

Turning Point

# Turning Point - Coqbeck Support Domiciliary Care Agency

## Inspection report

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19 May 2016  
20 May 2016

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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

The inspection took place on 16, 19 and 20 May 2016 and was announced. We gave the provider 48 hours' notice because the service was a domiciliary care agency and we wanted to make sure someone would be at the office to assist with the inspection.

The service provides personal care for six people who have a learning disability and live in their own homes in Northumberland. The agency also provided an "outreach" service to support people in the local community. We did not inspect this aspect of the service because it was out of scope of the regulations.

There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People indicated to us that they felt safe. This was confirmed by relatives. There were safeguarding policies and procedures in place. Staff were knowledgeable about what action they would take if abuse was suspected. There was a safe system in place for the management of medicines.

People, relatives and staff told us there were enough staff to meet people's needs. There was a training programme in place. Staff were trained in safe working practices and to meet the specific needs of people who used the service. Further training had been booked in end of life care and catheter care.

People were supported to receive a suitable nutritious diet. People, relatives and health care professionals spoke positively about the caring nature of staff. We observed that people were supported by staff with kindness and patience.

Relatives were positive about the responsiveness of staff. Support plans were in place which instructed staff how to meet people's needs and preferences. People were supported to continue their hobbies and interests.

There was a complaints procedure in place and people knew how to complain. One relative raised a complaint which we passed to the manager to deal with. Surveys and meetings were carried out to obtain people's views.

Relatives were complimentary about the management of the service. Staff informed us that the service had been through a period of uncertainty caused by a change in external funding. This had initially caused some staffing issues. The manager told us and staff confirmed that changes at the service had now settled and morale had improved. A number of checks were carried out to monitor the quality and safety of the service. Action was taken if any deficits were noted.

## 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.

Relatives told us that they considered people felt safe.  
Appropriate safeguarding policies and procedures were in place.  
Medicines were managed safely.

Safe recruitment procedures were followed. Relatives and staff informed us that there were sufficient staff deployed to meet people's needs.

### Is the service effective?

Good ●

The service was effective.

Staff told us and records confirmed that training, supervision and appraisals were carried out.

Staff followed the principles of the Mental Capacity Act 2005 in their work.

People's nutritional needs were met and they were supported to access healthcare services.

### Is the service caring?

Good ●

The service was caring.

Relatives told us that staff were caring. We observed positive interactions between staff and people.

People were treated with privacy and dignity.

Records evidenced that people were involved in their care and treatment.

### Is the service responsive?

Good ●

The service was responsive.

People and relatives were positive about the responsiveness of staff.

People were supported to pursue their hobbies and interests and access the local community.

There was a complaints procedure in place and people knew how to complain.

**Is the service well-led?**

**Good** ●

The service was well led.

A number of checks were carried out to monitor the quality and safety of the service.

The service had been through a period of uncertainty due to external funding influences. The manager told us and staff confirmed that things had improved. Staff told us that they enjoyed working at the service.

People and relatives were involved in the running of the service. Surveys and meetings were held carried out to obtain people's views.

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## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The inspection was carried out by one inspector. We carried out the inspection on 16, 19 and 20 May 2016. The inspection was announced. We gave the provider 48 hours' notice because the service is a domiciliary care agency and we wanted to make sure that staff would be available at the office to assist us with our inspection.

Prior to the inspection, we sent out questionnaires to two people, two relatives and friends of people who used the service, seven health and social care professionals and 16 staff to obtain their views of the service. We received responses from 12 staff.

Most people were unable to communicate with us verbally because of their condition. We therefore spoke with three people's relatives to obtain their opinions of the service. We also visited a person at their home to observe how care and support was delivered. We met one person who was visiting head office at the time of the inspection.

During the inspection, we spoke with the registered manager, two team leaders and five support workers on the days of the inspection.

We contacted four people's care managers, a district nurse, a speech and language therapist, a psychiatrist

and challenging behaviour practitioner by email to obtain their views of the service. Two care managers, a district nurse and the speech and language therapist responded to our request for information about the service.

We examined three support plans and records relating to staff. In addition, we checked records relating to the management of the service such as audits and surveys.

We checked information which we had received about the service prior to our inspection. This included notifications which the provider had sent us. We requested a provider information return (PIR) prior to the inspection. A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

# Is the service safe?

## Our findings

Relatives told us that they thought their family members felt safe. One relative said, "He does feel safe." We asked two people whom we met whether they felt safe. Both nodded their heads in agreement to this question.

There were safeguarding policies and procedures in place. Staff had undertaken safeguarding training and were knowledgeable about what action they would take if they suspected abuse had occurred. No concerns were raised by people, relatives or staff. We spoke with a safeguarding adults officer from the local authority. He told us that there were no organisational concerns with the service.

We looked at the way medicines were managed. We noted that two people had medicines administration records in place which clearly documented instructions relating to all medicines. We noted that a third person had an up to date list of medicines and a form which staff signed to indicate that they had supported the person to take their medicines. We saw that the form did not include any special instructions relating to medicines such as whether the medicine needed to be given before or after meals. We spoke with the manager about this issue and this was addressed immediately.

We found that there was a safe system in place for the receipt, storage and disposal of medicines. A medicines procedure was in place which gave staff guidance about how medicines should be managed.

We checked staffing levels at the service. Relatives told us that there were sufficient staff deployed to meet people's needs. One relative said, "I know they had problems with staffing but that's all being sorted now." They said that people had a consistent staff team. Some staff told us that there had been some shortages in the past although this had improved following the recruitment of more staff. We visited one person at home. We saw the staff member did not rush the individual and spent time talking with them and discussed the local newspaper and lunch arrangements.

Staff told us and records confirmed that appropriate recruitment checks were carried out prior to staff starting work at the service to help ensure that they were suitable to work with vulnerable people. These included Disclosure and Barring service checks (DBS) and obtaining references. A DBS check is a report which details any offences which may prevent a person from working with vulnerable people. They help providers make safer recruitment decisions.

Risk assessments were in place which had been identified through the assessment and support planning process. Risk assessments were proportionate and included information for staff on how to reduce identified risks, whilst avoiding undue restriction such as accessing the local community whilst staying safe.

Accidents and incidents were recorded and analysed to ascertain if there were any patterns or trends. Action was taken if any concerns were noted. We saw that one person's care manager and consultant had been contacted with regards to their behaviour. A care plan had been implemented to hopefully reduce the behavioural incidents.

There were systems in place to deal with any emergencies. People were reminded of fire safety procedures and there were contingency plans in place which gave staff information about who to contact in the case of a power cut, fire, flood or other emergency.



# Is the service effective?

## Our findings

People and relatives were complimentary about the skills of staff. Comments from relatives included, "[Name of person] has Parkinson's Disease and staff are aware of the potential issues," "[Name of person] has diabetes and is on insulin. They got the district nurse to come in and sign them [staff] all off. Any new staff have to go through this" and "The staff are very well trained." We spoke with an administrator from the local NHS Trust's learning and development unit. They told us that staff at the service accessed their training.

We spoke with a speech and language therapist who told us that there had been a delay in providing visual/pictorial support for one of the people she was involved with. We spoke with the manager about this feedback. She told us that this issue had been resolved and staff had collated pictures to support the person with their daily routine. This was confirmed by the person's relative who said, "They have put up a white board about what he does each day. It has pictures across the top, things like which staff are on, when he has to pick up his prescription [medicines], this is what he needs."

Staff informed us that they felt equipped to carry out their roles and said that there was sufficient training available. Some staff said that more face to face training would be appreciated. We fed this information back to the manager.

We looked at three staff files and noted that staff had completed training which the provider deemed mandatory such as medicines, safeguarding and first aid. They had also completed specific training to meet the needs of people who used the service such as diabetes awareness and autism awareness. The manager told us that further training had been booked for end of life and catheter care. One person's condition had deteriorated suddenly and the manager had organised moving and handling training for staff involved in this person's care. Staff had completed this by the third day of our inspection.

Annual staff competency checks had been carried with regards to medicines to ensure that they were following the correct procedure and managing medicines safely and effectively. In addition, we noted that the district nurse had carried out competency checks for those staff who were involved in administering insulin.

Staff told us and records confirmed, that they undertook induction training when they first started working at the service. This was based on the Care Certificate. The Care Certificate is an identified set of standards that care workers adhere to in their daily working life. It was developed to address inconsistencies in training and competencies in the workforce so that people and families experiencing care services can have confidence that all staff have the same introductory skills, knowledge and behaviours. This meant that staff felt prepared when they started working independently at the home and supported the effective delivery of care.

Staff told us that they felt supported. We noted that supervision sessions were carried out and an annual appraisal. Some staff told us that these had not occurred as regularly as they could, although they still said

they felt supported. Supervision and appraisals are used to review staff performance and identify any training or support requirements.

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.

Staff had undertaken training relating to MCA. We found that staff were following the principles of the MCA. A best interests meeting had been held with regards to locking a person's door at night to ensure their safety. Members of the multi-disciplinary team and the person's relative were involved in the decision making process.

The manager had liaised with people's care managers with regards to deprivation of liberty applications for people who used the service in line with legal requirements.

We checked whether people's nutritional needs were met. Relatives told us that staff supported people with their nutritional needs. One relative said, "[Name of person] is slow at eating and staff are very good at making sure he eats. He did have a weight issue and they noticed this before us."

We visited one person at home and heard the staff member discussing what the person wanted to do for lunch. The person said that they wanted to go and get fish and chips and bring them back to the house.

Personal preferences were included in support plans. We read that one person liked marmite. The staff member said, "It's a favourite of yours in the morning isn't it [name of person]. This information helped ensure that staff were aware of people's likes and dislikes. We noted that people were involved in discussions about their diet. One staff entry stated, "Spoke with [name of person] about his diet. He would like to try new things but not curry on a more regular basis."

We noted that people's weight was monitored and action taken if any concerns were identified. One relative said, "His weight has to be monitored. He has lost weight which is good for his diabetes."

People and relatives told us that staff supported them to access healthcare services. One relative said, "They are on top of his healthcare. He never misses an appointment." Records showed details of appointments with health and social care professionals. We saw evidence that staff had worked with various agencies to ensure that people accessed healthcare services in cases of emergency, or when people's needs had changed, for example GP's, consultants, social workers, podiatrists and dentists. We spoke with a district nurse who told us she had no concerns about the person's care and treatment.

## Is the service caring?

### Our findings

Relatives were complimentary about the caring nature of staff. Comments from relatives included, "We are happy with the care" "They provide a caring environment" and "They have to be caring otherwise [name of person] would not tolerate them."

We spoke with a community nurse who told us, "They have the best interests of people at heart." A speech and language therapist sent us an email which stated, "My interactions with carers have been positive. They have seemed to know the clients well and to talk about them with respect, care and concern and they have maintained this even though they have been greatly challenged at times while supporting clients. I have observed good social communication between carers and clients and seen evidence of positive relationships. Carers have been open to discussion and reflection about how they support someone's communication and I have found them to advocate for clients."

Staff spoke with pride about the importance of ensuring people's needs were met and people were at the forefront of everything they did. Comments from staff included, "They are the important ones" and "We see them more than we do our own family and we care for them like they were members of our own family." We saw positive interactions between people and staff. We visited one person at home. The staff member sat with the person and they discussed the weekly stories in the local newspaper.

We also observed positive interactions between other members of staff. One person visited head office with their relative whilst we were there. The manager told us that people often visited and were welcome at any time. This was confirmed by the person's relative. We heard the administrator ask the person, "Are they your cool glasses?" The administrator told us that the most important part of her job was getting to know people. She said, "I take an active role in the forums and when they [people] visit the office or phone up, it's all about getting to know them. They have to understand you and have trust in you, then you can pick up on things... When they come to the office it's about making them feel comfortable, making them a cup of tea and having a chat and making sure they are alright and if they are asking questions then making sure they understand your answers." She also told us, "One person who does not have many friends phones me up sometimes four times a day to have a chat. I always make time [to talk]."

Staff were knowledgeable about people's needs and could explain these to us. One staff member said, "[Name of person] loves history and rides in his car" and "[Name of person] chases the sun. He likes sitting outside when it's nice." This was confirmed by the person himself and their support plan. Another support worker explained, "I have just asked him now, because he is not walking around whether he would like some nice slippers to keep his feet warm... We are also getting a barber to come in and give him a haircut [because he can no longer go out]. It's just the little things like that that make a difference." We spoke with another support worker the following day who told us that she had been out specifically to get the person several pairs of slippers so he could choose which ones he preferred.

Support plans contained information about people's life history and preferences. One person's care plan stated, "I will inform people if I am happy/unhappy. I may use phrases such as "Perfectly alright" [if I am

happy] and "Probably not bother with that [if I don't like/want that]." We read one person's life history which recorded how their family lived abroad. Under the title, "Things I like that make me happy and relaxed" staff had recorded, "Talking to my family on Skype [computer] using webcam." This information helped staff provide more person centred care.

Staff told us that people's spiritual needs were met. We read one person's support plan which stated, "I am a long term member of the Salvation Army" and "This is my evening routine, read Bible, I will say my own prayer and I like staff to listen while I am doing this... Sunday is the most important day for me to look my best. I have a uniform of black trousers, white Salvation Army tie and blue Salvation Army jersey." The manager told us, "[Name of person] goes to church we do everything to keep that going." This was confirmed by the person's relative.

People's privacy and dignity were promoted by staff. This was confirmed by relatives, for example, one relative said, "They are always respectful." We visited one person at home. The person lived with another two people. We saw that their bedroom door did not have a lock. We asked the person whether they wanted to be able to lock their door. The person shook their head to indicate that they did not wish to have a lock fitted to their door.

The manager told us that staff promoted people's independence. She said, "It's our ethos it's what we are all about to promote that as best we can." This was confirmed by relatives. One relative said, "They have done their best to make sure he is mobile, not just sitting around." This was also confirmed by our own observations when we visited one person at home. Staff told us and the person confirmed that housekeeping duties were encouraged. The person proudly showed us their room which they informed us they kept clean and tidy. Support plans contained information about promoting people's independence and what they could do. One support plan stated, "I don't like electric razors. I can shave myself occasionally." Another person's support plan documented, "I make my own breakfast of fruit juice, cereal, bread and marmite. If I prefer a cooked breakfast staff will do this for me." We read that staff had liaised with an occupational therapist regarding bathing equipment for one individual to help ensure that they could have a bath if they wanted to independently.

Relatives told us that they were involved and consulted in all aspects of people's care. "We feel very involved," "They send out an update each month," "Turning Point listen, they show me the paperwork to keep me up to date" and "They always go through me, if there are any problems they let me know. I can always pop into the office and I have details of all the team leaders." We read a letter which one of the team leaders had written to a relative stating, "I would like to invite you to a meeting to discuss our future planning with [name of person]."

Shared decision making was highlighted throughout people's support plans. The quote, "Nothing about me without me" was documented throughout people's files. We read information about how shared decision making was promoted in every aspect of people's care and support no matter how small the decision. One support plan stated, "I can tell you which finger I want to use for the blood sugar test." We asked one person whether staff showed them their support plan. The person nodded in agreement.

## Is the service responsive?

### Our findings

Relatives were complimentary about the responsiveness of staff. Comments from relatives included, "The staff are very good. They are aware of his idiosyncrasies," "We feel that they've coped well with [name of person]," "A lot of services turned their back and ran – however hear they have a good care team and [name of person] has calmed down," "They know his behaviours...They ensure that there are consistent staff that he knows well," "Oh yes they are definitely responsive," "There are no improvements that could be made, if I was concerned about anything, I would be pulling the service out. We are going in the right direction" and "They are good at monitoring his diabetes."

We spoke with a coordinator from another domiciliary care provider who had been supporting Turning Point staff with one person's moving and handling. The coordinator told us, "They have liaised with us well and altered times when necessary."

One person's care manager told us, "They are working with one of our ladies. They have been very flexible and we have monthly meetings, they are very good. They are professional and very intuitive. They don't provide the traditional style of support, but I like that, it has really helped my lady...They are very good at picking up on things."

The speech and language therapist also told us, "I have met a carer...She implements picture support for choice making effectively as recommended by the client's mother. This carer was very open to advice about how to extend this, and I'm optimistic that I'll see development in this when I follow up next week."

Support plans were in place which contained information to make sure that people's social, emotional, physical and spiritual needs could be met. We read one person's support plan which stated, "I like my set routine...If these things don't happen I can become anxious. We read another support plan which stated, "I need support to take my blood sugar levels and have an insulin injection administered before breakfast" This information helped ensure that staff were able to provide responsive support.

Monthly reviews were carried out to monitor all aspects of people's care and support. We read one person's review which stated that they had cleaned their fish tank, attended church regularly and obtained a vibrating pillow alarm.

We noted that sometimes it was not always clear when people's goals had been met. We read that one person had stated, "I would like to be able to become familiar with using the oven and microwave safely." On our third visit to the service, the manager had put paperwork in place to help evidence the progression and completion of goals.

People and their relatives informed us that there was an emphasis on meeting social needs and that the service promoted people's hobbies and interests. We read people's support plans which included information about people's hobbies and interests. Support plans stated, "I love baking cakes and cookies which I really enjoy," "My interests include horses, crazy golf, farms and animals," "I am an animal lover and

currently keep fish" and "I like to look through the Northumberland Gazette [newspaper]." This was confirmed by our own observations.

We spoke with the administrator who told us about the "Creative Minds" sessions that she helped facilitate. She told us, "It's a subsidiary group which has been set up because we are a not for profit organisation and any extra money we get we plough back in for the benefit for people. It's a free event and helps promote social interaction. They can come here [to head office] and have a tea and coffee and it develops their communication skills. We have had sand making [decorations] and we had a Valentine's day event. On 1 July we have a forestry event where we are taking service users to Kirkley Hall [agricultural and activity centre]." We saw photographs displayed at head office of people involved in activities and crafts at the Creative Minds sessions.

The manager and administrator told us that employment skills were encouraged. The administrator told us that one person had been given the job of cleaning and maintaining the service's two pool cars. The administrator said, "He will learn about the different checks that need to be done such as tyre and oil checks. There will be someone there with him, but he is learning and working, it gives him a sense of responsibility...It's meaningful to him."

There was a complaints procedure in place. There had been no complaints received relating to the regulated service. One relative with whom we spoke raised a complaint which we passed to the manager to deal with. We spoke with one person's care manager who told us that the service had supported one person to raise a complaint relating to another provider. The care manager said, "They gave [name of person] a voice."

Meetings and surveys were held to obtain the feedback of people and relatives. In addition, the administrator said, "I have lots of conversations with [people's] mums and dads about things like rotas, appointments or give them feedback if they have been or done anything...We ask them for feedback so it's nice to give feedback to them."

## Is the service well-led?

### Our findings

There was a registered manager in post. She had worked at the service since 2003. Relatives were complimentary about the management of the service. Comments from relatives included, "I think it's well led they are on top of things," "It's well organised and well run" and "From my experience it's well led."

The manager told us that due to a change of funding, the service had been through a period of change and uncertainty. Some long serving staff had left which had temporarily caused staffing shortages. She told us that this had now been resolved following the recruitment of more staff. In addition, there had been a restructure of team leaders.

Staff informed us that they enjoyed working at the service and morale and team work were now good. Comments included, "We are a tight team and everyone is very reliable" and "There is half an hour changeover [between shifts] we are good at communicating between the team."

The provider had developed their own internal quality monitoring tool, which had been adapted to cover the changes in legislation and the CQC inspection methodology. The manager provided details of their latest quality audit and an action plan had been developed to address the areas identified for improvement.

We noted that action was taken if concerns were identified. The manager told us that they now had two "pool" cars following an incident which had occurred when staff were using their own cars. The manager stated, "We now have two pool vehicles which we got as a direct response to an incident. At least we know that they [cars] are safe and well maintained."

Regular checks were carried out on all aspects of the service such as health and safety. We noted that mandatory training was monitored on the provider's computerised management system. It was not clear how training to meet the specific needs of people was monitored such as diabetes awareness, Parkinson's disease and catheter care. Following our inspection, the manager told us that the administrator had set up a new spreadsheet which documented all training so it was clear what training staff had completed and when any refresher training was required.

The manager operated a 'hands on' approach and monitored the quality of the care provided by staff whilst assisting them to provide care. She told us, "This helps give me an insight into the care and support which is being provided." Regular "Out of hours" visits were carried out at individual houses where support was provided. A report was completed which included information about the person, health and safety and documentation. We read the most recent report which related to the person we visited at their home. This stated, "No issues with documentation" and "No issues with health and safety." This was confirmed by our own visits to the person's house.

People and relatives were involved in the running of the service. One relative said, "They send out surveys" and "I've been involved in staff recruitment. I come in with [Name of person] and meet the staff and I can

gauge how [name of person] will get on with them and whether it will work or not work."

Surveys were carried out for people and relatives. The manager told us that they were in the process of looking at the way that they carried out surveys since they had a low response rate from people and relatives. The manager said, "We send them out [questionnaires] but don't always get them back. We are looking at more effective ways of doing this." One relative said that they had not received a survey. We passed this information to the manager for her information.

Meetings were carried out for people who used the service. One support worker said, "We do hold meetings with the clients, if they want to change something then we can sort things out. It's like your own family, when people live together there are things they want to change or do things differently, we can discuss everything and sort things out so people aren't chewing things over." One of the team leaders told us that individual meetings were carried out on an ad hoc basis and led by the needs of people. "Forums" were held at head office for all people who used the service. We read a poster containing information about forum meetings. This stated, "What we get up to [at forums] - Sharing information and advice, guest speakers including the police and fire service, seasonal social events... Making suggestions and shaping our service." One relative told us, "There are forums where people and carers come and discuss things."

The administrator sent update letters to people about important information and events at the service. We read the latest letter which had been sent in April 2016. This stated, "We have now taken delivery of our two new pool cars. These cars are available for you to access your local community." It also included information about the next "Service user forum" which was being held on 17 May 2016. Information about the National Learning Disability and Autism Awards was also included. The letter stated, "This event will be taking place on 25 May in Birmingham. Jobs on the day will include meeting and greeting, helping run the craft stall, helping with prop making/photo booth." We read that people and staff had recently had a fish and chip luncheon in Morpeth which gave everyone the chance to meet the new area manager

Staff meetings were carried out. One member of staff said, "These are useful and we have an agenda to book anything we want to discuss." An external staff survey was carried out for all staff employed by the various Turning Point agencies. This meant that the results of the survey were not specific to Turning Point - Coqbeck Support Domiciliary Care Agency.

A staff reward scheme was in place where staff could be nominated for an "Inspired by possibility" award. Successful candidates received a voucher, certificate and invitation to a Turning Point event. We noted that two staff from the service had been nominated for an award. Their nomination form stated, "Both [names of staff] have developed an excellent relationship with [names of people] and have never wavered from their commitment to ensuring that both [names of people] are enabled to lead as fulfilling lives as possible."