Turning Point

1A North Court

Inspection report

1A North Court
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Ratings

Overall rating for this service	Good
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This inspection took place on the 27 January 2015 and was unannounced. This was the provider's first inspection since registration in May 2013.

1A North Court provides personal care to up to eight people with physical and learning disabilities in a supported living environment. There were seven people using the service at the time of the inspection.

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

People were not always protected from harm, unexplained injuries had not been appropriately investigated. The provider did not take reasonable steps to identify the possibility of abuse.

Each person had the staff support they had been assessed as requiring. There were sufficient staff to keep people safe.

Summary of findings

People's medicines were managed safely. Staff had received comprehensive training and support to enable them to administer people's medicines safely.

Staff were well trained and supported to fulfil their role. The provider had a recruitment process in place. Records we looked at confirmed that staff were only employed with the service after all essential pre-employment safety checks had been satisfactorily completed. Arrangements were in place to ensure that newly employed staff received an induction and received opportunities for training.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLs) and to report on what we find. The provider was following the principles of the MCA and had made several DoLS referrals to the local authority.

People's health care needs were met. People received regular health support from external agencies. Staff supported people to attend health care appointments.

When people had specific nutritional needs these were met by competently trained staff.

The provider supported people to be as independent as they were able and to maintain and make friendships.

Care was planned and personalised. Records, observations and discussions with staff demonstrated that people using the service were at the centre of the care being delivered. Regular reviews took place to ensure that where people's preferences had changed this was acknowledged.

The manager told us that they had responded to people's complaints and concerns in line with the complaints procedure.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not consistently safe. People were not always safeguarded against the risk of abuse as referrals had not been made to the local safeguarding team when people received injuries that could not be explained. There were sufficient numbers of staff available to keep people safe. People's medicines were managed safely by suitably trained staff.

Requires improvement

Is the service effective?
The service was effective. Staff were trained effectively to deliver good quality care. People were supported to have their healthcare needs met and when required they received specialist health care treatment. The provider assessed people's nutritional needs and ensured people were supported to have sufficient to eat and drink.

Good

Is the service caring?
The service was caring. Staff we spoke with were knowledgeable about the people they cared for and spoke about them in a respectful manner. We observed that staff were kind and caring in their approach to people. People's privacy and dignity was respected.

Good

Is the service responsive?
The service was responsive. Care was delivered dependent on people's individual likes, dislikes and preferences. There were regular meetings for people who used the service where their care was reviewed. People had comprehensive care plans that outlined people's needs in detail including people's likes and dislikes.

Good

Is the service well-led?
The service was well-led. Systems to ensure the health, welfare and safety of people were effective.Staff told us they felt supported and empowered to fulfil their role.

Good

1A North Court

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 was 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 the 27 January 2015 and was unannounced.

The inspection team consisted of one inspector.

We looked at the information we hold about the service. This includes notifications of significant events that the manager had sent us, safeguarding concerns and previous inspection reports.

We spoke with the manager, area manager, and three members of staff and met four people who used the service. People who used the service were unable to talk with us due to their communication needs. We looked at three people's care records, staff rosters, the staff training records, three staff recruitment files and the provider's quality monitoring audits.

We spoke to two relatives of people who used the service and a health professional to gain their views.

Requires improvement

Is the service safe?

Our findings

People who used the service were reliant on staff to protect them from abuse or the risk of abuse. We saw two people had received recent injuries that could not be explained. The manager confirmed that the injuries had been unexplained and had not been internally investigated. Staff had recorded the injuries on body maps but did not know they needed to be investigated. The provider had not reported the injuries to the local authority safeguarding team to investigate. This meant that people were at risk as the provider had not taken reasonable steps to identify the possibility of abuse.

People had a risk management plan. The plans supported people to be as independent as they were able whilst minimising the risk of harm. Three people had risk assessments which enabled them to spend short periods of time alone in their flats. We saw that people's environments were risk assessed to ensure that people were safe during these times.

People were not restricted within their environment. People were free to use the communal areas if they wished or remain in their flat areas. Doors were not locked when people were in their flats alone. Several people entered the communal areas as they were going into the community, we saw that they were all supported with their designated staff member.

People had been individually assessed for their required staffing needs. Some people needed one to one staff support all of the time. Others were able to spend time alone unsupervised. We saw that there was sufficient staff available to meet people's needs. We checked rosters and spoke with staff who confirmed that there were always enough staff to meet people's needs safely.

People's finances were managed either through a representative of the local authority or by their relatives. We saw that when staff supported people to spend their money, there was a clear audit trail of when and where the money was spent. Two staff signed for each transaction and receipts were kept for auditing purposes. This meant that there were systems in place to safeguard people from financial abuse.

New staff had a period of induction before commencing their employment. We saw evidence of completed application forms and formal interviews. There was evidence of pre-employment checks being completed including references from previous employers and disclosure and barring (DBS) checks. The DBS check includes a criminal records check as well as a check on the register of people unsuitable to work.

We looked to see if people's medicines were managed safely. We were told and saw in one person's flat that each person's medication was kept in locked cupboard within their own flat. All staff had been trained to administer each person's medication. The training was individual to each person's specific needs. All staff had to be observed 10 times administering each person's medication before being deemed competent to complete this alone. Staff told us they felt confident in administering people's medicines.

Good

Is the service effective?

Our findings

People were being cared for by staff who knew people's needs and had been trained to meet them. Staff told us that new staff had a period of induction before working alone with people. The induction included all core training and working with a more experienced member of staff until competent to work alone.

There were 'core teams' of staff. The core teams were responsible for working with one specific person to ensure continuity in care. We saw the core teams met regularly to discuss the needs of the individual they cared for. Staff we spoke to knew people well. They spoke about their core team and said it was beneficial to them and the person as it provided consistency.

Some people had specific health care needs such as a Percutaneous endoscopic gastrostomy (PEG) feeding tube. PEG feeding is used where people cannot maintain adequate nutrition with oral intake. Staff had received training in the use of the PEG and when we spoke to them they demonstrated knowledge of how to care for someone with a PEG.

We saw that people's capacity had been assessed to reflect their capacity to make decisions for themselves. Staff we spoke with had knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The manager told us that they had identified some people may be restricted and had made referrals to the DoLS team for people who had been identified at risk of having their liberty deprived. While they were waiting for approval of the referrals the manager had implemented individual risk assessments to ensure that any deprivation of a person's liberty was at a minimum and in their best interests.

One person had been assessed by their dentist as requiring extensive dental treatment. They did not have the capacity to decide for themselves whether they would agree to the treatment. We saw that a best interest meeting had taken place with the person's relative and health professionals and a decision was made in their best interest.

People were supported to maintain a balanced diet that met their needs. Some people had 'dysphagia'. People with dysphagia have problems swallowing certain foods or liquids, while others cannot swallow at all. All the staff we spoke with were knowledgeable about the condition and the risks associated with it. Staff were able to tell us the consistency of the food each person who used the service required. We saw that when people required support in maintaining a balanced diet, referrals to dieticians and speech and language therapists were made. Staff had clear guidance and knew how to meet people's individual dietary needs.

We saw that people were supported to attend health appointments with their GP, consultants, dentists and opticians. A health professional told us that people were always supported to turn up on time and they brought all the relevant information with them. There was a visiting GP on the day who staff had called because someone had become unwell. The unit was supported by a community learning disability nurse and an epilepsy specialist who offered advice and support to the staff. This showed that the provider was supporting people to meet their individual health care needs.

Good

Is the service caring?

Our findings

Relatives we spoke with told us that they felt the staff cared for their relatives. One relative said: “The staff seem to be caring and aware of the issues around [our relative] and are helpful and friendly”.

People were supported to attend social events and maintain relationships within the community. Two people had previously resided together in a former establishment. The manager told us how they used to attend the local pub together every week and had enjoyed it. The staff rosters had been altered to ensure that they were still able to go to the pub weekly and enjoy each other’s company.

Each person had their own flat. So as to encourage people to maintain relationships the staff arranged social events in the main communal area. There was a take away meal at the weekend and a communal Sunday lunch. We were told that if someone was not happy or not enjoying the company of the others they would be supported to leave the communal area with support from a member of staff.

We saw that people looked relaxed and happy in the company of staff. One person was laughing and playing with a sensory ball with staff, three other people were seen to be accessing the community. Staff had supported people to dress smartly and according to the weather in warm winter clothes.

We saw that meetings took place for people who used the service. There were tenant’s meetings and core team meetings. One person did not have any contact with their relatives. We were told that the provider had involved an 'Independent Mental Capacity Advocate' (IMCA). An IMCA represents vulnerable people who lack capacity to make important decisions about serious medical treatment and change of accommodation where they have no family and friends available for consultation about those decisions.

Relatives we spoke with told us that they were kept fully informed of their relative's care and they were free to visit whenever they wanted. One relative told us: "The carers are really committed”. Staff knew relatives well and had built good relationships with them.

We saw that people’s dignity was respected. Staff rang people’s doorbell before entering their flat even though the person would not be able to respond due to their communication needs. We did not see anything during the day that compromised a person’s dignity and staff interacted with people in a kind and caring manner.

Good

Is the service responsive?

Our findings

Staff understood how people wanted their care delivering. We saw four people on the day being supported to access the community. Staff were able to tell us what people liked doing and we saw that people were happy to be going out. One person was supported to a local church service as this was something they enjoyed. A relative told us: "[Our relative] was provided with their own transport and they seem to be in the care of people who make good use of it to take him out to places of interest, something much appreciated by all involved".

There were individual personal care plans for everyone. Staff had clear and comprehensive information to be able to respond to people's individual needs. People's care plans were written in such a way that they reflected people's individual needs. For example it was recorded what time people liked to get up and go to bed. We saw records to confirm that people's requests were being met. Staff were able to respond and care for the person effectively with the information contained within them. We observed that staff responded to people appropriately. Staff knew people well and offered them choices and communicated with them in a way in which they would understand.

Each person had their own flat. One person allowed us to visit their flat. We saw that the person had been supported to decorate it in a style that met their individual assessed needs. Staff had taken the person shopping to choose items they liked to personalise their flat. We saw that they had their personal items around and it was clear that they had items that they were happy with.

There were six monthly reviews of people's care and weekly core team meetings. The manager told us that relatives were invited to attend the meetings. One relative told us: "They keep me up to date with what's going on, we negotiate and get things done".

The provider had a complaints procedure. This was available in an 'easy read' format within each person's care plan. The manager told us that there were no recent recorded complaints. A relative told us: "If I had concerns I know they would be dealt with and if they weren't I know where to go".

Good

Is the service well-led?

Our findings

There was a registered manager in post. Staff told us they felt well supported by the manager and senior staff. One staff member told us: “The manager is very approachable I wouldn’t hesitate to speak to her if I had concerns”.

There was a programme of training and formal supervision for all staff. Supervision offered staff an opportunity to meet with a more senior member of staff to discuss their work and highlight any worries or concerns. Staff told us they had regular support and supervision and received on going training to ensure they felt competent to fulfil their role. Another member of staff told us: “It’s so organised here compared to other places I’ve worked, we just get on with it”.

Regular staff meetings took place, which gave the staff the opportunity to contribute to how the service was run. We asked staff about whistleblowing. Whistleblowing is a term used where staff alert the service or outside agencies when they are concerned about care practice. They all told us they would feel confident to whistle blow if they felt there was a need to.

People who used the service had care records which were clear and comprehensive . When people required short term plans of care these were put in place. Plans and risk assessments were in place for people with specific health care needs. If people required their health monitoring for example; food and fluid intake we saw that this took place.

There were daily and weekly checks undertaken by the senior staff . These included auditing medication, finances and people’s care records. We saw that regular reviews of people’s care took place to ensure that it was still relevant to their current level of needs.

The provider had a quality monitoring system in place called 'The Internal Quality Assessment Tool' (IQAT).The manager had recently completed the tool and was in the process of drawing up an action plan. The IQAT was then sent to the area manager to monitor its progress at their visits to the service. This meant the provider was monitoring the quality of the service to maintain and improve the service for people.