should their home need to be evacuated.

Staffing levels

- Each person had dedicated staffing hours that had been agreed with those who commissioned the service.
- The registered manager made sure there were always sufficient staff on duty to cover the agreed hours and meet people's needs. For example, one person required the support of two support staff when they went

into the community. During the afternoon of our office visit, two extra staff came on duty to take the person shopping.

Using medicines safely

- People's medicines were stored and administered safely.
- Protocols were in place to guide staff when administering 'as required' medicines.
- Regular checks and audits ensured medication systems were safely managed and records were accurately completed.
- Staff were suitably skilled to give people their medicines. Staff received on-going training and had their competencies to do so checked.
- The registered manager arranged for people to have regular reviews of their medicines to ensure they remained effective and appropriate in meeting their health needs.

Preventing and controlling infection

- People were encouraged and supported to keep their homes clean and free from any obvious risks associated with the spread of infection.
- Staff had received training in good hygiene and encouraged people to follow good food hygiene practices.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. There was an accident and incident policy and these events were recorded, investigated and shared with the provider. The provider and registered manager analysed incidents and shared any learning with the staff team during group meetings and individual supervision. For example, learning from a medicines error following an analysis of what went wrong.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had an assessment of their needs before they started to use the service. This was to make sure people's needs could be fully met and they were happy and confident with the support that was available.
- One person had moved into the shared living accommodation two months before our inspection. Staff who were going to work with the person had shadowed shifts at the person's previous placement, so they could learn the person's routines and what was important to them. There had been several trial visits so the person could meet the other people who lived at Coalpit Flats, before a joint decision was made if the service was suitable for them.
- The views of other health and social care professionals and the person's nearest relative were taken into account when developing care plans. This ensured staff had the information they needed to deliver care and support in line with best practice guidance.

Staff skills, knowledge and experience

- Staff received a detailed induction at the start of their employment and staff new to care completed the Care Certificate. The Care Certificate is a national approach to ensure staff receive a thorough induction and are able to do their job well.
- Staff were knowledgeable about people and had the skills and experience to effectively support them. They received a programme of training, delivered through E-learning and face-to-face. The registered manager checked staff's understanding and skills through knowledge tests and observations of their practice. One support worker described the training as "very good" and said it gave them the confidence to respond effectively when people were anxious or agitated.
- Staff had regular supervision and appraisals.
- The registered manager had a system to understand which staff needed their training to be refreshed and who required supervision. Staff told us they felt supported because, "If you need any help you have got the manager to ask."

Supporting people to eat and drink enough with choice in a balanced diet

- Some people could prepare their own meals and other people were involved in planning and cooking the meals they wanted with staff support.
- People enjoyed the independence of making their own drinks and preparing meals. One person told us they had made their favourite pasta meal the night before our inspection visit.
- Staff encouraged people to eat a balanced diet to maintain their health.

Staff providing consistent, effective, timely care

- There were good relationships in place to ensure that people saw healthcare professionals when required.

- When people had been unwell or their needs had changed, referrals had been made to relevant health professionals. For example, one person had been referred to a dietician because of their weight. Staff were recording what this person ate so when the dietician saw the person, they had detailed information to support their advice.
- Each person had a Health Action Plan which described any health conditions and had details about appointments people had to monitor these. A relative told us, "I'm always kept informed about [name's] wellbeing."

Ensuring consent to care and treatment in line with law and guidance

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. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Support staff understood the principles of the MCA and offered people choices about how they lived their lives. People made their own decisions or were given support where necessary in their best interests.
- Staff told us they guided people and offered advice. However, where people had capacity, staff told us the person was entitled to make their own decisions, even if it was not always a wise decision.
- Where there were concerns a person did not have the ability to make a specific decision, their capacity to do so had been assessed. Where that decision amounted to a restriction in their care, the registered manager had applied to the local authority for the appropriate authorisations in accordance with the DoLS. The outcome of those applications was awaited at the time of this inspection visit.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People had caring, kind supportive relationships with the staff who supported them.
- One relative told us, "The service we have had, the care [person's name] has had. I can't speak highly enough of it."
- Staff told us how important people were to them and took pleasure in their roles because they helped people do what they wanted to as far as possible.
- Staff told us how they communicated with and supported people to explain their wishes and needs. They explained that when people could not verbally express themselves, it was important to explore what they were saying by their behaviours. For example, one person could present behaviours that could challenge and staff told us, "It could be because they are in pain."

Supporting people to express their views and be involved in making decisions about their care

- People were enabled to make choices about the care they received. For example, each person had a keyworker. Key workers are staff dedicated to a particular person and who know them well. People chose which member of staff they wanted as their keyworker. One member of staff described how important it was for people to make that choice and explained, "It is their home and it is who they best relate to and who they are going to excel the most with."
- People expressed their views about which staff worked in the home and cared for them. Some people attended interviews of potential new staff and asked questions about issues that were important to them. For example, one person told us they asked applicants about what action they would take if someone fell over, because it was important to them to know they would be safe with staff.
- Staff understood and respected the needs of people with protected characteristics under the Equality Act 2010 such as age, race and sexuality. Staff we spoke with told us they promoted equality and diversity within the home. Staff had taken the time to consider people's sexuality, and supported people to explore their relationships.

Respecting and promoting people's privacy, dignity and independence

- Care plans were written to support people's privacy and dignity and promote independence. They were clear what people could do for themselves and when they need prompting, help or support.
- People were encouraged to maintain their life skills by participating in preparing food and drinks, cleaning their rooms and making new friendship groups.
- Staff clearly took pride in people's achievements towards independence. A staff member told us how one person was now able to go shopping with staff and said, "It is a massive deal for them. It makes me happy they are more independent. It has taken years, but who knows where they will be in another five years."
- Staff respected the privacy of people's own homes and gave people 'quiet time' when they wanted it.

- Staff supported people to enjoy each other's company. On Sundays, with staff support, people cooked and ate lunch together in the communal lounge.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

Good: ☐ People's needs were met through good organisation and delivery. The registered manager was working towards an outstanding rating in this key area.

Personalised care

- People had person centred care plans which were very inclusive of what was important to them. People's preferences about their routines and how they wanted to receive care and support were recorded in detail.
- People's care plans were reviewed to identify any changes in their needs and ensure they had all the assistance and equipment they needed to keep them safe and maintain their wellbeing.
- Staff knew people very well because they had time to build trusting relationships with them. Staff were fully aware of individual choices and preferences and they explained some of these to us during our discussions.
- People participated in activities that were reflective of their individual interests and hobbies. On the day of our inspection, two people were in London attending a live recording of one of their favourite television shows. Another person was at a well-known visitor attraction in Birmingham.
- People were encouraged to build relationships and widen their circle of friends. The registered manager explained, "It is about promoting friendship with everybody in the community, not just people with a learning disability. For someone like [name] that is important, to make friendships." One person regularly liked to visit a local pub. With staff support this person had spoken to staff at the pub about their autism and why their routines within the pub were important to them. This enabled the person to maintain their independence because staff at the pub understood the person and how to respond.
- People were encouraged to have plans and goals which staff supported them to achieve. For example, one person wanted a job and staff had helped them to find one. A staff member explained, "I went through my own little battle for that, it took ages of phone calls but we found them a job eventually." This person told us they enjoyed working and their relative said, "I have seen a big change in terms of [name's] improvement and development. They are more independent and confident. The job meant a lot, that was the confidence building which has given them an extra string to their bow."
- Staff supported people to be part of their community. For example, people had entered a float into the local carnival and attended some carnival committee meetings in preparation for the day. One person had commented, "I liked being part of the community and collecting money for local people. I am looking forward to next year when I have already thought of a brilliant idea so we can get first prize."
- The registered manager understood their responsibilities in line with the Accessible Information Standard and ensured information was provided to people in a way they found accessible. For example, one person did not like to attend meetings and was unable to use 'easy read' documents. The registered manager audio recorded the 'tenants' meetings' so the person could listen to them later. Another person did not like pictures so staff were helping this person learn to read.

Improving care quality in response to complaints or concerns

- Systems were in place to manage and respond to complaints or any concerns raised. The complaints

process was available in a format to support people to understand how to make a complaint.

- Complaint care plans were in place for those people who were not able to verbally raise a concern. These guided staff on how those people may, through body language or behaviours, demonstrate they were not happy so staff could explore further.
- The service had not received any complaints in the 12 months prior to our inspection visit. One relative said, "There is nothing that concerns me."
- People were supported by staff to make their voices heard about other things that were important to them. For example, in the local area 'plus one' bus passes had been removed. This meant that a carer supporting someone with a disability had to pay the bus fare. One person at Coalpit Flats thought this was discriminatory and had arranged for a representative from the local bus company to visit and talk about the reasoning behind the decision. Not satisfied with the response, this person had raised a petition and with their local MPs support, this was now being taken to national parliament.
- People at Coalpit Flats were actively involved in the provider's 'Chatty People', a forum for people using Turning Point services to share their views and opinions. Chatty People met every three months; one person at Coalpit Flats was the chairman and another the editor of the newsletter. One idea people had explored was their involvement in 'signing off' new staff from their probationary period. They felt people using services should be consulted as to whether new staff had satisfactorily completed their probation, and this was now being considered by the senior management team at Turning Point.

End of life care and support

- Where appropriate or if people had wished to discuss it, there were end of life care plans in place which were detailed and person-centred. This meant that people's wishes, values and beliefs would be respected at the end of their life.
- Some people at Coalpit Flats had recently experienced bereavements of people who were important to them or had relatives who were very poorly. The registered manager was supporting these people to explore their feelings and understand their grief. Where necessary, they had been referred through their doctor to a counselling service. The registered manager explained that it was important to support people to understand the process of death to maintain their mental health and emotional wellbeing.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The registered manager was committed to providing highly responsive, effective care for people that respected their right to live their lives as they wished. They took an active role in the day to day running of the service, talking with people, and supporting staff.
- People and their relatives spoke highly of the registered manager. One relative told us, "I think that place is strong because of [name of manager], her management is working." When speaking of the registered manager another relative said, "You couldn't ask for anybody better."
- The registered manager was seen as being available and approachable. One person told us, "She might as well get a bed here because she is always here."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The provider and registered manager had quality assurance systems in place to monitor the quality of the service and make improvements where necessary. The quality assurance systems were used to identify what the service did well and what could be improved.
- Staff understood their roles and responsibilities. They felt confident to whistleblow and report poor practice if they needed to.
- Staff were supported through regular supervision meetings, appraisals, and meetings. One staff member told us, "I think [name of manager] is the best manager I have had in my life. She is really supportive and understanding." The registered manager told us, "I'm proud I have built a team who will work in the same way when I am not here. We have the same values and motivations."
- The registered manager understood their responsibilities under the Duty of Candour. This places an obligation on providers and registered managers to be open and honest and take accountability when things go wrong.
- The provider had their ratings from their last inspection visit on display in the building and on their website.
- The registered manager submitted statutory notifications to us, as required by law.

Engaging and involving people using the service, the public and staff

- The members of staff we spoke with felt that they had the opportunity to be fully included in any decisions that were made about the service.
- Staff were invited to complete questionnaires to reflect on what they had achieved over the last twelve months, both as an individual and as a team. The responses to the questionnaire were then used to improve practices within the service, and ultimately outcomes for people.

- The individual contributions of staff were recognised through a 'shout out' board where staff could record actions by other staff that had benefited people.
- The registered manager and staff gathered people's views on the service daily through their interactions with people. People were also encouraged to express their views and opinions at keyworker meetings.

Continuous learning and improving care

- The registered manager used information from quality checks to improve the quality of care people received.
- The registered manager shared information from other organisations and ourselves (CQC) to support learning and development within the service.

Working in partnership with others

- The registered manager and staff team worked in partnership to ensure people received the relevant support from other agencies as required; such as the local authority, and community health care professionals.
- The provider held monthly meetings for their registered managers to share good practice and discuss how to drive improvements across the provider's services.