

# Turning Point Coalpit Flats

## Inspection report

22a Sadler Gardens  
Bedworth  
Warwickshire  
CV12 9HG

Tel: 02476316074

Date of inspection visit:  
25 July 2016

Date of publication:  
19 August 2016

## 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 25 July 2016 and was announced. We gave short notice to make sure the registered manager would be available to meet with us.

Turning Point is a provider that offers specialist support for people with learning disabilities, autism and mental health diagnoses. Coalpit Flats specialises in providing supported living 'aftercare services'; primarily for people who have been detained under the Mental Health Act 1983 and then discharged from certain sections of the Act. The provider works closely with other professional organisations in providing the agreed care and support people need. Coalpit Flats provide personal care and support for up to five people who live in their own flat with support from staff, up to 24 hours each day. Four people were supported to live in their own flat on the day of our inspection visit. Coalpit flats has a communal lounge where people can meet and spend time together.

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.

Staff told us they were trained to protect people from the risks of abuse and knew how to report any concerns they had. The provider displayed an information poster to remind staff of action they should take if they had a concern. Risks had been assessed and staff knew what action to take to reduce the risk of injury or harm to people. People were supported to take their prescribed medicines by trained staff.

Staff worked to the agreed support hours for people which met people's health and social care needs. The provider's recruitment process checked staff were of good character and suitable to work with people living at the flats.

Staff received training in core care practices and specialist training in managing behaviours that challenged, and in understanding autism. This training gave them the skills they needed for their job role. They were supported by the registered manager who encouraged staff to develop their skills and knowledge.

People had been involved in planning their care. Staff were very knowledgeable about people's needs and were able to effectively support these. Additional training took place to update and refresh staff skills and knowledge. Staff said people's care plans provided them with detailed information they needed to support people safely and effectively.

Staff knew people very well and how to avoid trigger factors that might increase people's anxiety levels. This knowledge enabled staff to divert and de-escalate any anxiety and reduce the potential for incidences of behaviours that challenged.

People who wished to be were involved in their shopping and menu planning and had choices about food and drink from staff that were kind and caring.

The registered manager and staff understood their responsibility to comply with the requirements of the Mental Capacity Act (2005) and worked within the principles of this. Management had an understanding of the Deprivation of Liberty Safeguards (DoLS). Health care professionals were involved in people's care and support and staff followed guidance given by multi-disciplinary team professionals. People's care and support was reviewed when required and staff supported people to access healthcare appointments to maintain their wellbeing.

The provider had quality monitoring processes which included audits and checks on medicines management, care records and staff practices. Where improvement was needed, action was taken.

## 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.

Staff understood their responsibilities to protect people from the risk of abuse. People felt safe living in their flats. Staff understood their responsibilities to report any concerns about people's safety and to minimise risks to people's wellbeing and those around them. People were supported with their prescribed medicines from trained staff.

### Is the service effective?

Good ●

The service was effective.

Staff were trained and knew people well so they could effectively meet their individual needs and reduce incidents of behaviours that challenged. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and gained consent from people before supporting them with various tasks. The managers understood and worked within the remit of the Deprivation of Liberty Safeguards. People had choices about their food and drinks. Staff referred people to healthcare professionals when needed and worked closely with healthcare and other professionals involved in people's care and support.

### Is the service caring?

Good ●

The service was caring.

People told us that staff were kind and caring and positive interactions were observed. Staff respected people as individuals and maintained their privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care and support. People's care plans were detailed, personalised and contained information staff needed to respond to people's individual needs. Staff knew how to respond to people and de-escalate behaviour that challenged. Staff encouraged and supported

people with their agreed structured routine and planned activities. People knew how to raise a concern or complaint if they needed to.

**Is the service well-led?**

**Good** ●

The service was well led.

The home had a positive culture and staff were supported in their job role to be person centred, inclusive and empowering toward people who lived there. People were encouraged to share their views and give feedback on the quality of the service. The provider had systems to monitor the quality of the service provided to people and took action where improvement was needed.

# Coalpit Flats

## **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.

This inspection took place on 25 July 2016 and was announced, so that we would be sure staff would be at Coalpit Flats to speak with us. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 reviewed the information we held about the service. This included information shared with us by the local authority commissioners. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. We reviewed statutory notifications sent to us from the provider. A statutory notification is information about important events which the provider is required to send us by law.

We spoke and spent time with three of the people that were supported to live in their own flat, and one relative. We spoke with three support workers, one team leader and the registered manager.

We reviewed a range of records, these included two people's care and medicine administration records. We reviewed staff training, team meeting records, quality assurance audits and feedback the provider had sought from people that used the service.

# Is the service safe?

## Our findings

People told us they felt safe living in their own flat. One person told us, "It is safe here. The staff are really nice. It's a friendly atmosphere." Another person said, "I am safe in my flat, staff check I am okay."

Staff understood their responsibilities to protect people from the risk of abuse and knew how to raise concerns if needed. One staff member told us, "I have completed safeguarding people from abuse training. I've never had any concerns about abuse here, but if I did, I would tell the manager. They would listen and do something. If my concerns were not dealt with, I'd report to the social services or CQC." Another member of staff showed us a poster that was displayed in the office to remind staff of action they should take if they needed to raise any concerns. This staff member said, "I'd certainly report any concern about abuse, we wouldn't ignore anything like that."

The provider minimised risks of harm and injury to people and others. People's individual risks to their health and wellbeing were assessed and their care plans described the actions support workers should take to reduce risks. Staff informed us that people they supported sometimes displayed behaviours that challenged and could present a risk to themselves or others. Staff were trained to manage these behaviours and one staff member told us, "A few people are always supported by two staff when they go out so that their and other people's safety is maintained. One person enjoys long walks in the park and the manager always makes sure two staff can support the person to do this." Another staff member told us, "Some people do have challenging behaviours and we have to manage these risks. For example, one person likes to go for a ride in their car but this can be a risk because of their behaviours so we have a special seatbelt they cannot take off. This means they can enjoy being in the car and we are all safe."

Staff promoted people's independence but made sure people were safe from any risks in their environment. One staff member told us, "One person sometimes leaves their front door open at night and this presents a risk to them. We have a special door alarm which will inform staff if this happens so we then check this person and remind them to close and lock their front door." Another staff member showed us a locked kitchen cupboard and said, "We make sure sharp knives are locked in here, so that one person can still use the kitchen but there is nothing sharp that might cause harm to someone."

Staff knew how to deal with an emergency, such as a person having a fall or choking on their food. One staff member told us, "I have completed my first aid training. I had to use my knowledge last week when I found one person on the floor and put them in the recovery position whilst an ambulance was called." People had personal emergency evacuation plans (PEEPS) which told staff what support people needed to leave their flat in the event of a fire.

One new staff member told us, "I had an interview before I started here and the manager completed checks on me, such as getting references." We looked at one staff record and saw checks had been completed by the provider to make the staff member was of good character.

People told us there were enough staff to support them and we saw people were supported when needed

and staff kept people safe. One person's relative told us, "I think my family member is safe living there and don't think things could be any better. All the staff are pretty good." Staff told us they felt there were enough staff on shift to meet people's needs.

In line with people's risk assessments, trained staff managed people's medicines and supported them to take their medicines when needed. One person told us, "Staff are helping me to learn how to do my own tablets." The registered manager explained this person was being supported, by staff, to achieve a positive risk taking goal of self-medicating through a series of planned steps to achieve this outcome. Staff told us they had received training to administer people's medicines and information was available to staff to inform them what health conditions people's medicines were prescribed for. One staff member told us, "I give people their tablets and tell them what they are for." We looked at two people's medicine administration records (MARs). These showed people had received the medicines prescribed to them. Some people had medicines 'as required' such as for pain relief or to calm them when they became anxious. Information was available to staff to tell them when people's 'as required' medicines should be given. One staff member told us, "We always try to avoid situations that might make a person anxious. If they become anxious we can try to talk with them to calm them down. We only use 'as required' medication when absolutely necessary." We found staff managed 'when required' medicines in a consistent way following the available guidance.

We found medicines stored securely in people's flats. However, temperature checks undertaken by staff on one person's medicine storage cupboard recorded the temperature was very high. On some days it had been recorded at 35 degrees Celsius. We discussed this with the registered manager and they told us staff had made them aware of this concern and action was in place to install a wall fan before the end of August 2016. This meant that action for improvement had been identified to ensure medicines, such as eye drops and food supplement drinks, to be stored at 'room temperature' were not stored at high temperatures.

We observed staff shift handover and saw this included a check on people's medicines to make sure they had been given as prescribed and that staff had completed people's medicine records as needed.



## Is the service effective?

### Our findings

We observed positive staff interactions with people and one person told us, "Staff are good." One person's relative told us, "I have nothing to complain about, staff understand my family member."

One staff member said, "I have recently started here and find the manager supportive and other staff help me with everything I need to know, I've got training dates planned." The registered manager informed us new staff attended a training induction week and would also be enrolled to complete the Care Certificate. The Care Certificate helps new members of staff to develop and demonstrate key skills, knowledge, values and behaviours enabling them to provide high quality care. Other staff said they felt they had the training they needed to give them the skills for their job role. One staff member said, "We have some face to face, taught group sessions, some distance learning booklets and some is by e-learning. I feel it is good and meets my needs, we also have refresher updates as well when needed."

Staff were encouraged to complete further qualifications and training to meet their specific responsibilities and support their personal development. One staff member told us, "I have recently become team leader and have started my level five diploma in health and social care management. The manager is supportive of me developing my skills and knowledge."

The provider ensured staff received training so they felt confident to support the individual needs of people who used the service. One staff member told us, "We complete positive behaviour management training, so that we know how to manage challenging behaviours." Another staff member said, "Most of the time, we can avoid any challenging situations because we know the triggers for someone becoming anxious, such as this person does not like crowds or shopping, so we don't put them into that situation. If we see a person becoming anxious, we try to divert their attention to something else." The registered manager informed us they worked closely with healthcare professionals and any concerns about people's mental wellbeing were discussed promptly so that risks of mental wellbeing deteriorating were minimised.

Staff told us their knowledge and learning was checked through a system of supervision meetings, observations to check their competencies and staff team meetings. The registered manager said, "The team leader or me complete staff supervisions and competency checks, but we also work alongside staff as well and would address any poor practice with them at the time." Staff told us they felt their team worked well together with good communication.

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 worked within the principles of the Act, and knew they needed to gain people's consent before supporting them. One staff member told us, "I gain people's consent by explaining what is going to happen in a way they understand, I never force people to do things."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Deprivation of Liberty Safeguards (DoLS). We checked whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager informed us they had made DoLS referrals for two people and staff were able to tell us which people these were. Staff told us they had received training on DoLS and were able to explain what this meant. One staff member said, "It is about acting in people's best interests so that their safety is maintained."

People had sufficient to eat and drink and were encouraged, by staff, to have a healthy balanced diet. Staff supported people to contribute to planning weekly menus and preparing their own meals. One person said, "I like my meals and choose what I want." One staff member told us, "One person uses pointing at objects to make choices so they point to what they'd like in their cupboard. We do have food picture cards, but most of the time, this person takes us to show us what they want."

One person chose to eat out most of the time and told us, "I'm going out to buy a cooked breakfast for myself." One staff member explained this person had decided this was their preference and went out independently to choose where they wanted to eat. Staff explained that during the week, other people generally were supported to cook their individual meals in their own flat. However, people had agreed that at the weekends they would prepare and enjoy some meals together. Another staff member said, "We use the communal kitchen and lounge if people want to get together, if anyone prefers to do their own thing that is not a problem, but most Sunday's people enjoy a roast meal together and are involved in the preparation of vegetables and then washing up later."

People were supported to maintain their healthcare needs and had access to healthcare services. Staff worked closely with other healthcare professionals and people's care records showed involvement from learning disability nurses, mental health professionals and people's social workers.

The registered manager told us people were encouraged to attend well woman and well man health checks whenever possible but these and other health care appointments caused anxiety to people. The registered manager showed us a pictorial booklet called; 'A woman's guide to keeping healthy' which had been produced by the NHS for care workers to use to help people understand what might happen at an appointment. Staff worked towards de-sensitising people so that, for example, they could agree to have a blood test when needed. One person had been very anxious about having a blood test, however, staff had followed guidance given to them from this person's occupational therapist in how to follow a calming strategy, so that they could have their blood test without becoming very anxious.

## Is the service caring?

### Our findings

One person told us, "Staff are friendly and I am happy in my flat." The registered manager explained people could use a communal lounge when they wanted to and we observed positive caring interactions between people and staff. For example, one person was going out and staff gently reminded them to check they had what they needed and to take a coat with them. A relative told us they felt the care provided was good and said, "Staff are caring and think about what is best for my family member."

We observed one person sat speaking and laughing with staff, which showed this person, trusted their care staff and were confident staff, understood them. One staff member told us, "It is a good place to work and I'd say all the staff team are caring towards people that live in the flats, treating them as you'd want your family member treated." Another staff member told us, "A few people can show challenging behaviours toward us, but we can't take this personally because it is due to their autism. We follow the guidance in managing behaviours and continue with a caring approach."

Staff told us that whenever possible, people were involved in making decisions about what they did. One staff member said, "Of course, we must always make sure people and those around them are safe, but whenever we can we are led by what people want to do." During our visit, we saw one person decided to go to bed for a time and one staff member said, "This person often has a lie down or short sleep during the day, we make sure they are okay and leave them undisturbed until they get up again."

Staff knew people well and were able to tell us about their support needs. For example, one person became anxious if things did not happen within their planned routine. A staff member said, "This person can get anxious and upset if something unplanned happens, we try to ensure their routine remains the same and if something has changed reassure this person, so that their mental health does not deteriorate."

People's care plans were pictorial and information was presented in a way they could understand. Care records showed people had been, where possible, involved in making decisions about their care and support. Care plans included detailed information about people's preferences for care and support so that staff could support people with their agreed routine. For example, one person did not like their curtains closed at night and wanted a light left on and all staff were aware of this and knew that person's preferred routine.

People were involved in decisions about their flat environment and communal areas. One staff member told us, "One person who is not here today, painted the communal lounge and also gets involved in supervising some volunteers who help with the garden maintenance. They really enjoy their involvement and see it as an important role."

People were respected by staff and their privacy and dignity was maintained. One person told us, "I have my own key to my flat and staff always ring my bell and wait for me to answer before coming in." We saw staff knocked on people's flat front doors and waited to be invited in.

## Is the service responsive?

### Our findings

People told us they knew who the registered manager was and which staff members supported them. The registered manager explained some people had preferences to which staff supported them and these requests were met. The registered manager said, "We have enough staff members to plan the shifts according to people's preferences and when they need support."

One person told us, "Staff help me when needed." A relative told us, "Staff support my family member to visit me, they are very good." We observed positive supporting relationships between managers, staff and people who used the service. For example, one person was knitting and staff encouraged them with their chosen hobby. Another person liked to hold and collect objects that were important to them and share these with staff. One staff member told us, "This person has a box of objects and each day likes to line some of them up and also carry them about and show them to staff. I always take an interest in what they are showing me because the object, such as a small toy, is important to this person."

The registered manager explained people had different 'packages of care,' decided by commissioners, which meant they were supported for a set number of hours each day, as agreed. The registered manager said, "If we feel those agreed hours are not enough to meet people's care and support, then we will make a referral for a review of their care hours. There is one person who may need a greater level of support and we are currently awaiting a review for them."

Care planning was centred on the individual and in line with health care and other professional involvement with people, such as consultant psychiatrists. Staff had a good understanding of the importance of structure and routine in people's lives to reduce the risks of anxiety for people who had autism or mental health diagnoses. One staff member told us, "When I give this person choices about what to wear, for example, I'll show them two choices and they will point to which they want to wear. If I gave more choices it would be confusing for them."

The registered manager told us they encouraged people to be a part of their local community and had recently hosted a garden party to celebrate the Queen's 90th birthday. One staff member said, "We invited local neighbours and shared food together in the garden, people enjoyed the day."

The registered manager told us one person liked to be involved in communal aspects of the group of flats. Staff had shown this person how to undertake fire safety checks and they completed these, with a member of staff, when checks needed to be done. One staff member said, "This person is not at home today but likes to get involved in fire drills and records the time of us all leaving the flats safely."

People were seen as valued members of their immediate community. One person had been selected, by people, to represent them at the provider's 'People's Parliament' meetings. Another person used their computer to create newsletters for people which gave tips, for example, on keeping safe and newsletter was circulated to people living in the provider's other homes and supported living flats.

People were invited to individual meetings with a staff member which offered people the opportunity to share any concerns they had. We asked staff how one person who did not communicate verbally was involved and a staff member explained accessible formats were used so this person could be involved in giving their views and feedback.

Staff encouraged people to be involved in 'resident meetings' which were offered so that people could discuss issues. The registered manager told us these meetings were also used to discuss specific themes, such as friendships and being safe, in a relaxed way and format people could understand.

The provider's complaints policy was shared with people in a way they could understand. People told us that they had no complaints about the staff or the care and support they received. The registered manager told us they had not received any complaints from people that lived in the flats.

## Is the service well-led?

### Our findings

People told us they knew who the registered manager was and felt they were approachable and listened to them. People felt happy with the quality of the service.

Staff told us they felt there was a positive culture within the service and we observed this during our visit. People were relaxed with staff and the management of the home. Staff said they felt 'well supported' in their roles. One staff member told us, "This manager started in 2015 and things have improved since they have been here. There is better communication and leadership now." Another staff member said, "This manager is good and supports us all well."

One staff member told us, "There is a new person due to move into the empty flat before the end of August 2016, they have been visiting with their family and decorating their bedroom. The manager also invited this person to join us on some day trips we have planned with people so we can all get to know each other before they move in to their flat. I think that is a good idea and will mean their move to their flat here is easier for them."

The registered manager spent their working time at the flats and told us, "I was registered for two locations, whilst the provider recruited another manager, this has taken place so I am purely manager for this location." They told us, "I feel it's important for me to also work alongside staff, as well as undertaking competency checks on their knowledge. I like to support them if needed. Unless I have a specific meeting, the office door is open and people and staff are welcome to come and talk to me if needed." Staff said the registered manager was approachable, supportive and listened to them.

Systems were in place to monitor the quality of the service and included asking people and their relatives about their experience of the service. Surveys were in a format so that people could understand them. The most recent survey had been completed in April 2016 and positive feedback had been received. The registered manager told us, "Survey feedback is sent to our head office and they complete the analysis. No immediate actions were required for improvement, but I will receive a report from head office and any actions they feel would be beneficial for the service would be recorded and I would then implement these."

The registered manager told us, "In addition to the surveys, I always talk with people that live in the flats and ask if everything is going well. One person that can become anxious is involved in the provider's recruitment of new staff and sits on the panel. I support staff to make sure they observe this person's mental health wellbeing so that their role, which they enjoy and want to do, does not cause them increased anxiety."

The registered manager had a planned schedule of audits which were undertaken by them, and the team leader. The registered manager told us they checked the audits to ensure any improvements identified had been acted on and implemented. We saw recent infection control and medicines audits and where action was required, such as installing a wall fan, these were planned for.

The provider undertook checks as a part of their 'provider visit.' The registered manager explained the

provider's most recent visit had taken place during July 2016 and they had not yet received the report. However, no immediate actions for improvement had been identified and verbal feedback had been good. The registered manager said, "If there are any improvements we need to make, such as putting up fire exit arrows, these will be done. The provider wanted to check if we needed these in individual flats or whether it would be good practice for us. There were no major concerns at all."