Turning Point

Turning Point - Avondale

Inspection report

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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

Overall summary

This was an unannounced inspection which took place on 10 February 2015.

Turning Point-Avondale is registered to provide care without nursing for up to 8 people with varying degrees of learning disability. People have their own bedrooms and one bedroom has en-suite facilities. The home is purpose built and offers only ground floor accommodation. There are spacious shared areas within the home and gardens.

There is a registered manager running the service. 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.

The service had a variety of ways to keep people as safe as possible. Care workers were trained in and understood how to protect people in their care from harm or abuse. People's families told us they were totally confident that their relatives were safe. People interacted with staff in a relaxed way. They constantly approached them to indicate they needed assistance or just to spend time with them.

Summary of findings

Individual and general risks to people were identified and managed appropriately. The service had a recruitment process which tried to ensure the staff employed in the home were suitable and safe to work there. There was a stable staff group who had built strong relationships with people who lived in the home and their families. Staff members had an in-depth knowledge of people and their needs. The staff team were well supported by the registered manager to ensure they were able to offer good quality care to people.

The service had taken any necessary action to ensure they were working in a way which recognised and maintained people's rights. They understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people in their care. The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm.

People were supported and encouraged to look after their health. Care staff were skilled in communicating with people and in helping them to make as many decisions for themselves as they could. People were encouraged to be as independent as they were able to be, while being kept as safe as possible.

People were given the opportunity to participate in a variety of activities both individually and with others. People were treated with dignity and respect at all times. They were involved in all aspects of daily life and helped to meet any spiritual, behavioural or emotional needs.

The house was well kept, very clean and comfortable. People's rooms reflected their individual preferences and tastes, as did the communal areas of the home.

Staff and family members told us the home was very well managed with an open and positive culture. Families and staff told us the registered manager was committed, very much respected and always available.

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 safe.

The home made sure that staff knew how to protect people from abuse.

Risks were identified and managed to ensure people were kept as safe as possible.

People's medicines were given to them at the right times and in the right quantities to keep them as healthy as possible.

Good

Is the service effective?
The service was effective.

The home helped people to make their own decisions and staff understood consent, mental capacity and deprivation of liberty issues.

People were supported to access healthcare professionals to ensure their health care needs were met.

Good

Is the service caring?
The service was caring.

Staff treated people with respect and dignity.

A variety of communication methods were used. These ensured people and staff understood each other, as much as possible.

People were given positive, gentle encouragement to be involved in all aspects of their daily life.

People's emotional needs were met.

Good

Is the service responsive?
The service was responsive.

People were listened to and care was delivered in the way that people chose and preferred.

People were offered daily activities which helped them to enjoy their life.

Good

Is the service well-led?
The service was well-led.

The registered manager knew people well and was involved in their care.

The home had an open and positive culture and families and staff felt they were listened to and respected.

The service regularly checked that it was giving good care. Changes to make things better for people who lived in the home had been made.

Good

Turning Point - Avondale

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection was completed by one inspector and took place on 10 February 2015.

Before the inspection we looked at the provider information return (PIR) which the provider sent to us. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at all the information we have collected about the service. The home had not sent us any notifications and there were no safeguarding issues. A notification is information about important events which the service is required to tell us about by law.

We looked at four care plans, daily notes and other documentation relating to people who use the service such as medication records. In addition we looked at auditing tools and reports, health and safety documentation and a sample of staff records.

We spoke with two people who live in the home and observed the interactions between staff and the other six people. Additionally we spoke with three relatives of people who live in the home, four staff members and the registered manager. We looked at all the information held about four of the people who lived in the home and observed the care they were offered during our visit.

Good

Is the service safe?

Our findings

People told us or indicated by nodding and smiling that they felt safe in the home. One relative said: ‘‘I am happy (my relative) is absolutely safe’’ another said :‘‘I keep a very, very close eye and If there was the slightest hint that (my relative) was not safe or there was any type of abuse, we’d be out the door’’.

People were kept safe from abuse and poor care by staff who were trained to recognise and report on any such concerns. Training records showed that all staff had received safeguarding training, which had been up-dated in 2014. Staff fully understood their responsibilities with regard to protecting the people in their care. They described, in detail, the possible signs and symptoms of abuse and how they would deal with a safeguarding issue. This included whistleblowing and reporting concerns outside of the organisation, if necessary. They explained what might constitute poor care and were clear about what action they would take if they observed any. Staff told us that they had never seen anything untoward. The registered manager described a safeguarding issue relating to how an individual had been treated outside of the home. She told us how she had dealt with it to protect the person.

People’s support (care) plans included any necessary risk assessments. The identified areas of risk depended on the individual and included areas such as anxiety, inappropriate behaviour and epilepsy. Risk assessments were incorporated into the support plans which instructed staff how to minimise the risk to individuals as far as possible. For example we saw people being accompanied into the community with the number of staff the risk assessment specified to minimise the risk to them and others.

The service ensured the safety of the people who lived there, staff and visitors, as far as possible. The registered manager completed and regularly reviewed detailed generic health and safety risk assessments. These included use of staff vehicles, contractors working in the building, footwear at work and infection control. The last review of risk assessments was in March 2014. The registered manager allocated the responsibility for health and safety to a specific staff member. The health and safety ‘lead’ ensured regular health and safety checks were completed. We looked at a sample of the checks and assessments. They included fire equipment, emergency lighting and boiler checks at the correct intervals. The annual fire risk assessment had been completed in January 2015. Health and safety maintenance checks were completed by the landlords of the home. People had personal evacuation plans and the service had a business continuity and disaster plan. All the necessary actions for staff to take in event of an emergency were kept in an emergency bag which was kept by the front door. Information included emergency phone numbers, order of actions, local hotel numbers and the overall evacuation plan.

All accidents and incidents were added to the provider’s computer recording system called ‘datix’. Managers at various levels of the organisation were able to access the records. The computer programme alerted the home and the organisation if records were not completed or if there were any areas of concern identified. The service had not recorded any accidents or incidents in 2014. The registered manager confirmed there had not been any.

People were supported by staff who had been recruited safely. The staff team were long serving and only one new staff member had joined the team in the previous year. There was a robust recruitment procedure which included the taking up of references, police and identity checks prior to appointment. Application forms were completed and interviews held. Records of interview questions and responses were kept. However, the registered manager did not always see references and application forms and was not always involved in the interviewing process. Staff recruitment information was held at head office and was not always available in the service. The registered manager was assured that references and checks were acceptable by the human resources team. There was a risk that unsuitable staff may be appointed by personnel who did not work directly in the home. The registered manager was confident this had never happened and the fact that staff never worked alone would minimise any risk of unsuitable staff not being identified quickly.

There was a staffing ratio of two staff to one person (during the day), this was enough to meet the needs of people. There were a minimum of four staff on duty during waking hours and two staff during the night time. Staff were supported by the registered manager and deputy. Both worked on the care rota at times and had allocated management time to complete their additional tasks. The registered manager looked at people’s needs on a daily basis and had the authority to provide additional staff, as

Good

Is the service safe?

necessary to ensure the safety and comfort of the people who lived in the home. She gave examples of accessing additional staffing for special events and for accompanying people to hospital. Staffing shortfalls were covered by staff working additional hours. The rota for January 2015 showed that staffing levels had not dropped below those specified as a minimum. Staff told us that there were enough staff to meet the needs of people who lived in the home. Relatives said there were always plenty of staff around and there was always someone available to talk to

Individuals had a medicines profile which described how to support people to take their medicines, how much they could do for themselves and what medicines were for. Guidelines for when people should be given medicine prescribed to be taken as needed(PRN), were provided and signed by the GP. Profiles were generally accurate but one person had a stock of medicine not noted on their profile. This had been discontinued but the medicine had not been returned to the chemist. Medicines that could not be put into sealed packs were counted daily to ensure stocks were accurate and corresponded with administration records. However, medicine store cupboards had large quantities of these medicines. This meant that they could go out of date before use and auditing such large stocks was time consuming and could lead to errors. People had received the correct amount of medicine at the right times. The service used a monitored dosage system (MDS) to assist them to administer medicines safely. This meant that the pharmacy prepared each dose of medicine and sealed it into packs. The medication administration records (MAR) we looked at were accurate. Care staff were trained to give people their medicines. The registered manager told us that there had been no medication errors in the past 12 months.

Good

Is the service effective?

Our findings

People told us or indicated by nodding and smiling that they enjoyed living in their home. A relative told us: ‘‘the care is 100%’’ another said: ‘‘it is excellent care, I am over the moon with (my relative’s) care’’. Staff told us they thought the home offered: ‘‘extremely good care’’.

Relatives told us their family member received: ‘‘very good healthcare’’. The GP visited the home once a week to support people who could or would not attend the surgery. People had a ‘health action plan’ which was detailed and included items such as an epilepsy profile and intervention plan and a hospital passport. The passport described people’s needs and hopw they iked to be supported. This ensured people could be cared for effectively if they needed to be admitted to hospital. Records showed that appropriate referrals were made to specialist or community health care professionals, as necessary. The service received regular support from professionals such as district nurses and chiropodists. People received an annual health check and monthly well-being was recorded to ensure all appointments, follow ups and progress on health matters were properly completed.

People and their relatives told us or indicated that the food was good. The menus were well balanced, included healthy fresh food and reflected people’s tastes and choice. People were encouraged to participate in food preparation and service, as far as they were able. The service had provided a new kitchen table of the right size and height to ensure that everyone could be involved in food preparation. People were encouraged to eat at the table with others. The meal time was used as positive time for social interaction. Staff members used appropriate humour to encourage people to interact with them and each other. Weight charts were kept for people as necessary and referrals had been made to dieticians as required. Staff members used gentle persuasion and praise to encourage some people to eat.

People had specific communication plans included in their care plans if they were unable to verbally make their needs clear. These detailed how people communicated, what they meant by certain behaviours and words. They instructed people how to best communicate with people about all areas of their daily lives.

People’s capacity was identified on their care plans in each area of care such as personal hygiene, behaviour and health needs. The registered manager assessed capacity in the first instance and clearly noted the variability of people’s capacity although this was not included on the capacity forms.

The Mental Capacity Act 2005 (MCA) legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. Deprivation of Liberty Safeguards (DoLS) provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm. The registered manager and other staff demonstrated their understanding of consent, mental capacity and DoLS. The registered manager had submitted DoLS applications to the local authority for those people requiring ‘constant supervision’. Best interests meetings were held as appropriate. Records showed that all staff had received DoLS training. Staff were able to describe their understanding of MCA and the effect of DoLS on their daily work. They knew who a DoLS referral had been made for and why.

During the inspection staff were interacting positively with people, their families and visitors. Staff were laughing and joking with people who were responsive and animated. People were given time to join in with conversations and constantly asked their views and feelings about what was going on. When offering assistance staff described what they were doing and people were asked for their permission before care staff undertook any care or other activities.

People were not physically restrained. All staff were trained in techniques to deal with behaviour that may cause distress or harm. This training, called positive behaviour management, consisted of distraction techniques. Staff explained that they knew people very well and had developed and recorded the most effective ways to distract individuals. People had behavioural plans and extremely detailed guidelines, if necessary, to help staff to support people with any behaviours that may cause harm or distress. We saw staff successfully using distraction techniques and the behavioural guidelines during the visit.

Good

Is the service effective?

The home was adapted to meet the physical needs of some of the people who lived in the home. Wheelchairs and hoists were provided as necessary. All accommodation was on the ground floor and doorways and corridors were wide enough for people to access all areas easily.

Staff were trained in areas relevant to the care of the individuals who lived in the home. Training was delivered by a variety of methods which included e– learning and face to face training. Examples included personalised care and food safety in catering. All care staff had achieved a National Vocational Qualification or diploma level 2 (or equivalent). Staff told us they had good opportunities for training.

Staff told us they received formal supervision every month. Additionally they could request supervision from senior staff at any time. Records showed and staff confirmed they had an annual appraisal. Staff told us that they received a detailed induction which included 'shadowing' colleagues who knew people very well. Staff said the service had good staff morale and wee a very strong team because they were well supported by management, at all times.

Good

Is the service caring?

Our findings

People who lived in the home told us: ‘‘staff look after us well ’’. Relatives told us: ‘‘ the staff are really caring, I couldn’t look after (them) nearly as well’’. Throughout the inspection we saw that staff treated people with consideration, respect and care. Examples included offering re-assurance and distraction if people were becoming upset and maintaining people’s dignity.

Staff were trained in how to offer privacy and dignity and in equality and diversity. They gave us examples of how they ensured they respected people’s dignity. These included knocking on doors, ensuring curtains were closed and using appropriate language. Staff also explained how the use of appropriate body language and individual communication systems showed respect.

People were encouraged to be as independent as they were able. Care plans noted how much people could do for themselves and were clear about the level of encouragement or support they needed in specific areas of care.

Information was provided to people in a variety of formats which suited them and their needs. Parts of the care plans were produced in simple English, photographs and symbols to ensure people had the best chance of understanding what was written about them. Accessible versions of other information about the home were provided. These included how to make a complaint and a guide to living in Avondale.

People’s spiritual, religious and emotional needs were noted in people’s care plans. Meeting them was considered of equal importance as meeting people’s physical needs. For example we noted that photographs of people who had shared the home who had passed away were displayed on walls in communal areas. Some of the people who lived in the home had spent many years with these people who they looked on as their family. People were able to identify people from the photographs and talk about their shared memories of them.

People were helped to maintain relationships with people who were important to them. Relatives and friends were welcomed to the home and there were no restrictions on times or lengths of visits. Relatives told us: ‘‘we’re always made welcome’’ and communication with us is: ‘‘excellent, 100%’’. Staff were very knowledgeable about the needs of individuals and had developed good relationships with them and their families.

Good

Is the service responsive?

Our findings

Each person had individualised care plans which described people's tastes, preferences and choices about how they wished to be supported. There was a section called all about (name). This included all the details of the person's life, their support networks and the way they liked their day to be. Staff were trained in personalised care and demonstrated their understanding of what this meant. They told us that the care plans, their knowledge and relationships meant that each person was treated in the way they wanted and according to their needs. Staff said: ''our work revolves around a person centred approach to meet people's individual needs''. Staff received training in a 'person centred' (personalised) approach to care.

Care plans were reviewed annually by health or social care professionals. The service reviewed care plans a minimum of six monthly or when people's needs changed. The registered manager, staff and relatives told us that people attended their review meetings if they chose to. Families and relatives were invited to attend, as appropriate. People's views on their care and how they expressed those views were noted on the review records. Monthly well-being checks were made by staff and care plans amended as necessary. These recorded progress towards goals and aspirations made in the month along with any other significant issues for the individual.

Staff were responsive to requests by people who lived in the home. We saw people seeking staff support and attention throughout the day. Staff responded immediately to people's requests whether presented verbally or by other means of communication. Staff were alert to people's moods and feelings.

People were supported to make as many choices as they could. Care plans described how individuals made choices and how staff could make it as easy as possible for them to express themselves. Throughout the day we saw staff encouraging people to choose things such as activities, food and appropriate clothing.

People's activity plans were developed around their individual needs and interests. Daily notes showed what people had done and what activities they had enjoyed. Some people participated in organised external activities such as attending day centres, colleges and social clubs. Others accessed the community when they chose and were able to. Outings were flexible and dependant on people's mood and wishes. We noted that people went for meals and drinks, the cinema and accessed local sporting facilities. The home was attempting to introduce a more varied activities programme to give people more opportunity to be involved in new experiences. The registered manager told us they had huge support from people's relatives with regard to activities and community involvement.

Some people and relatives told us they knew how to make a complaint and wouldn't hesitate to do so, if necessary. They said they would go to the manager, if they needed to, but were confident that any staff member would listen to them and take action. The home had a comprehensive complaints procedure which was available in various formats such as simple English, pictures and symbols. The home had not reported any complaints in the previous 12 months. The registered manager confirmed that that they had not received any complaints. Twenty compliments in the form of cards, e-mails and recorded telephone calls had been received in the previous 12 months. Compliments included, ''thank you for your dedication'' (from a relative) and, ''it is rare to see people care so much for those they work with'' (from a department of the local hospital).

Good

Is the service well-led?

Our findings

People knew the registered manager very well as she had worked in the home for many years and was on the care rota regularly. People approached her to ask for support and help, as they did all staff members. Staff said the manager was: ''exceptional''. Relatives confirmed this opinion. Staff told us the manager was very committed and approachable. They said she had time for, listened to and respected everyone. They said the home had a very open and positive culture and they felt safe to: ''discuss anything or ask for support when they needed it''. We saw the registered manager communicating effectively with people, staff and relatives. Staff felt they had a very strong staff team and a manager who deserved an award.

The visions and values of the organisation were displayed in the office to remind staff what they were working towards. They included everyone having the potential to grow and people receiving support as individuals. We saw staff adhering to these values throughout our visit to the service.

The home held regular meetings for staff, people who lived in the home and relatives. Staff meetings were held every month and a family forum was held three monthly. Meetings for people who used the service were held but tended to focus on those who could communicate verbally. The service was developing methods to ensure people with other ways of communicating would be able to participate equally. Meeting minutes showed that a variety of issues were discussed. These included increasing the variety of activities, information items and the results from various quality assurance processes.

People received good quality care. The service had a variety of reviewing and monitoring systems to ensure the quality of care they offered people was maintained and improved. The provider used an internal quality assurance tool across their services. This was completed annually and identified any developments needed or desired. The area manager completed an audit of the service every six months. The registered manager then produced an action plan which included dates actions were to be completed by. The area manager checked actions had been completed in the required time.

A number of changes were and are continuing to be made as a result of the quality assurance and monitoring and reviewing systems. These included better evidencing how people made choices, an increased variety of activities such as wheelchair ice-skating, more involvement of people in menu planning and regular take away meals.

People who used the service, their friends and family and staff were sent quality questionnaires each year. Results from the questionnaires were analysed by the provider and an action plan was developed, as necessary. Action was taken to rectify any shortfalls identified.

The registered manager, staff and people who lived in the home knew what roles staff held and understood what responsibilities this entailed. The registered manager told us she was given the authority to make decisions to ensure the safety and comfort of the people who live in the home. Examples included accessing additional staff and ordering emergency repairs, as necessary.

People's needs were accurately reflected in detailed plans of care and risk assessments. Staff members were able to find any information we asked to look at promptly. Records relating to other aspects of the running of the home such as audit records and health and safety maintenance records were accurate and up-to-date.