

Turning Point

Turning Point - Kent DCA

Inspection report

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Date of inspection visit:
06 August 2019
07 August 2019

Date of publication:
06 September 2019

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

Turning Point – Kent DCA is registered to provide personal care to people living in their own homes. Each person had a tenancy agreement and rented their accommodation. The service supports adults who have learning disabilities and physical disabilities. At the time of the inspection 27 people were receiving a personal care service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People were encouraged to be a part of the local community; attending clubs, leisure centres, local shops, pubs and other local services. People were supported to make their own decisions and be as independent as possible.

People's experience of using this service and what we found

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were supported by a core staff team who had the right skills, knowledge and competencies. Regular agency staff were used to cover staffing hours for consistency. The registered manager had taken steps to improve staff retention and recruitment since the last inspection. Staff were recruited safely. Comprehensive risk assessments were in place and people were encouraged to take positive risks to support their wellbeing. Peoples medicines were managed safely, and lessons were learnt when things went wrong.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Some documentation about restrictive practice did not include specific information about equipment used to keep people safe. The registered manager took action during the inspection to improve this. Staff were well supported and supervised and had a good understanding and knowledge of people and their needs. Peoples health was managed and supported well, and they made their own decisions about

their food and drink.

Staff were caring and respectful of people and people appeared relaxed and happy with the staff that supported them. Peoples diversities were respected, and equality promoted. The registered manager organised forums and meetings where staff could discuss diversity and human rights.

People had detailed care and support plans. People, relatives and staff were involved in the assessment and delivery of care. People did a range of activities to suit their own personal preferences. End of life information was available in people's care plans and this had been discussed where appropriate. A complaints procedure and policy were available, and complaints were responded to, to find a solution.

The service was well led, and the registered manager had a clear vision for the service which staff shared. Staff, people and other stakeholders were encouraged to provide feedback, so the service could improve. Quality assurance audits were conducted so service delivery could continue to improve. Staff understood their roles and responsibilities and the management team continually assessed the outcomes for people.

The last rating for this service was Good (published 26 January 2017).

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Turning Point - Kent DCA

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own flats.

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

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection and so we could arrange times to meet with people who consented to this.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We met with five people who used the service. We spoke with eight members of staff including the registered manager, location manager, team leaders and support workers. We reviewed a range of records. This included one care and support record, one staff file and a variety of records relating to the management of the service.

After the inspection –
We spoke with six relatives.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- At our last inspection we found that there were not enough staff employed to cover all of the support hours being provided so temporary staff from other agencies were used. The registered manager had taken steps to improve the recruitment and retention of staff. For example; weekly calls provider wide regarding recruitment, advertising on social media and job fair events, staff forums, utilising more agencies to cover staff shortage at short notice, improved exit interviews and obtaining more feedback from staff to understand why staff leave.
- At this inspection several new staff were in the process of pre-employment checks before commencing work and gaps in support hours were covered by regular agency staff. Staff continued to be recruited safely.
- Each person had a core team of staff to support them. The same agency staff were used to support people for continuity. Staff were only employed if they demonstrated the right values, attitudes and character traits. New staff were matched to people based on skills and interests and met with people before being offered employment. This was an opportunity for people to express if they liked the new staff member and an opportunity for the registered manager to assess if the new staff member would be a good fit. People were encouraged to be part of the recruitment process and take part in interviews.
- Hours were tracked each week to ensure people received the support hours they needed. Where hours could not be met due to staff shortages at the last minute they were renegotiated with people. The registered manager said, "If we can't get cover at short notice, for instance, if (person) had tickets planned to the cinema and their staff member went off sick we would make sure they didn't miss it but if they had a trip to the park planned we could renegotiate and maybe do it later that day or the next day. We can utilise staff from other locations and we also have a floater that can be pulled on."
- The provider's business continuity plan included managers, administrators and the registered manager being called upon to cover hours if all other resources were unavailable. The registered manager said, "The furthest we've got is the on-call manager being called (to cover hours). We've not had to utilise the business continuity plan really." There was an on-call system should staff need support from the management team at any time.

Systems and processes to safeguard people from the risk of abuse

- People continued to be supported to remain safe. The provider had a policy and procedures for safeguarding and whistle blowing, which was available for all staff to refer to. Staff could access all policies and procedures at any time via the on-line computer system.
- Staff knew how to recognise and report different types of abuse. They had received safeguarding training and information about abuse and a safeguarding checklist was available at each location where people lived.
- The registered manager was aware of their safeguarding responsibilities and had made referrals to the local safeguarding authority when required.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people continued to be assessed and monitored. Care plans contained risk assessments around people's care such as eating and drinking, moving and handling and unstable healthcare conditions such as epilepsy.
- We found a document in one person's care file which contained inaccurate information about how staff should respond to their epilepsy. This had not impacted on the person as staff understood their needs well. The document was amended by the registered manager during the inspection.
- Risk assessments cross referred and linked to other parts of the care plans to promote a holistic approach to people's care. Positive risk taking was supported and encouraged. For example, one person was a 'thrill seeker' so had been supported to take part in activities such as going down zip wires and indoor skydiving. The registered manager said, "We know what we think people like, but if they can't tell us we need to challenge them to take positive risks. Some parts of the activity may be successful, some may not be. We share our findings; maybe other people would enjoy the activity."
- Accidents and incidents were recorded and analysed to identify trends and learn lessons to prevent repeated incidents.

Using medicines safely

- People continued to be supported to take their medicines safely.
- Managers at each location did spot checks and monthly audits, the registered manager also audited medicines when visiting people.
- Medicines had been identified by the provider as an area of improvement nationally. As a result, the registered manager had introduced a medicines champion. The registered manager said, "The medicines champion is learning disability nurse. We've done the piece of work around the framework about what it is we want it to involve and the medicine champions first audit will be in October and their first analyses will be September (from August information). I'm hoping we get some good feedback and can take it to the medicines management group."
- There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current guidance.
- Staff completed training in the administration of medicines and were observed and competency checked by team leaders and location managers to ensure they were competent to administer medicines safely.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Some applications had been made to the Court of Protection, and these were waiting to be authorised. The registered manager followed up the status of applications at regular intervals.
- When people did not have capacity to make particular decisions capacity assessments were completed and best interest meetings took place to agree how people could be supported safely in the least restrictive way. Some people had restrictive equipment in place to help them remain safe such as lap belts. This was not specified on the documentation although had been discussed and agreed. The registered manager took action during the inspection to improve this.
- When people had capacity, their decisions were respected even if unwise. Staff gave people information about the risk associated with their decisions and regularly discussed this so people could be supported in understanding their choices and other options available.
- Advocacy service were available to people who did not have relatives or other representatives to support them when decision making. An advocate is someone who supports a person to make sure their views are heard, and their rights upheld.

Staff support: induction, training, skills and experience

- People continued to be supported by staff who were trained to have the right skills and knowledge. Each person had a core team of staff for continuity and to ensure they had the right skills to meet the persons

individual needs. A team leader said, "We get staff to experience being hoisted and blind folded, other staff push them in a wheelchair. It was a real eye opener for them. Some staff found it scary, but they really understood the experience of the person. If you suddenly push someone in a wheelchair without saying anything they could become anxious."

- New staff spent time with the core team as part of their induction as well as completing the Care Certificate. The Care Certificate has been introduced nationally to help new carers develop key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.
- Staff were knowledgeable about people's needs and followed guidelines implemented by other health care professions such as speech and language therapist (SALT) and the mental health team.
- There continued to be an ongoing training programme which was a mixture of eLearning, face to face training and reflection sessions to assess what staff had learnt. Staff were encouraged to continue to progress with qualifications such as diploma level two and three in health and social care.
- Team leaders, location managers and the registered manager conducted spot checks to assess and challenge poor practice. They conducted competency assessments and coached staff to improve their skills and knowledge.
- Staff had regular one to one supervision and annual appraisals to discuss development needs. A staff member said, "I've had lots of training and support. I had a good induction and was shown by the core team how to support (person)."

Supporting people to eat and drink enough to maintain a balanced diet

- People continued to be supported to choose their meals and were supported by staff to do their own shopping.
- Some people had guidelines in place from SALT to help them eat and drink safely. A staff member said, "Some SALT have worked with people for years so know them well."
- Some people had special tubes fitted where they were fed directly into their stomach with a liquid diet to ensure they received good nutrition and did not choke. There was detailed information in care plans for staff to follow and staff were trained to support people safely.
- People were supported to maintain a healthy weight and were frequently weighed to monitor any weight loss or gain. People were given advice about eating well to maintain good health.

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

- Before people were offered places at the service they were assessed by the registered manager to ensure their needs could be met. The registered manager said, "Assessment of new people moving in is different (for each person), some people may be over a long period of time some might be quicker. The transition is tailored to the person's needs. I'm always involved, I will go out and meet people and get overview from their care manager. I like to meet with person, current provider and care manager before moving forward."
- The needs of people in relation to health and wellbeing were constantly assessed by the core team. When changes were noticed this was discussed and care plans updated. Through continuous assessments one person's support hours had been increased which had a significant positive effect on their mental health and wellbeing.
- Guidance such as NICE guidance was used to provide care and support in line with recommended standards. (NICE guidelines are evidence-based recommendations for health and care in England. They set out the care and services suitable for most people with a specific condition or need, and people in particular circumstances or settings).

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People continued to be supported well with their health needs. A relative said, "I can sleep at night, they are on health issues like a 'rat up a drainpipe' I don't need to say anything they just do it."
- People were supported to attend appointments with health care professionals such as doctors, physiotherapists, continuing health care, occupational therapist, physios, dieticians and specialise dentist. A staff member said, "We monitor and check health appointments and generally have good experiences with health professionals."
- If people were admitted to hospital they had hospital passports containing important information for other healthcare professionals to refer to. One relative said, "I'm very happy staff are great and know how to deal with (loved ones) dialysis."
- Care plans contained detailed information to help staff recognise when people were in pain but could not verbally express this. For example, what different vocal noises or facial expressions meant.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were encouraged to give their views, feedback and be involved in decision making. A relative said, "Wonderful, I cannot praise enough. Over the years (loved one) blossomed in their own way. They are so well looked after, they go to the theatre, cinema and outings." Another relative said, "(Loved one) has horse riding on Monday and is always out and about, cinema, shops, they have their own vehicle and visit me every Sunday with staff. No concerns (loved one) always looks lovely."
- Some people had information on the back of their flat doors to describe to visitors how they preferred to be communicated with and other important information such as what could upset them. When we made visits to people, staff obtained consent and asked us to read the information before introducing us to the person.
- The provider facilitated a 'Peoples Parliament' nationally which was a forum for people using their services to feed into to enable change. The registered manager said they had a local smaller group that fed into the national forum. "I didn't want it to be staff led, so we created a monthly matters event where people could meet up. More recently a monthly matters forum where people can express what they think to shape change locally."

Ensuring people are well treated and supported; respecting equality and diversity

- People continued to be supported by core staff who knew them well and cared about their wellbeing. A relative said, "I'm so pleased, it's a different ethos (loved one) is beautifully cared for and is happy. I can't speak highly enough of the staff and managers they are amazing. It's changed our life, as a parent I can sleep at night."
- There was a relaxed and warm relationship between people and staff and people appeared at ease and comfortable. A staff member said, "Me and (person) tend to sit outside with a cup of tea watching the stars at night. (Person) loves growing plants."
- People were supported to follow their religious and cultural beliefs, any protected characteristics such as gender orientation was respected. The registered manager had conducted forums and meetings around promoting people's diversities and increasing awareness and understanding. A staff member said, "(Person) has so many friends locally and is well known in the community. People will ask where (person) is if they miss a week (at church)."
- One person had expressed at a monthly matters meeting how they found using public transport difficult because of some of the treatment they received by members of the public. The person and staff agreed to make a video to show at schools to educate children about the persons experiences. They had talked about the person talking directly to students but felt this was too daunting. They had started to make the video in

July 2019 with the hope of visiting schools when they recommenced in September 2019.

Respecting and promoting people's privacy, dignity and independence

- Some people had complex needs but where possible staff encouraged and supported independence.
- One person was being supported by two staff to do some baking. The person's kitchen had been adapted to meet their physical needs and staff were engaging with the person at a pace the person found comfortable. The person was shown different shaped biscuit cutters and asked to make their own choice as to which one they used.
- One person who had previously been reassessed as having no capacity to manage their own money was being supported to be re-assessed so they could regain more independence of their finances. The registered manager told us they person was excited about getting their own bank account.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People continued to receive the care and support needed, in the way they wanted. Care plans were detailed and person specific.
- People had 'bucket lists' that contained aspirational goals. One person's current goal was to 'have a nice weekend away with their support team' and was booked to go to Centre Parks in September. Another person had recently been to Euro Disney which was on their bucket list. A staff member said, "It took a lot of planning but (person) got there two weeks ago."
- Some people were unable to tell staff about their preferences and choices. People were supported by a core team of staff which meant staff could take time to build a relationship with the person to understand them. A staff member said, "I noticed one day (person) didn't like me walking in front of the television as they were really focused on it and became agitated. I fed this back to the team and updated the care plans to ensure we knew this going forward."
- One person had previously lived in a shared environment which was busy and noisy. A staff member said, "Now (person) is so much happier and we really understand their needs and likes. Historically (person) was awake all night and day shouting, not now."
- One person had previously displayed behaviour which were challenging towards others. When the person moved in to the service staff discussed with the person how they wanted to be supported. Activities were planned to be more specific and meaningful and the persons behaviour had significantly improved.
- Some people had their own vehicles and did various activities which were individualised to their own needs and wishes. People went swimming, the cinema, theatre trips, festivals, animal sanctuaries, and day trips. We saw photographs of people looking happy and relaxed which were used in memento books and boxes. People could remember special days out and share their memories with relatives. Other events were organised that everyone across the different supported living sites enjoyed participating in. Each week a hall was hired for arts and crafts, so people could meet up and socialise. People had participated in 'it's a knockout', Easter bonnet and hanging basket competitions, Halloween and Christmas parties.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People continued to be given information they needed in the format that helped them understand, for

example large print. Some people used picture boards to help them plan their weeks activities and menus. Other people were talked through their care plans and staff looked for reactions to indicate how the person felt. Relatives were involved in planning and reviewed care.

- Staff had thought about alternative ways to support people who may have physical disabilities and sensory loss. One person who was visually impaired had different aromas for different rooms in their flat, so they knew where they were. Some people who were visually impaired had computer software which had an audio programme incorporated. Some people liked staff to read to them or listened to audio books.
- The registered manager described how through recruitment staff were match to people and communication was an important consideration. They said, "(Person) doesn't like loud, direct people so they have quite staff supporting them."

Improving care quality in response to complaints or concerns

- Complaints continued to be managed appropriately. One relative said, "They are good, no complaints or concerns."
- A complaints policy and procedure was available for people, staff and other individuals should they wish to make a complaint.
- Complaints were recorded and dealt with following the providers procedure and complaints were reflected on and discussed to establish what lessons had been learnt and what could improve for the future.

End of life care and support

- There was nobody receiving end of life care at the service.
- People and relatives had been involved in end of life care planning.
- The registered manager said a person had previously passed away and had shared fond memories from their past. The registered manager had asked a staff member who worked for the organisation if they would wear their army uniform and visit the person which had made the person happy in their final days.
- The provider offered staff a wellbeing service if they required support coping with bereavement.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager continued to keep their skills and knowledge up to date and understood relevant legislation and guidance. The registered manager participated in a variety of events, forums and away days with other managers and the provider. Various topics were discussed at events such as how to provide good and outstanding care, medicine management, top tips, how to meet regulations and retention of staff.
- The registered manager had notified the Care Quality Commission of important events as required. Documents and records were up to date and readily available and were stored securely.
- Staff understood their roles and responsibilities and had access to policies and procedures to guide their practice. Team leaders split their time doing three days of administration and two days supporting people and staff. Part of their administration time was spent spot checking and role modelling for staff. A team leader said, "I do a mixture of recording spot checks and providing feedback which is followed up in the one to one supervision."
- The registered manager said, "We constantly monitor the core teams and assess staff skills and competency. Managers can shape future managers and team leaders. We have training programmes for staff development."
- Staff were involved in care plan changes which could be updated immediately through the use of a shared computer drive. A team leader said, "We encourage core teams to use initiative and help change care plans. With the shared drive we can change (care plans) here which goes straight through to the office to be printed."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There was a culture of openness and honesty and people, staff and other stakeholders were asked to feedback their views, so the service could improve. Several compliments had been received including, 'Just a huge thank you in regard to (persons) care over the years and to say from the heart that (person) has a wonderful caring and kind core team'; 'May I take this opportunity to mention the caring attitude, knowledge about the patient and sensitivity shown by (staff). Please take this as praise and positive feedback for (staffs) professionalism'; and 'I am always welcome. Staff demonstrate a good knowledge of my client's needs.'
- Questionnaires were sent to people and their relatives. The registered manager had started to provide an

open-door session every three weeks which anyone could drop into. This had been a result of the comments received in the questionnaires and surveys. Some people using the service has dropped in to chat with the registered manager.

- The provider sent a monthly newsletter to people so current information could be shared about any changes in the services or upcoming events.
- The provider held an awards night where staff could be nominated and recognise for their contributing to people and the service. Within the service staff were also recognised for their hard work and awarded 'employee of the quarter'.
- The registered manager visited people and staff at their flats as well as keeping in contact with staff through email and telephone. Different ways of obtaining feedback were thought about. A box with different questions and coloured tokens was used to gauge how many staff agreed or disagreed with questions posed about the service.

Continuous learning and improving care

- Previously some staff had been 'Quality Champions'. The purpose of their role was to improve the quality within the service.
- At this inspection the registered manager said Quality Champions had been stopped. They said, "Although the vision and idea were good, it wasn't so much in practice. Instead we have put forward support workers for a Nurse Association qualification. This is linked with London university and the support worker will be doing placements. Another support worker wants to do it and will be on the second intake. They are really interested on focusing on peoples sleep, diet and exercise. I think this will be something more successful than then Quality Champions."
- The registered manager, other managers and team leaders completed quality assurance audits of the service provided. The audits identified shortfalls and action plans were made to address the shortfalls found.