Turning Point

Turning Point - 3-4 Cuthberts Close

Inspection report

3-4 Cuthberts Close
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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

Our inspection of Turning Point - 3-4 Cuthberts Close took place on 26 March 2018 and was unannounced. There had been a change of provider in 2016 and this was the first inspection since the new provider had registered with the Commission.

3-4 Cuthberts Close is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates up to eight people across two separate units, each of which have separate adapted facilities. Both of the units specialises in providing care to people with learning disabilities. At the time of our inspection there were six people living at the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

A registered manager was 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.

Staff and relatives told us people living at the service were safe. Safeguarding policies were in place and staff were trained to recognise and report signs of abuse. Assessments were in place to mitigate risks to people's safety.

Sufficient staff were deployed to keep people safe and staff had received training in a range of topics to provide safe and effective care. Checks were in place to ensure staff employed were suitable to work with vulnerable people. We saw staff were kind and compassionate with people and people were relaxed in the company of staff.

Medicines were managed safely and checked to ensure people received medicines as prescribed.

We saw some areas required refurbishment and redecoration. The registered manager told us improvements to the decoration of the service were planned including remodelling of the service. Infection control measures were in place including checks to monitor the risk and spread of infection. The registered manager was aware of the need to maintain a clean environment.

People were supported with their healthcare needs by a range of healthcare professionals.

Staff knew people well including likes, dislikes, support needs and dietary preferences. People were offered a choice of what they wanted to eat and were encouraged to eat healthily.

People's needs were assessed and plans of care put in place which were reviewed regularly. Care records were detailed and person centred, giving key information about the person's care and support needs. However, more evidence was required in care records about people and/or their relatives' involvement in best interest processes and care plan reviews.

The service was compliant with the legal requirements of the Mental Capacity Act 2005. The registered manager understood their responsibilities under the Act.

We found an open and transparent culture at the service and the registered manager was open to ways of improving the service. A range of internal and external quality assurance checks were in place to monitor the service and drive improvements. Staff and relatives told us they were able to approach the management team with any concerns and felt supported.

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.

Safe processes and checks were in place to ensure people received medicines safely.

Staff were recruited safely and sufficient staff were deployed to keep people safe.

Assessments were in place to mitigate risks to people's safety.

Is the service effective?

Good

The service was effective.

People's healthcare needs were met with input from a range of healthcare professionals.

People were supported to eat healthy diets and their nutritional needs were met.

Staff received training required to equip them with the required skills to provide effective care and support.

Is the service caring?

Good

The service was caring.

People were supported by consistent staff who knew people's likes, dislikes and care needs.

People looked happy and comfortable in the presence of staff and we saw good relationships had developed.

People were supported to make choices and be as independent as possible

Is the service responsive?

Good

The service was responsive.

A range of activities were in place according to people's

preferences and choice. People were supported to access the local community and visit relatives where possible.

A complaints policy was in place although no formal complaints had been received over the last 12 months.

Care records contained person centred information about how staff could support people with their care needs.

Is the service well-led?

Good

The service was well led.

A range of checks was in place to maintain and improve the quality of the service.

The service fostered a positive culture where people who used the service came first.

Staff and relatives were complementary about the management of the service and told us they were open and approachable.

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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 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.

This inspection took place on 26 March 2018 and was unannounced. The inspection team consisted of two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience used on this occasion had experience in caring for people with learning disabilities.

Before visiting the home we reviewed the information we held about the service which included notifications sent to us by the provider. We contacted the local authority commissioning and safeguarding teams to ask for their views of the service. We reviewed 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.

Most people living at the home could not communicate verbally with us so we observed care and support for extended periods in the home during our inspection. We spoke with the registered manager, deputy manager, three care workers and contacted two relatives by telephone during the inspection visit to help us make a judgement about the quality of the service provided.

We observed care and support and looked around the home. We reviewed two people's care records and other records such as medication records, meeting notes, accident and incident reports, staff training records and maintenance records.

Good

Is the service safe?

Our findings

Relatives told us they thought their relatives were safe living at the service. One relative told us, "I feel that [relative] is safe there," and another relative commented, "[Relative] is safe."

The service had a safeguarding policy and processes in place to keep people safe. Staff had received training on recognising and reporting signs of abuse and were able to explain how and when they would do this. The registered manager had received training on the management of safeguarding incidents and was aware of their responsibilities to report and act upon any concerns. Staff told us people were safe living in the home and had not witnessed any concerning incidents. We saw safeguarding incidents had been reported appropriately to the local authority and the Commission.

Accidents and incidents were recorded in detail and actions taken as a result. These included investigations and analysis by the registered manager to learn from and mitigate the risk of reoccurrence. We saw lessons learned were discussed at team meetings, supervisions and handovers. There was an open culture at the service and staff confirmed that they were encouraged to share safety concerns with the management team, who then responded appropriately. The registered manager had attended root cause analysis training to improve their skills regarding investigation of incidents.

Assessments were in place to mitigate risks to people's safety and plans of care put in place as a result of these. These contained information on how staff should respond to a range of scenarios to keep people safe and were reviewed regularly. For example, the service did not use restraint procedures but information on how to de-escalate people's behaviours that challenged was documented in detail. Staff received training in positive behaviour support and were able to tell us about triggers and how they managed people's behaviours that challenged.

The service looked after small amounts of people's money. We saw robust arrangements were in place to protect people from the risk of financial abuse. People's money was held securely, receipts issued when money was spent and financial transaction sheets completed. We checked three people's financial records and found the amount recorded tallied with the amount in each person's wallet. The registered manager checked finances monthly to ensure people's money was being managed correctly.

Medicines were safely managed. These were stored in a locked cupboard within the medicines room which was kept locked when not in use. Medicines which required cold storage were kept in a locked fridge. We saw daily temperature checks of the medicines room and the medicines fridge were carried out to ensure these remained within safe parameters.

Medicines were administered by staff who were trained in the safe administration of medicines and had their competencies assessed. We saw the staff member responsible for administering medicines on the day of our inspection was patient and gentle with people and allowed them to take their medicines in their own time and with a drink of their choice.

Arrangements were in place to enable some people to take medicines that had been prescribed to be taken at a specific time, such as before food. Some other medicines were prescribed for people 'as required'. Protocols were in place to guide staff as to why and when these should be given.

Medicines administration records (MARs) were well completed without gaps in signatures and stock checks were in place. Relatives we spoke with told us people received their medicines at the correct times. One relative said,'[Relative] gets [relative's] medication on time,' and a second person's relative commented, "[Relative] gets [relative's] medication. I could tell from [relative's] behaviour if [relative] hadn't." We checked a random selection of people's medicines and saw the amount documented matched what should be present. This gave us assurances people were receiving their medicines correctly.

We looked around the premises and saw people's rooms were decorated according to their likes and preferences. For example, one person had framed music posters displayed with their favourite musicians and another had a 'superhero' themed bedroom which reflected their favourite character.

In the morning of our inspection, we found one area of the service was malodorous and we brought this to the attention of the registered manager. They explained that the person employed to clean was on leave that day. Staff were responsible for cleaning duties when this occurred, but they had been involved with taking people shopping during the morning. When we checked later in the afternoon we saw staff had undertaken cleaning and the odour was less noticeable. The registered manager agreed to review cleaning schedules to ensure this was not a regular occurrence. From their response, we felt confident this would take place. Staff had access to personal protective equipment (PPE) including plastic aprons and gloves. Relatives we spoke with told us the service was clean and tidy when they visited.

The registered manager told us sufficient staff were employed for operational purposes and that staffing levels were based on people's needs. We observed on the day sufficient staffing was available to meet people's needs. Staff told us staffing levels were suitable for the needs of people and allowed people to receive timely care and access a range of suitable activities. Relatives we spoke with agreed sufficient staff were deployed to keep people safe.

Safe recruitment procedures were in place. Candidates were required to complete an application form, attend a competency-based interview, undertake a Disclosure and Barring Service (DBS) check, provide references and prove their identity. Staff we spoke with confirmed they were not allowed to commence working with people at the service until checks had been completed.

Good

Is the service effective?

Our findings

People's care needs were assessed and appropriate plans of care put in place. The service worked with a range of health professionals to develop care plans that adhered to recognised guidance. We saw evidence that best practice information was shared with staff and the management team through training and meetings. For example, staff received training in topics such as positive behaviour support to ensure they worked to best practice guidance in managing behaviours that challenge.

People's health care needs were met and a variety of health and social care professionals were involved in people's support. This included district nurses, GPs and social workers. Care plans were reviewed by nursing staff to ensure these remained appropriate to people's individual needs. People had health action plans in place. A health action plan helps support people with learning disabilities to keep healthy. Health action plans contained details of health appointments attended and what each person needed to do to stay healthy.

We saw evidence of hospital passports in people's care records. Hospital passports give key information about the person and their required care and support in case of hospital admission. This provided continuity of care for people when away from the service.

Staff told us they felt supported by the management team. We saw a range of training was in place and this was up to date or booked. The provider employed a training co-ordinator and some staff were trained to provide mandatory training on key areas such as moving and handling and first aid. New staff received a week's induction training which included an introduction to the service's systems and processes, safeguarding, accidents and incidents, positive behaviour support and person centred care. Staff new to care were enrolled on the Care Certificate. This is a government recognised training scheme designed to give new care staff the required skills to provide effective care and support.

Staff were subject to regular observation, supervision and an annual appraisal. Staff told us these were a good opportunity to discuss concerns and personal development such as extra training.

At the time of our inspection, no-one at the service was at nutritional risk. However, people had access to a good range of food and other nutritional needs were met. For example, one person's care records showed they should receive a halal diet. We saw evidence from daily notes, observation and discussions with staff this was adhered to. We saw the person's care records contained additional guidance to enable staff to understand halal foods, with a list of places that served halal food in the area. Another person's nutritional care plan described how they liked to have sauces and gravy on meals. We saw evidence in the person's daily records of this being provided.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. From our discussions, we concluded staff and the registered manager understood their responsibilities under the Act.

People's capacity to consent to their care and support arrangements was assessed. Information was embedded into each individual care plan about people's capacity to understand and consent to plans of care and we saw decisions had been made in people's best interests. We saw people's consent was sought as much as possible. People's relatives agreed, saying, "[Relative] does get to take the decisions [relative] is able to," and, "[Relative] gets a choice about what [relative] does." However, we did not see evidence of formal best interest decision meetings to help ensure people's rights were protected. We spoke with the registered manager who agreed to review this area. From their response we had confidence this would be addressed.

Everyone who used the service lacked capacity to consent to their care and support arrangements. An assessment of the restrictions placed upon each person had been undertaken to determine whether they were likely to be being deprived of their liberty. Due to the continuous supervision and control required to ensure safe and appropriate care, DoLS applications had been made for all six people using the service. These were all with the supervisory body awaiting assessment and as such, there were no authorised DoLS in place. We saw the provider had chased these up with the local authority as they recognised the delay could impact on people's rights. We concluded care was delivered in the least restrictive way possible. Staff were aware of the need for people's DoLS applications and recognised forms of restraint and how to avoid these.

Some areas of the building required redecoration and maintenance to ensure a pleasant living environment. For example, some blinds were missing in the dining room of one side of the unit and some paintwork was chipped. The registered manager explained plans were in place for some remodelling of the property as the service moved towards a supported living model and this included a refurbishment and redecoration programme.

Good

Is the service caring?

Our findings

We saw there was a consistent and well established staff team who treated people with kindness and compassion. One relative commented, "I think the staff are kind and caring." People looked happy and relaxed in the company of staff. Staff demonstrated they knew people well, their individual likes, dislikes and preferences. For example, staff were able to confidently describe one person's food choices and how to store this food. We saw this information was also recorded in the person's care plan.

Staff knew people's favourite activities and how they liked to be communicated with. Staff were able to explain how they could tell when people were happy or sad by observing their body language and facial expressions. We saw this demonstrated during our observations at the service.

We saw staff respected people's rights to their own private areas. For example, when the registered manager showed us round the service and in some people's bedrooms, they sought out the person and asked their permission to show us their room before entering. Staff knocked on people's doors before entering.

Information on people's life history was included within people's care plans to aid staff better understanding of the people they were caring for. Information staff told us about people correlated with what was recorded in peoples' care records. For example, staff told us and we saw in one person's care records documented that when they visited the family home or attended family parties they wore traditional dress. There were photographs in the person's care records to demonstrate this. This also gave us an example of how the service worked within the framework of the Equalities Act 2010 to respect the person's race. We saw staff had received training in equality, diversity and human rights. We saw no evidence to suggest anyone living at the service was discriminated against and no one told us anything to contradict this.

Staff were able to give examples of the body language, sounds and words people used to express opinions. This information was also recorded in care and support plans to assist staff with a consistent approach. However, more evidence was required to show people and/or families had been involved in reviewing care plans. We spoke with the registered manager who told us this had been done but not formally documented. They told us they would ensure this was documented in future reviews, including if the family or person did not wish to be or was unable to be involved.

We saw people were supported to maintain as much independence as possible, such as choosing the food they wanted to eat and spending time doing activities they wanted to do. One person's relative commented, "[Relative] is as independent as [relative] can be."

Good

Is the service responsive?

Our findings

Activities were in place according to people's choice and preferences. This included a weekly schedule with trips out into the community. People were supported to attend day centres, go on outings and undertake activities internally within the home. The service had its own mini-bus, which increased their flexibility to take people out. We saw staff were currently planning holidays with people and knew some people preferred to go on quiet holidays and others preferred more activity and action. One relative commented that if more staff were deployed, this would allow people to be involved in more activities. The registered manager told us people at the service were being reassessed by the local authority and they hoped this would create increased one to one provision for people to allow more activities to take place.

Relatives told us they were made to feel welcome when they visited the service. One relative commented, "[Relative] comes here now but I used to visit and felt welcomed. I was able to wander around," and another told us, "I feel able to visit if I want to." We saw people were encouraged to maintain links with relatives and the local community where possible, by visiting local shops and cafes, going out for trips and visiting relatives.

Care records were detailed and reflected people's individual care and support needs as well as personal preferences, likes and dislikes. People's needs were assessed prior to service implementation and we saw care and support needs were regularly reviewed. We saw care records accurately reflected people's likes and dislikes. For example, we saw one person's care records stated, 'I like to have a bath as I like a long soak.' One relative we spoke with told us they had been involved with planning of their relative's care and another said they had not. The registered manager agreed they needed to better evidence how people or their relatives were involved in the planning and reviews of their care.

Some people had behaviours that challenge. The service had recently provided specialist training to all staff. This was a conflict resolution and physical intervention programme, bespoke for each person, therefore achieving more effective results. The registered manager told us, "Incidents are now more calm and are dealt with without the use of restraint. We have had some good outcomes for people." Staff also told us, "There have been fewer incidents," and, "It has worked well for some people."

Care plans included clear explanations about what could trigger certain behaviours and what staff needed to do if this occurred. Staff were provided with guidance on how to appropriately support the person to respond to their changes in behaviour and help reduce their anxieties.

The service was working in line with STOMP (stopping over medication of people with a learning disability, autism or both with psychotropic medicines). This is a national project involving many different organisations which are helping to stop the over use of these medicines. STOMP also looks at helping people stay well and have a good quality of life. The service ensured people had regular check-ups regarding their medicines with involvement from GPs and other health professionals. The registered manger explained that using the specialist training had reduced the amount of medication people needed. A staff member told us, "We have done away with the word challenging; I understand the person is just trying to give me a

message."

We saw people had access to a complaints procedure in easy read format. The registered manager and deputy manager told us there had been no recent complaints from people who used the service or relatives. One relative told us, "I have complained in the past and it was dealt with."

People had communication care plans setting out how staff were to communicate effectively with them. They described how a person communicated; for example, 'I will apply the same gesture for please and thank you by placing the palm of my hand under my chin. This also indicates I am happy with a situation.' We observed this during the person's interactions with staff.

We saw some people had their end of life wishes recorded and for others there was no formal end of life plan in place as yet. However, we did not see information about how the decision about their final wishes had been made and if the person or their relative had been involved with this. We discussed this with the registered manager who told us the plans had been formulated with staff knowledge of the person's likes and dislikes and gave us examples of this. They accepted this had not been documented and told us they would amend this. From their response, we had confidence this would take place.

Good

Is the service well-led?

Our findings

Staff morale was good and staff said they felt confident in their roles. A staff member commented, "I think we've got a really good team here. Good structure. We work well together." Staff we spoke with told us they would recommend the service as a place to receive care and support and as a place to work. It was evident that the culture within the service was open and positive and that people came first.

Staff and relatives praised the management team and told us they were approachable and supportive. One relative commented, "[Registered manager's name] the manager does listen to you," and a staff member commented, "Management are very good and supportive." On the day of our inspection the registered manager was on leave and the deputy manager was in charge. However, the registered manager came into the service to support the deputy manager and staff and remained throughout the day which evidenced their commitment to the service.

The registered manager and staff work in partnership with other agencies such as district nurses, the learning disability team, GPs and social workers to ensure the best outcomes for people.

The registered manager told us they received good support from the provider. They told us, "Local management are brilliant; best line managers I've ever had." They explained management meetings were held every month to discuss updates, issues and share best practice with all the provider's local registered managers.

People had key workers or named nurses who kept paperwork up to date and completed monthly keyworker documents. These are a key mechanism to ensure the service stayed up to date with people's needs and objectives.

A range of checks was in place to assess and improve the quality of the service. These looked at a number of areas such as care records, medicines, infection control, environment and staff files. Checks were completed monthly by the registered manager or one of the managers from another service to share best practice. We saw an external infection control audit had taken place with actions taken as a result. Quality 'out of hours' spot checks were completed to ensure the service was running smoothly at all times. The service also completed a quarterly incident report which analysed and looked at lessons learned from incidents which had occurred at the service.

We saw joint monthly staff and residents meetings were held to discuss updates and raise any concerns. The registered manager told us they had looked at different ways to engage with people to ensure their voice was heard and this worked effectively. People who used the service came to the start of the meeting and staff discussed other items after this to maintain confidentiality. We asked if relatives' meetings took place and the registered manager told us these used to be held but no-one had attended and relatives just asked to be informed if there were any issues they needed to be aware of. For example, the provider had held a number of meetings for relatives over the last months to discuss service changes and future developments,

such as changing to a supported living model.

We saw relatives' opinions were also sought on the quality of the service through an annual survey. This had been recently sent out and the registered manager told us they were awaiting responses to collate and take any required actions. Annual staff surveys had also been sent out recently. The registered manager told us the results of these audits would be discussed at team meetings and shared with the local authority.