

Turning Point

Turning Point - Kent DCA

Inspection report

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Tel: 07891545725

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Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

This inspection was carried out on the 20 December 2016 and was announced.

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 25 people were receiving a personal care service.

The service had a registered manager in post. A registered manager is a person who is 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.

There was a culture of openness and honesty and people were supported to be as independent as possible. We visited a Christmas party organised by the provider and there was a relaxed atmosphere. Staff told us they had built up strong relationships with people and people were laughing and dancing throughout our visit.

Staff were responsive to people's needs and had supported them to go on holiday to places such as Benidorm and Kefalonia. The registered manager regularly organised competitions for everyone being supported to take part in. People had baked cakes and created a snowman and shared their work with each other.

Staff had sought advice and guidance from a variety of healthcare professionals to ensure people received the best care possible. People received support with a variety of health care conditions and staff supported one person to attend dialysis several times a week. People were supported to manage their medicines safely.

Any accidents and incidents were analysed to reduce the risk of them happening again. Risks relating to people's health, their behaviour and other aspects of their lives had been assessed and minimised where possible.

There was a contingency plan in place in the event of an emergency to ensure people still received the support they needed. Staff told us they could always contact a manager out of hours for advice or guidance if necessary.

There was enough staff to meet people's needs. Staff had been recruited safely. Staff had received induction, training, and supervision to support people effectively. There was an ongoing training programme to ensure that staff had the skills and knowledge to meet people's needs. Staff knew how to recognise and respond to abuse. The registered manager had reported any safeguarding concerns to the

local authority and these had been investigated fully.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). In supported living applications for DoLS are made to the Court of Protection. DoLS are a set of checks that are designed to ensure that a person who is deprived of their liberty is protected, and that this course of action is both appropriate and in the person's best interests. The registered manager had made some applications to the Court of Protection but these had not yet been authorised. Staff had up to date knowledge on the Mental Capacity Act 2005 (MCA) and DoLS. They supported people to make their own choices where possible.

People were supported to eat healthily. They were involved in planning and preparing meals. Some people were fed through a special tube in their stomach and staff had received training to support them safely.

There was a complaints policy in place and people told us they knew how to complain if they needed to. Complaints were documented, investigated and responded to.

The registered manager was experienced in working with people with learning disabilities and providing person centred care. The Care Quality Commission (CQC) had been informed of any important events that occurred at the service, in line with current legislation.

The registered manager regularly carried out audits to identify any shortfalls and ensure consistent, high quality, personalised care. People and their relatives had been surveyed to ask their opinions on the service, but other stakeholders such as people's GPs had not been asked. This was an area for improvement.

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.

Potential risks to people had been identified and recorded and there was clear guidance in place to help manage the risks.

People were supported to take their medicines safely.

People received support from staff who knew them well. Staff were checked before they started working at the service.

Staff had received training and knew how to recognise and respond to different types of abuse.

Is the service effective?

Good ●

The service was effective.

Staff received induction, training, and supervision to support people effectively.

Staff had an understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). People were supported to make day to day decisions about their lives.

People received the nutrition and hydration that they needed.

People regularly saw healthcare professionals. There was guidance in place to ensure people were supported with their health needs.

Is the service caring?

Good ●

The service was caring.

People were relaxed in the company of staff and staff knew people well.

Some people needed support with their communication and staff used signs and symbols to help them make their needs known.

People were treated with dignity and respect and were encouraged to be as independent as possible.

Is the service responsive?

The service was responsive.

People were able to meet the staff who may be supporting them before moving in. Care plans were accurate and up to date.

People were supported to take part in a range of activities both inside and outside of their home. People had been on holiday to Benidorm and Kefalonia.

Complaints were documented, investigated and responded to.

Good ●

Is the service well-led?

The service was well-led.

The Care Quality Commission (CQC) had been notified of important events within the service, in line with current legislation.

Staff were aware of the provider's values to provide person centred care.

The registered manager undertook regular audits to ensure consistent, high quality, personalised care was provided. People and their relatives had been surveyed to ask their opinions on the service, but other stakeholders had not been asked. This was an area for improvement.

Good ●

Turning Point - Kent DCA

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 20 December 2016 and was announced. The provider was given 48 hours notice because the location is a domiciliary care agency and we needed to be sure that someone would be at the office. Two inspectors carried out this inspection.

The provider 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. Before the inspection we reviewed all the information we held about the service, we looked at the PIR, the previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with the registered manager and the area manager. We spoke with four members of staff. We looked at eight people's care plans and the associated risk assessments and guidance. We looked at a range of other records including four staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicine records and quality assurance surveys and audits.

We met 24 of the people that were supported at an arts and craft session run by the provider. We observed how people were supported and the activities they were engaged in.

We last inspected the service on 6 June 2013 when no concerns were identified.

Is the service safe?

Our findings

People indicated they felt safe when staff were in their homes. They were relaxed in the company of staff and staff reacted quickly if people became distressed or anxious. Staff knew people well and said they had built up good relationships with the people they supported.

Staff had identified the risks associated with people's care, such as eating and drinking, moving and handling and unstable healthcare conditions such as epilepsy. Each care plan explained how to manage these risks and ensure people received the care they needed to minimise the risks from occurring.

Staff supported people positively with their specific behaviours, which were recorded in their individual care plans. There was information to show staff what may trigger behaviour and staff were aware of the strategies to minimise any future occurrence. Staff recorded accidents and incidents when they occurred. The registered manager reviewed each incident form and action was taken to reduce the risk of incidents happening again.

The provider had a business continuity plan in place to make sure they could respond to emergency situations such as adverse weather conditions, staff unavailability and a fire or flood of the agency office.

The provider had a policy and procedures for safeguarding and whistle blowing, which was available for all staff to refer to. Staff knew how to recognise and report different types of abuse. They had received safeguarding training and information about abuse. Staff told us they would report any concerns to the registered manager. One member of staff said, "I would make sure the individual was safe, and then speak to a team leader. I would keep going if I needed, to a manager or on call. If necessary I'd go to social services." The registered manager was aware of their safeguarding responsibilities and had made referrals to the local safeguarding authority when required. People's money was managed safely and they were supported to budget and purchase the things they wanted.

Staffing was planned around people's needs and activities. Most people received one to one support in their homes and staffing levels were monitored to make sure there were enough staff with the right skills, to keep people safe and to cover all the calls to people. There were currently not enough staff employed to cover all of the support hours being provided. Staff told us that they usually supported the same person, and that this meant they had built up strong relationships with them. Temporary staff from another agency were used if required, however never worked alone with people until they had met them several times. The provider was in the process of recruiting more staff to cover these hours. One person told us they were happy with the support provided and one member of staff told us, "It is all about consistency. [The person] is comfortable with us and they know where they stand."

There was an on-call system in place so there was always a member of the management team available. Staff told us that they could always contact a member of the management team should they need additional support or guidance.

The provider interviewed staff to work with each individual person. They looked at the personality and interests of the person, and matched applicants accordingly. People using the service were encouraged to meet and greet at interviews and family members were invited to meet applicants and ask questions. Staff told us they thought this was beneficial as it meant that they had met people before they started working with them.

Staff were recruited safely. The provider had recruitment and disciplinary policies which were followed by management. Recruitment checks had been completed to make sure staff were trustworthy, reliable to work with people and honest. Staff had completed an application form and any gaps in employment history had been discussed and recorded. There were two written references, including previous employers and proof of identity. Disclosure and Barring Service (DBS) criminal records checks had been completed before staff began working at the service. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care services.

People were supported to take their medicines safely. 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 signed off by a senior member of staff as competent before being able to support people to take their medicines.

People were supported to obtain the medicines they needed. Medication Administration Records (MARs) were fully completed, showing people received their medicines as and when they needed it. Some people had medicines on an as and when basis (PRN) for pain or if they had a seizure. There was clear guidance in place so staff knew when people might need these medicines and how much they should take.

Is the service effective?

Our findings

Staff were trained to have the skills, knowledge and qualifications to give people the support they needed. People were able to communicate with staff and make their needs known, even if they were unable to communicate verbally. Staff were knowledgeable about people's needs and followed guidance from a variety of health care professionals such as speech and language therapists (SALT) and occupational therapists (OT).

Staff completed an induction programme, this included shadow shifts with established members of staff. Observations were completed after three weeks to assess if people were competent to work by themselves. Staff attended core training sessions, including mental capacity, moving and handling and medicines awareness. Staff were supported by the provider through 'the enablement academy,' to complete the 15 fundamental standards, based on 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. Management completed an end of probation interview, the probation period was extended if staff needed more time and extra support was given, to help staff meet the standards required.

There was an ongoing training programme to ensure that staff were able to meet people's needs. There was a range of training completed including passive movement, positive behaviour support and physical intervention and disengagement. The training provided was a mixture of online learning and face to face. Staff had their competency checked around key elements of care, this included medicine administration and moving and handling, each year.

Staff had regular one to one meetings with the management team, every six weeks, or sooner if the staff member required support. Their practice was discussed and any changes needed to their practice were agreed. Staff had an annual performance review where their development plan was discussed and agreed.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In supported living services an application must be made to the Court of Protection. Some applications for people had been made to the Court of Protection, and these were waiting to be authorised. People were able to make day to day choices about what they wanted to do, eat and wear.

Staff and the registered manager spoke with confidence about MCA and DoLS. One member of staff said, "Just because you might think that people do not understand, you shouldn't assume that they don't."

When people did not have capacity the registered manager had carried out capacity assessments. These were decision specific and some related to interventions staff needed to make to keep people safe. Staff sometimes physically intervened during healthcare procedures and best interest meetings held been held to ensure that this was the least restrictive way of keeping people safe.

At the Christmas party people were supported to choose food and drinks of their choice. Some people had eating and drinking guidelines in place from a speech and language therapist. Staff followed these guidelines and food and drinks were served at the correct consistency. People received the support and supervision they needed to eat safely.

Some people had special tubes fitted where they were fed directly into their stomach with a liquid diet. This ensured that they received the nutrition they needed safely, without a risk of choking. Staff were trained to help people receive food in this way. Food and fluid charts and weight charts had been completed to monitor people who were at risk of malnutrition. When people were losing weight action had been taken to find out why and people were supported to maintain a healthy weight.

Staff supported people to make shopping lists and purchase food of their choosing. Some people had special diets due to their healthcare needs and staff told us they had purchased a range of cookbooks to support people with planning their meals.

People were supported to live healthy and full lives. Prompt referrals had been made to professionals such as occupational therapists and speech and language therapists to ensure that staff had up to date advice and guidance on how to support people effectively.

Staff assisted people to attend a variety of healthcare appointments and check-ups. Staff supported one person to attend regular dialysis sessions and staff were knowledgeable about their kidney condition. Some people were unable to communicate verbally but staff said they knew when people were unwell. One staff member said, "Some will sign if they have got a headache so we ring on call" and another staff member said, "We know them so well, so we have an understanding of what is wrong." The outcome of all appointments was recorded clearly and risk assessments and associated documents were updated regularly as a result.

There was information in place for people to take with them if they were admitted to hospital. This laid out important information which healthcare staff should know, such as how to communicate with the person and what medicines they were taking. People had health action plans in place detailing their health needs and the support they needed.

Is the service caring?

Our findings

People were relaxed in the company of staff and approached them throughout the inspection. We were invited to a Christmas party run by the provider at people's regular arts and craft session.

There were natural, warm relationships between people and staff and people were happy to spend time with staff. There was plenty of dancing and laughing, and people were visibly enjoying themselves.

Staff knew how to communicate with people effectively. Some people needed support to communicate and there was detailed information in people's care plans on how to interpret their specific vocalisations and signs. Some people used signs or pictures to communicate and we witnessed numerous, natural interactions where people were able to make their needs known. One person had a conversation with a staff member using sign language. They discussed their recent holiday, and that the staff member had supported them whilst they were away. They commented that the weather had been hot and the staff member agreed.

Staff changed the way they spoke and approached people differently, depending on what the person preferred. We observed staff gently touching some people on their hand or arm, whereas other people did not like this contact and staff sat beside them instead. Staff were attentive to people, positioning themselves at the same level as people when speaking to them.

Staff knew people well and had built up strong relationships with them. One staff member told us, "The best thing about this job is that [the person] can tell you what they want and when they want it and they help out with it." One person's care plan said, 'Doesn't like shoes, wears thick socks when out.' We met this person and they were wearing thick, woolly socks. Although it was cold outside they were warm and comfortable, and staff told us they always ensured the person's feet were warm.

Staff treated people with respect and dignity. Some people required assistance with their personal care. Staff noticed when one person needed to use the bathroom and quietly asked them if they would like to go. The person returned from the bathroom visibly relaxed and smiling with staff. They had received the assistance they needed in a discreet manner.

When people became anxious or upset staff reacted quickly and ensured people received the support they needed to remain calm. Before the inspection staff had prepared people for our visit. The registered manager had designed a leaflet with our pictures on to explain who we were and why we would be visiting. Staff told us that some people could be anxious around new people, but due to this preparation we were greeted warmly and people were happy to speak with us.

People had complex needs but where possible they were supported to carry out tasks within their flats such as washing and cleaning. One person's care plan said, 'I can carry my laundry to the washing machine.' Staff confirmed that they encouraged people to be as independent as possible.

Staff celebrated people's individual successes. Staff regularly documented people's achievements and

helped people to share them with the registered manager and other people using the service. One person had been shopping in Maidstone (a large local town) with one of their friends. One staff member told us, "The smiles you get and knowing that you are helping them to achieve their goals, that is what makes this job worthwhile."

People were encouraged to use advocacy services if they were needed. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. The registered manager told us that no one currently used an advocate, but people had friends and relatives who supported them to make important decisions.

Is the service responsive?

Our findings

People received the care and support they needed and staff were responsive to their needs. People had complex health needs and staff reacted quickly when their health needs changed. People sometimes became anxious and staff responded quickly to reassure them and ensure they remained calm. One staff member said, "It is so individualised to them [the people] and how they want to live their lives."

Before anyone started using the service a detailed assessment of their support needs was carried out. People met the staff who may be supporting them. The registered manager told us that one person had been to stay in their flat once a week and was building up to staying there for longer periods of time.

People received the care and support they needed, in the way they wanted. Preferences with regards to people's personal care and daily routine were documented in their care plan. Most people were unable to tell staff how they wanted to be supported, but staff that knew them well had noted what they liked and disliked. One person's care plan stated, 'I normally chew the brush once I have finished, please put some more toothpaste on the brush and brush my teeth again.' Staff told us this was helpful as people could become distressed if they deviated from their usual routine.

Detailed guidance was in place to ensure that staff were supporting people consistently to minimise their anxieties and any triggers for behaviours. Some people needed support with their communication and each person had up to date information in their care plan about how best to support them, and what their different signs and vocalisations may mean.

People were given the information they needed, in a format they understood, to help them make day to day decisions. One member of staff told us, "[The person] has a board next to their sofa. Between us we write what they are going to do and they put the pictures up. It can change, and they are able to choose what they are doing each day."

People had 'bucket lists' that contained aspirational goals. Some people had achieved these goals and been indoor skydiving and on holiday to Euro Disney and Benidorm.

One person had recently been supported to visit Kefalonia. Staff had liaised with local health care staff to ensure the person was able to receive their weekly health care treatments whilst abroad. Staff had translated key parts of the person's support plan into Greek to ensure the health care staff abroad knew important information about the person before they arrived.

We saw pictures of people enjoying their holidays and they were relaxed and smiling in all of them. One member of staff told, "It was [the person's] first time to get a sun tan. They had never walked on sand before and their face, the first time they walked on the sand was amazing. They went on a speed boat and did not want to get out again."

Smaller goals were also clearly documented and staff spoke proudly of people's achievements. One person

had disliked going out in the community, and refused to use their wheelchair outside, which meant they often spent time indoors. Staff had worked with the person to ease their anxieties and they were now accessing the community regularly.

The registered manager organised a range of activities that everyone across the different supported living sites enjoyed participating in. We were shown pictures of 'The Queens Bake', where people had participated in a cake baking competition in honour of the Queen's birthday. On the day of the inspection people had made snowmen and the local MP had judged which one was the best. The registered manager told us they thought it was important that people felt part of a community, and that fun competitions were a good way to get people involved.

The provider has a complaints policy and procedure in place, this was available to staff and people. There had been one complaint raised, the manager had followed the policy and the complaint had been resolved. The provider had highlighted the lessons that had been learnt from the complaint and how this was being put into practice in the future.

People were actively encouraged to give their views and raise concerns or complaints. Some people acted as 'Quality Checkers' for the provider. They asked staff and people their views and fed back their findings at regular management meetings.

People were encouraged to express their views at the 'People's Parliament'. The provider had local meetings with people. A people's representative attended regional and national meetings, these meetings involved people in the development of the services the provider offered.

Is the service well-led?

Our findings

Staff told us that the service was well-led. One member of staff told us, "The support is fantastic. [The area manager] is always on the end of the phone and [the registered manager] is easy to talk to." People approached the registered manager and the area manager throughout the inspection, and communicated with them with ease.

The registered manager understood relevant legislation and the importance of keeping their skills and knowledge up to date. They were a registered learning disability nurse and the provider had supported them to retain their registration. The registered manager participated in a variety of events and forums with other managers that worked for the provider. 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.

People had detailed care plans, risk assessments and communication passports in place. Staff regularly updated these when people's needs changed to ensure that everyone received consistent care, regardless of who was supporting them.

There was a culture of openness and honesty; staff spoke with each other and with people in a respectful and kind way. Staff knew about the vision and values of the service which was based on equality and mutual respect. The registered manager told us, "We want to support the individuals to live the lives they choose, to be as independent as possible, and to be active citizens in their local community."

Staff understood what was expected of them, their roles and responsibilities, and this was discussed in one to one meetings. There were policies and procedures in place for staff to refer to for guidance on how to carry out their role safely. The registered manager completed spot checks to observe the practice of staff and any issues were addressed at the time.

The provider encouraged staff to attend meetings at all levels, to discuss developments and the quality of the support they provided. Staff attended team meetings monthly to discuss the support being provided, lessons to be learnt from any incidents or spot checks by management. Staff were encouraged to give their views and suggestions, staff told us that they felt listened to.

Team leaders were supported to attend 'away days' four times a year, to help develop their skills and the support they provided to people and staff. The supported living managers attended meetings six times a year. These meetings provided updates, looking at success, team working and feedbacks from audits. The registered manager and regional manager attended meetings six times each year, to feedback from audits and developments that had been identified.

The provider completed quality assurance audits of the service provided. The supported living managers completed monthly audits of medicines and care plans. Audits were completed by the registered manager and regional manager at monthly and quarterly intervals. The audits were comprehensive and identified any

shortfalls. There was an action plan in place to address the shortfalls, however, there were no recorded follow up or date for when the action plan should be completed. The registered manager agreed that the information should be completed and before the end of the inspection a new sheet to record the suggested information was in place.

Some staff were 'Quality Champions' and were being supported by the registered manager to improve the quality within the service.

People were encouraged to engage with the provider, people were invited to attend monthly meetings. A representative from the people being supported attended national meetings to provide feedback to the provider and influence the way the service developed.

The provider asked people and their families to complete a survey in November 2016, the results showed that over 80% of people were satisfied with the support they received. The provider had not asked stakeholders for example GP's and care managers for their feedback, this was an area for improvement. There was a plan in place to ensure that stakeholders were fully engaged with the service going forward.

People were encouraged to develop links with the community. The provider had supported the National Learning Disability and Autism Awards judging day. People had attended to help support the day and staff showed us pictures of people enjoying the awards ceremony. People and the provider held recruitment sessions in a local shopping centre. People met with members of the public and talked to them about the support they needed and what their lives were like. People also attended the local college to talk to social care students, to give insight into the difference they could make to people's lives. Students from the college also spent time with the service on placement, to gain experience in supporting people, with complex needs.