Turning Point

Turning Point - Derby

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

We inspected Turning Point - Derby on 22 and 24 January 2018. We gave the service 3 days' notice of the inspection to ensure the registered manager would be in the office. We also needed to let people know we wanted to visit them in their homes to review their support.

Turning Point – Derby had a registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Turning Point – Derby supports adults to live as independently as possible who have a learning disability and/or autistic spectrum disorder and whose behaviour may challenge. Staff provided personal care to eight people living in their own properties and to four people living in a single house of multi-occupation.

Turning Point – Derby was last inspected by the Care Quality Commission on 3 February 2016 and the report published on 22 March 2016. The overall rating for the service has improved from good to outstanding.

People receiving support from Turning Point –Derby received highly individualised person centred care. Support plans contained detailed and personalised care plans and we saw that people had been supported to have a full and meaningful life enjoying interests, taking part in new experiences and being active members of the local community. There was an emphasis on the need for good communication with a range of documentation being provided in way to assist people in accessing information.

The provider, registered manager and staff actively promoted a positive, inclusive and open culture, this approach has a positive impact on the quality of the service people received. The structure of the service worked for people, so that team leaders were always available to support staff and people when needed. The service worked in conjunction with other organisations to improve care for people with a learning disability. There were robust quality assurance systems in place which monitored the service, identifying potential areas for improvement, and actions were taken to improve these.

Staff were highly motivated and worked as a team and shared a common ethos of providing high quality, compassionate care with regard to people's individual wishes and support needs. Staff were valued, well supported and supervised by the management team.

Staff knew how to keep people safe, and how to report any concerns or incidents. The registered manager was proactive in learning from incidents and events, and had brought about changes to practices. There were enough staff to keep people safe, both within their home and the wider community.

Risks to people were identified promptly and effective and robust plans were put in place to minimise these risks, involving relevant people, such as people's family members and other professionals. Comprehensive

information was in place to guide staff, in the most effective approaches to use, which included Positive Behaviour Support, to enable staff to support people safely and reduce risk. Staff were knowledgeable about people's support and care and we observed staff putting into practice a consistent approach to their care.

People were supported to take their medicine by staff. People's capacity to make informed decisions about medicines had been assessed and best interest decisions had been made. People received their medicines as they had been prescribed. The provider had committed the service to reviewing people's medicine to decrease its use, in particular those used to manage people's behaviour and emotions.

People's needs were assessed and the assessment was used to develop comprehensive and individually tailored support plans. Staff took part in a robust induction programme with on-going training, which enabled them to provide effective care and support to people. Staff's performance was regularly reviewed through on-going assessment and supervision.

People were supported with daily living tasks such as grocery shopping, meal preparation and cooking as part of their support packages. Staff encouraged people to eat a healthy diet. People's dietary requirements along with their likes and dislikes with regards to food and drink were recorded within their records. People were supported to access a range of health care professionals and staff worked in partnership with external agencies to ensure and promote people's well-being.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrict way possible; the policies and systems in the service supported this practice. Staff had followed the Code of Practice in relation to the Mental Capacity Act 2005 (MCA). We observed staff treated people as equals and individuals, offering them options whenever they engaged with them. Staff always endeavoured to enable people to maintain their independence and to make their own decisions.

People were supported by a consistent group of staff, in some instances staff had been specifically recruited to reflect people's preferences, which included common areas of interest. Positive and caring relationships between people using the service and staff were evident, which had a positive impact on people's quality of lives. People's wishes and views were acted upon, and people were supported by family members and others involved in their lives to assist them in making decisions about their care.

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.

People were safeguarded from abuse as robust systems and processes were in place, which were understood and adhered too by all staff. A robust system of staff recruitment was in place to ensure people were supported by suitable staff.

People's safety was monitored, with comprehensive risk assessments and support plans providing clear information for staff as to how people's safety was to be promoted.

People's needs with regards to their medicine were clearly identified within their support plans. Medicine was managed by staff who had undertaken training and had their competency regularly assessed.

People were supported to clean their homes and audits were undertaken of the property to ensure they were safe and any concerns as to people's homes, which may impact on their safety were reported to the appropriate agency.

Is the service effective?

Good

The service was effective.

A robust and holistic approach to the assessment of people's needs meant people when then moved to their own home and receiving support from staff of the service received effective care and support.

The induction and training of staff meant people were supported by staff that had the necessary skills and experience.

People received the support they needed to eat and drink, which included support with menu planning, shopping for groceries and the preparing and cooking of meals. Specialist equipment to promote people's independence when eating and drinking was provided.

People were encouraged to live a healthy life, and received the support they needed to access health care services to improve

their quality of life.

A robust system of assessing people's capacity to make informed decisions was in place. Supported by 'best interest decisions' were found not to have capacity to ensure people's rights were protected and that their support and care was effective.

Is the service caring?

Good

The service was caring.

Staff had a comprehensive understanding of people's support which was provided in a caring and sensitive manner.

People's support plans provided information for staff as to how they expressed their views in making decisions about their care and support. Staff were seen to respond to people's wishes about their care and support.

Staff respected people's privacy and dignity. People were supported to create new relationships and maintain contact with family and friends.

Is the service responsive?

Outstanding

The service has improved to outstanding.

People were supported to create and achieve goals and improve outcomes in their lives. People's support plans were personalised to guide staff to provide responsive, person centred and holistic support, and included a support plan which outlined their wishes for end of life care.

Documentation, including support plans and key policies and procedures took account of people's needs and was produced in a format to assist people in understanding the content of documents.

A complaint policy and procedure was in place. Concerns were investigated by the registered manager and the outcome was shared and used to develop the service.

Is the service well-led?

Outstanding

The service has improved to outstanding.

People received high quality care and support as the provider's vision and values were understood and applied across all areas of the service. The organisational structure provided staff with

strong leadership and support.

The registered manager and staff were committed to the development of the service and the sharing of good practice to promote the quality of life of those they supported.

The provider, registered manager and staff had across the organisation systems and processes to involve people who use the service, their family members, staff and external agencies. There feedback was used to develop and monitor the service.

A comprehensive and robust system to monitor and maintain the high levels of care and support provided to people was in place.

The provider was committed to the development of the service and worked with external providers to improve services for people with a learning disability.

Turning Point - Derby

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Turning Point – Derby supports adults to live as independently as possible who have a severe learning disability and/or autistic spectrum disorder and whose behaviour may challenge. Staff provided personal care to eight people living in their own property and to four people living in a single house of multi-occupation. Houses of multiple occupation are properties where at least three people in more than one household share toilet, bathroom or kitchen facilities. People's care and housing are provided under separate contractual agreements. CQC does not regulate the premises used.

Not everyone using Turning Point – Derby received a regulated activity; CQC only inspects the service being received by people provided with 'personal care', help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

We gave the service 3 days' notice of the inspection site visit because some of the people using the service required notice of our intention to visit them.

The inspection was carried out by one inspector.

The inspection was informed by feedback from questionnaires completed by four staff who work at Turning Point – Derby. The information from these questionnaires was very positive. Staff commented on the positive and inclusive approach of the provider to develop people's skills to gain independence. They reflected their commitment to empower people with complex needs to make decisions about their day to day lives. Staff were positive on the training they received and the support they received from the managerial team.

We used the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the

service does well and improvements they plan to make.

The inspection activity stared on 22 January and ended on 24 January 2018. We visited the office location on 22 January 2017 to see the registered manager and to review records. We reviewed the care records of four people who used the service. We looked at the three staff records, which included their recruitment, induction, on-going monitoring and training. We looked at the minutes of staff meetings. We looked at documents which recorded how the provider monitored the quality of the service being provided.

On the 24 January 2018, we visited the home of four people, meeting and spending time with three of the residents. People who were at home during our visit had severely impaired communication skills and were therefore unable to share their views with us. We spoke with four members of staff who were supporting them.

Good

Is the service safe?

Our findings

The registered manager responded appropriately when areas of concern were brought to their attention to ensure people's safety and welfare was promoted. Notifications were submitted to CQC about potential abuse and safeguarding referrals made to the local authority. The registered manager provided information required to the local authority to assist them with their investigations.

Staff had received safeguarding training and other training relating to safety, such as action to take in relation to incidents or accidents. They understood what procedures should be taken if they suspected or witnessed abuse. This included contacting outside agencies such as the police, CQC and local authority safeguarding teams. Safeguarding was also included as an agenda item in team meetings. Questionnaires we received from staff showed staff were confident that people's safety was promoted.

All incidents were reported, which included the nature of the incident, who was involved and the action taken by staff. Reports were sent to the registered manager and then to the area manager to be 'signed off'. Information of incidents was recorded on an internal system which was used to track all incidents and the action taken, which included informing external agencies. This enabled the provider to be proactive in identifying any trends to incidents.

People were encouraged to be involved in the spending of their money and systems were in place to ensure their finances were managed safely with measures in place to safeguard people from financial abuse. We looked at the records of people who were supported by the financial advocacy service and found individualised budget plans to be in place. These provided detailed information as to people's expenditure, which was audited.

The provider had a proactive approach to anticipating and managing risks to people who used the service. People had individual risk assessments developed to support them to do things safely rather than restricting them. For example, safe ways to travel using public transport. We saw risk management plans in people's records to consider areas such as safety when taking part in activities of daily living such as cooking, where people were developing new skills.

When people behaved in a way that may challenge others, staff managed the situation in a positive way, protecting people's dignity and rights. Where necessary people had Positive Behaviour Support Plans (PBSP) in place. PBSP's identify, understand and reduce the causes of behaviour that may distress people and put themselves or others at risk of harm. For example, strategies to use, such as distraction to de-escalate situations by suggesting an alternative activity. For example, one person's PBSP identified making a cup of tea. Whilst another person's PBSP advised staff to use identified words and phrases which the person understood to reduce their anxiety.

Staff supported people to manage their own environment by working with the landlord of the properties, reporting any remedial work that needed to be undertaken. Individual personal emergency evacuation plans (PEEPS) were in place, which provided guidance on the support people would require should they

need to evacuate their home in an emergency. There was a regional health and safety committee and minutes of the last meeting were available. Staff had received up-to-date training in all safety systems and health and safety was included as an agenda item in team meetings.

There was a business continuity plan developed for the service which detailed how the service would continue to run effectively should there be an unplanned event such as a fire or flood. Staff were made aware of these at staff meetings. Each location where people lived had an action plan and a walk through exercise was undertaken and the plan fully reviewed every twelve months to promote people's safety by promoting people's awareness as to their safety. The action plan required all services to have a 'grab bag', which contained essential items such as a torch, a first aid kit, spare clothing for those using the service and information detailing people's needs. Staff we spoke with confirmed that they had two grab bags in place, to ensure one would always be accessible.

Staffing levels were determined for people by being assessed by the local authority and allocating support hours according to their needs. People's support plans clearly identified the number of staffing hours allocated to each area of support. We found there were sufficient staff to meet people's needs and keep them safe, with people having a dedicated team of staff to provide their care. People in some instances received 24 hour support, whilst others received support for an allocated number of hours each day dependent upon their needs.

People were safeguarded against the risk of being cared for by unsuitable staff through the provider's recruitment procedures. Recruitment files we looked at contained evidence that the necessary employment checks had been completed before staff started to work at the service. These included application forms with a full history of employment, identification documents and a check with the Disclosure and Barring Service (DBS). The DBS carry out criminal record and barring checks on prospective staff who intend to work in care and support services to help employers to make safer recruitment decisions.

Staff met good practice standards when dealing with medicines, including the ordering, storage, administration and recording of both prescribed and non-prescribed medicines. The service had a medicines policy. The policy referenced the National Institute for Health and Care Excellence (NICE) of good practice. We saw that medicines were managed safely and in line with policy and people received their medicines as prescribed. Management checks and audits were undertaken at all levels and actions taken to improve medicine management. The provider demonstrated a commitment to equality, diversity and human rights. For example the medicine policy stated 'Always consider adjusting the timing of a review to take place when a client has the capacity to be involved.'

Where people did not have the capacity to consent to the use of some medicines best interest decisions meetings had been held involving people who were involved in their care. The outcome of these meetings had identified staff would be responsible for the administration of people's medicine in specific circumstances as being in the person's best interest, which included if and when people's behaviour became challenging. This was supported by a PRN (medicines prescribed to be administered as and when required) protocol drawn up with the involvement of health care professionals. Staff we spoke with confirmed they had undertaken training in the safe handling of medicine.

The provider had signed a pledge to STopping the Over-Medication of People with a learning disability, Autism or both (STOMP). STOMP is an initiative that has been set up by NHS England. We spoke with the registered manager as to how STOMP worked within their service. They told us that people using the service had the medicine they were prescribed regularly reviewed with a health care professional and that as part of the review process the person's PBSP was also considered. The registered manager provided evidence to

support people's medicine which was prescribed to manage people's anxiety and behaviour that challenged had been reduced, as a result of the implementation of people's behaviour support plans.

The registered manager provided evidence as to how they had learnt from incidents which had resulted in changes to practices to promote people's safety. For example, an incident involving a person's medicines had resulted in a change to how people's needs were assessed. The Positive Behaviour Support lead, employed by the provider was now involved in the assessment of people's needs. The assessment process in some instances took place over several weeks or months, to enable the registered manager to assure themselves that the service could meet the individual's needs. The incident had also identified the need to ensure improved interagency working, by ensuring an agreed plan was in place should the person experience difficulties when they moved services.

Good

Is the service effective?

Our findings

The provider ensured it was following best practice guidance for people with learning disabilities. For example, the British Institute of Learning Disabilities (BILD). People were involved in identifying the assistance they would like prior to support commencing including recognising any particular needs in relation to protected characteristics as defined by the Equality Act 2010. This included areas such as support with their physical and social needs. The registered manager spoke of the assessment process, which in some instances took place over several weeks and months, to provide the best opportunity for the move to be a success. For example, a person who resided within a long stay hospital was encouraged to go out with staff from Turning Point. This provided an opportunity for positive relationships to be developed to enable staff to provide effective care, based on their knowledge and understanding of the person's needs. The person was able to visit their new home so as they could make informed decisions about their future, and to experience the wider community in which they would live.

People were supported to develop a support folder, which contained their personalised support plans, risk assessments, capacity assessments, best interest meetings, Health Action Plans, hospital passports, end of life plans, keyworker and wellbeing meeting records and annual reviews.

We spoke with a recently recruited member of staff; they told us they were currently 'shadowing' staff. Working alongside them to gain information about people's individual routines and preferences about their care, and were in the process of completing their induction booklets. The member of staff spoke positively of the support they had received from all staff, including the management team. Each new member of staff had a booklet 'Induction Competency checklist' which provides information on a range of areas related to their work. These include personal development, equality and diversity, person centred approach and safeguarding. Staff were provided with a 'Safety First Work Instructions – Support/Wellbeing Worker, which provides instructions for staff in the promotion of people/s safety, that of other staff and themselves. On-going assessment was provided by additional induction workbooks, which provided more in-depth knowledge of topics and assessed staff competence and understanding.

Staff spoke positively of their training, saying it enabled them to provide effective care to people. A member of staff said the literature provided to them when they received training, meant they had information to hand which they could re-visit to refresh their knowledge. Training involved both face to face learning and e-learning. Examples of training were safeguarding adults, equality and diversity, medication awareness and Positive Behaviour Support.

Staff told us they received regular support and on-going supervision. Staff were supported and had planned meetings with their line managers consistent with the supervision policy. These meetings discussed staff's performance and objectives they had set at their annual appraisal meeting. Turning Point had an appraisal approach called 'On-Going Performance Review' which meant that all areas of staff's responsibilities related to the vision, values and objectives of the organisation as a whole but linked to their own personal objectives they had drawn up. This was confirmed by a member of staff who told us it helped them to develop their skills and understanding.

Questionnaires we received recorded that staff were confident with their induction which was comprehensive. They recorded it had enabled them to provide effective care and support to people before they worked with them unsupervised. Staff questionnaires included positive comments as to their on-going training and support provided by the management team.

People had a dedicated team of staff to provide their support, which meant staff knew them well. On our visit staff were able to tell us in detail about people's needs and we saw them use their knowledge and understanding of people. For example, a person who expressed themselves by making a range of sounds and a person whose behaviour indicated they were not happy were understood, with staff taking the appropriate action.

People's dietary needs were documented within a support plan, which included any specific requirements the person had, for example the level of the support they needed and detailed adaptive cutlery to promote independence. A person's support plan detailed how the person's needs could change dependent upon their physical health, which meant they would require additional support from staff to eat, drink and prepare meals. Information included soft diets for those at risk of choking. A person's support plan stated how the person required their food to be cup up into small pieces and was to be supervised whilst eating; stating staff were not to sit next to the person but to stay close by, as per the person's preference. One person's records documented how they had lost weight, by staff encouraging them to eat a healthier diet so as to improve their health and well-being. During our visit we saw staff supporting people to eat and drink, encouraging them to eat independently and providing full support where needed.

Information for people with regards to grocery shopping and menu planning was available using pictures, so support people in making decisions. People were supported by staff to plan a menu for the week and with support accessed local shops and supermarkets for groceries. Staff supported people to prepare and cook meals. Staff were knowledgeable about people's communication needs and preferences, this meant people were encouraged to make decisions when shopping. One person's support plan provided a verbal statement staff should use to ensure the person understood they were going shopping to encourage them to participate in the experience and place items in a shopping basket.

Staff worked in partnership with those who commissioned the service with regular reviews taking place to ensure people's needs continued to be met. Where necessary agreed changes for the purpose of improving the person's quality of life were made. People's health needs were documented within their health action plan. Staff supported people to access a range of health and social care services, working together in a co-ordinated way to promote effective care and support.

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. Whey 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. We checked whether the service was working within the principles of the MCA to ensure any restrictive practices had been referred to the local authority to ensure these were authorised by the Court of Protection. We saw that the Registered Manager had written to the appropriate body to review people's current arrangements, a letter of acknowledgement to the registered manager's letter was held in people's records.

Assessments to determine people's capacity to make informed decisions and choices were used to develop people's support plans and risk assessments. This was to ensure people's needs were met in a range of areas which included management of their finances, medicine, personal care, which included behaviour that could be challenging and accessing the wider community.

Staff we spoke with had a comprehensive understanding of the MCA and how this applied to people who they supported. Questionnaires we received recorded that staff had received training in the MCA and were aware of their responsibilities and records we viewed confirmed staff had received training.

The provider's policies and procedures took account of legislation and guidance, and an Equality Impact Assessment (EIA) was included. This is a process designed to ensure that a policy does not discriminate against any protected group, people using the service and staff.

Good

Is the service caring?

Our findings

We observed and heard that people were treated in a kind and positive manner and there was a warm and friendly atmosphere in the people's homes that we visited. Staff had developed good relationships with people and we saw people were relaxed in the company of staff. Staff communicated spontaneously with people, using gestures, facial expressions and by interpreting body language and sounds. Staff's response to people was consistent with their support plans.

People's support plans were written from their perspective, focusing on how people preferred to be supported with all aspects of their day to day lives. A person with no verbal communication expressed themselves by using gesture and sound. We saw staff responded, by offering and supporting the person to have a drink. We saw a member of staff offer the same person two types of hand cream, encouraging them to smell each one . When the person indicated the one they preferred, the member of staff massaged their hands with the cream.

People were supported by a consistent staff team, with many receiving one to one or two to one support. Staff who supported people in many instances had worked with the person for several years and in some instances had supported the person before their care and support was provided by Turning Point – Derby. This meant staff had a significant knowledge and information about the person, which enabled them to provide people's support and care and understand how they expressed themselves.

Questionnaires we received recorded that staff were introduced to people before providing their support, and stated that people's care and support was consistently provided by staff that promoted people's dignity and treated people respectfully.

There was a pro-active approach to people's views and needs being taken into account when staff were recruited. The registered manager had recently introduced a document 'My Ideal Support Worker'. This had been developed in consultation with the person and staff. It outlined the attributes a potential member of staff should have to support the person and was used to ask questions when staff were recruited. For example, a person who enjoyed walking required a member of staff who would take part in this activity with them.

When we arrived at the home, staff told us one person that morning had been anxious upon waking. The person's morning routine had been followed, to reduce their anxiety. The person had returned to bed after having their breakfast, as they wished, and had at a later time in the morning been supported to get up. This was consistent with the person's support plan, which showed staff understood how people expressed themselves and responded to people's communication styles.

People were encouraged to have regular contact with family and friends, via personal visits or phone calls. A support plan had been devised for one person, who had regular contact with family and friends. The person was anxious when people did not reply to their phone calls immediately. To support the person agreed times had been put into place with the person's family to ensure regular contact was maintained, which had

reduced the person's anxiety.

A person had been supported to develop a friendship with another person who used the support services of another provider. Staff from Turning Point – Derby and staff of the other provider had worked collaboratively to support both parties in the development of their friendship.

People's capacity had been assessed in respect of receiving personal care and best interests decisions made. People's support plans identified how people preferred their personal care to be provided to ensure their dignity and privacy was maintained.

People were encouraged and supported to personalise their home. Staff supported people to choose décor and furnishings for their homes. The home we visited was personalised, each person's bedroom being a reflection of their personality and preferences. Communal areas of the home had been personalised and included transfers on the walls.

Outstanding ☆

Is the service responsive?

Our findings

The registered manager and staff provided a service to people that was extremely personalised and responsive and focussed on making people's quality of life as positive as possible. All staff were fully engaged in this process. We heard and read how the support people had received had enabled them to achieve their goals. People's support plans considered people's diverse needs, including those related to disability, gender and other protected characteristics.

The registered manager said support had been provided from an external organisation to support people to explore their sexuality. Staff supported people to overcome barriers due to their disability, for example by supporting people to access the community and develop friendships. Staff told us how people they supported who accessed local community services were well known, being greeted friendly by proprietors of shops and cafes. Another example of people's involvement in the community was their volunteering in a local charity shop. People were supported to attend college to develop key skills, which included cookery, math and English.

Staff considered how barriers due to disability impacted on people's ability to express their aspirations and wishes and take part and enjoy activities open to everyone, which they however could not indicate themselves. For example, Staff spoke about plans to support a person to go on a cruise in the future. Staff had put plans in place to initially determine whether the person would enjoy the experience. Short trips on water ways were being planned, to gauge the person's enjoyment. Trips would be extended to river cruises, and finally to the cruise should the person enjoy the activity.

People's support plans included information about people's personal history, their individual interests and their ability to make decisions about their day to day lives. Support plans provided guidance as to individual goals for people to work towards to increase their independence and therefore their reliance on staff for support. For example, a person had identified they would like to brush their teeth, without requiring staff to prompt them. One persons support plan identified one of their goals was to use a steam mop, which they had successfully done

People's support plans covered all aspects of their care and support. They provided comprehensive and clear guidance for staff, to ensure people's care and support was consistently provided and was reflective of people's need to ensure the best outcome for people. For example, when supporting people when their behaviour challenged; clear guidance ensured people's anxiety was managed well, through the use of agreed responses of staff and the use of words and clear instructions. People's PBS plans included information as to potential triggers for a person's behaviour to become challenging, how staff were to avoid these potential triggers and clear guidance as to the pro-active approach in providing appropriate support. This included the use of key words and actions, and how to support people when people were once again calm.

The registered manager continually reviewed people's support and care and changes implemented had a positive outcome for people. For example, a person who displayed behaviour that challenged when using

public transport, now has access to their own vehicle and therefore is not reliant on public transport, thus reducing their anxiety and behaviour that challenged.

People's achievements were acknowledged and celebrated by the provider, on two occasions people using the service of Turning Point – Derby had been received the 'Extra-ordinary Person of the Month award for their individual achievements.

When we visited, we met a person who had regular contact with their family. Staff told us their family member visited each week, taking them out where they met with other family members. The family member was the advocate for the person who represented them when decisions were made about their care and support. External professionals were invited to attend meetings to speak about people's well-being to ensure people's views were represented. Feedback we received from commissioners, about the quality of the service was positive

Organisations that provide publicly-funded adult social care are legally required to follow the Accessible Information Standard (AIS) which says services should identify record, flag, share and meet information and communication support needs of people with a disability, impairment or sensory loss. Turning Point had a publishing and marketing group that produced organisation wide accessible information. The service had considered ways to make sure people had access to the information they needed in a way they could understand it, to comply with AIS. People's assessments made reference to people's communication needs, this information had been included in people's support plans where a need had been identified, and a communication passport put into place. For example, a person with a sensory impairment required staff to position themselves directly in front of them when speaking, and to gain their attention by touching them on the shoulder. The persons way of initiating communication were recorded, for example if they stood by the front door, they were indicating they wished to go out. Communication styles, such as gestures and facial expressed were recorded which indicated people's mood or well-being, for example if they were in pain, hungry or anxious. This enabled staff to take the appropriate action such as providing pain relief.

Key policies and procedures, including how to raise a complaint had been produced in an 'easy read' format. Using clear words and phrases, supported by pictorial images to support the written word. Documents, including support plans and health action plans were also produced in this format.

People's records included their views as to their wishes with regards to their end of life care. People's end of life plans detailed the music that they would like to have played at their funeral and why the music they had chosen was important to them. The plan detailed what items of personal significance they wanted to have placed on their coffin and who they wanted their personal possessions to be given to.

One concern had been reported to the registered manager by a member of the public, who was concerned for a person's welfare when being supported in the community by staff. The registered manager had undertaken an investigation as to the concerns raised and found staff had supported the person consistent with the person's support plan. As a result of the investigation the person's support plan was reviewed this included additional guidance for staff.

Questionnaires we received recorded that staff were confident to raise concerns or concerns about poor practice with the management team.

Outstanding ☆

Is the service well-led?

Our findings

The provider had a strongly defined vision, ethos and set of objectives. Turning Point's vision was 'To constantly find ways to support more people to discover new possibilities in their lives' based on the values of believing everyone had the potential to grow, learn and make choices. We found the registered manager and all staff integrated these visions and values to support people in the service to promote people's quality of life and experiences. This was evidence within people's support plans and records which showed how people were supported to ensure their diversity was celebrated and potential obstacles due to their disabilities were overcome.

The provider kept under review the day to day culture of the service, which included the monitoring of staff to ensure the vision and values of Turning Point were embedded into staff's every day practices. The registered manager and staff had organisational and individual goals and objectives, which were aligned to the visions and values of the service, and were regularly reviewed. Staff views were sought about the service

The registered manager evidenced a strong understanding and implementation of their responsibilities which was supported by the infrastructure of Turning Point. We had positive feedback about the registered manager and team leaders, who staff said were always available for advice and support. For example, a recently recruited member of staff told us how any query they had was quickly answered.

Questionnaires we received recorded that staff considered their manager to be accessible and supportive and believed their views taken into account.

Staff told us they were proud to work for Turning Point and in being part of a team that worked collaboratively to improve people's quality of life. The approach of the registered manager and team leaders in openness and transparency towards the staff ensured all information concerning people's care and welfare was communicated to ensure positive outcomes for people. We received positive feedback from commissioners of the local authority in relation to people's support plans and their contents.

Regular staff meetings took place, staff told us this provided an opportunity to talk about the people they supported, and share ideas as to potential new experiences and opportunities which people may wish to take part in. Staff said it provided an opportunity to support each other. Staff spoke positively of how the staff team worked together and collaboratively to achieve the best outcomes for people.

There was a strong organisational commitment and effective action towards ensuring there was equality and inclusion across the workforce. The registered manager, management team and staff demonstrated a commitment to continuously improving the service people received. 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 and lessons to be learnt from any incidents or spot checks by management. Staff were encouraged to share their views and suggestions, staff told us that they felt listened to.

The registered manager had a thorough overview of the quality of the service. This was enabled by high quality auditing of all areas of the service in order to identify where areas of improvement were required and to identify any potential risks that may affect quality of the service. The registered manager and team leaders ensured a visible presence by visiting all of the supported living locations regularly to speak to people, observing support provided and completing audits in respect of the compliance and quality of support being provided. Members of the management team undertook audits in each location on a monthly basis. They also visited locations they did not have line management responsibility for to provide opportunities for shared learning. Team leaders worked a proportion of their time delivering support both to lead by example and coach and mentor their staff teams. The governance of the service was therefore fully effective and also overseen at a national level to assess the quality of the service.

The registered manager was keen to continuously learn and improve the support provided. The registered manager told us they would be completing the registered manager's diploma this year. The registered manager as part of their development kept up to date with development both locally and nationally. Turning Point held forums for all the registered managers working across the organisation to enable them to keep up to date with best practice and share learning across the wider organisation. The registered manager was involved in the forum for Chesterfield and Derby.

The registered manager had a good understanding of the requirements of their registration with the Care Quality Commission. All necessary notifications had been made to the CQC and we saw that the duty of candour had been adhered to following any incidents. The registered manager was up to date with recent changes to the key lines of enquiry and staff had been made aware of these. Where necessary, the registered manager had undertaken investigations into incidents, accidents and complaints.

The PIR completed by the registered manager was found to be an accurate reflection of our findings of the site visit. Identified areas for improvement over the next 12 months had started to be introduced, which included the recruitment of staff to reflect the lifestyle of people using the service.

The provider had a forum for people to get together to talk about things that were important to them known as the 'People's Parliament'. The 'People's Parliament' has a national, regional and local group. The local group using the services of Turning Point – Derby regularly got together as people had identified they wished to get together and meet people in similar circumstances to themselves who were supported by the provider. We were told that one person for the local area was the representative at the regional People's Parliament and that they attend the meetings.

The registered manager supported people to be involved in the recruitment of staff. For example, a family member of a person who used the service, had been involved in staff interviews for their relative and those they shared a house with. A person using the service was currently being supported to develop questions to put to potential staff at interview.

Families were kept updated. This was assisted by a newsletter 'The link'. The newsletter provides information across all Turning Point services, including information as to how the provider is responding to feedback, referred to as 'You Said so We did'. Information in the newsletter includes the outcome of CQC inspections, along with how people were supported to influence their lives by taking part in general elections. The registered manager informed us due to a majority of people not having the capacity to make an informed decision in relation to voting, the service had organised a local event, which included tea and cakes so people had the opportunity to experience a ballot style and voting system.

Turning Point took part in national initiatives and research and were active in the learning disability sector.

For example, the service had an awareness of current guidance and developments. For example, Turning Point had signed up to a campaign called STOMP (STop The Over Medication of People). The provider also had links with VODG (Voluntary Organisation Disability Group). The purpose of this link was to look at recommendations to improve the health and well-being of people with learning disabilities and to improve their quality of life. A working group had been set up to make recommendations to improve the health and wellbeing of people with a learning disability.

Turning Point within its organisation has lead roles which included a representative for VODG. Other identified roles included Positive Behaviour Support lead and Involvement Lead. At a local level identified staff were referred to as champions. Turning Point – Derby has a PBS and Involvement Champion. The PBS champion supported staff in the development of support plans, and worked with staff where people's behaviour meant additional ideas and resources to identify the appropriate support needed. The Involvement Champion had devised a plan to further develop people's involvement in the service. They attended appropriate Derby City arranged Partnership board meetings and representatives of the service attend provider forums and events to share good practice and ideas.