

Turning Point

Turning Point - Masons Road

Inspection report

145-147 Masons Road
Stratford Upon Avon
Warwickshire
CV37 9NX

Tel: 01789414552
Website: www.turning-point.co.uk

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05 July 2017

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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

We carried out an announced inspection of Turning Point - Mason's Road on 5 July 2017. We gave the provider 24 hours' notice so we could be sure people would be available to speak with us.

The service provides accommodation, care and support for up to four people with learning disabilities. There were two gentlemen living at Masons Road when we visited. Each person had their own flat with bedroom, lounge and kitchen.

At the last inspection in October 2015, the service was rated good. At this inspection we found the service remained good.

The service had 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.

During the day there were two members of staff on duty which meant people received one to one support and were able to choose how they spent their day. People approached staff when they needed support and staff responded in a caring and friendly way.

Risks relating to people's care had been identified and assessed according to people's individual needs and abilities. Staff knew how to keep people safe and to report any concerns they had about people's health or wellbeing. The provider's recruitment procedures ensured staff were of a suitable character to work with people who lived there

Staff had the skills and training to meet people's needs and received support to carry out their roles effectively. Staff had a good understanding of how to respond to people's physical, emotional and social needs. They respected people's routines and preferences and knew how to manage people's anxieties and behaviours to promote their emotional well-being. Staff were knowledgeable and supportive in assisting people to communicate and listened to what they said.

The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received support to maintain their health and received their medicines when they needed them. People chose what they wanted to eat, and staff encouraged them to have a healthy diet.

The provider carried out regular checks to ensure people received safe care that met their individual needs

and preferences. Staff felt valued and listened to and spoke positively about the management of the service at local and provider level.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Turning Point - Masons Road

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.

The inspection visit took place on 5 July 2017 and was conducted by one inspector. It was a comprehensive inspection. We gave the provider 24 hours' notice we would be coming as this is a small learning disabilities service where people are often out during the day. We therefore needed to be sure that people and staff would be available to speak with us.

Prior to our inspection visit we looked at any information received from the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

During the inspection we spoke with both people who lived at the home and a relative. We spoke with the registered manager and three care staff.

Both people who lived at the home were not able to tell us, in detail, about how they were cared for and supported because of their complex needs. However, we observed care and support being delivered in communal areas and had the opportunity to spend some time with people.

We reviewed one person's care plans and daily records to see how their care and treatment was planned and delivered. We reviewed a staff file to check staff were recruited safely and trained to deliver care and support appropriate to each person's needs. We reviewed management records of the checks the manager and area manager made to assure themselves people received a safe, effective quality service.

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at our previous inspection and the rating continues to be good.

During our visit we saw people sought reassurance from staff when they became anxious or upset. This demonstrated people felt comfortable and safe with staff. A relative told us they were confident their family member received safe care and said, "[Person] seems quite happy and not upset at all. The staff are lovely."

There were enough staff to meet people's care and welfare needs and provide the supervision and support they needed to keep them safe at home and in the community. Each person received one to one support so they were able to choose how they spent their day. There was a single staff sleep-in system overnight, with an on-call manager should an emergency occur.

Staff received safeguarding training, which made sure they understood the different forms that abuse could take. The provider's safeguarding and whistleblowing policies gave staff confidence to challenge poor practice and to share any concerns with the manager. One staff member explained, "Abuse is wrong on every level and we would report it to the manager immediately and get the safeguarding team involved." Another said, "Abuse is something we are all vigilant about and I wouldn't hesitate to report it."

The provider had recruitment procedures to ensure staff were of a suitable character to work with people who lived at the home. Only one member of staff had been recruited in the 12 months prior to our inspection visit. Records confirmed that enhanced Disclosure and Barring Service (DBS) checks and references from previous employers were all in place before they started. The DBS helps employers to make safer recruitment decisions by ensuring that people banned from working with certain groups, such as vulnerable adults, are identified.

Risks relating to people's care needs had been identified and assessed according to people's individual needs and abilities. Action plans were written with guidance for staff on how to manage the risks while supporting people to maintain their independence. For example, there was a risk management plan to support one person to shave independently.

Environmental risks to people's safety were identified and plans ensured the premises and people were safe. People also had personal evacuation plans which clearly identified their needs if an evacuation of the home was required in an emergency.

Medicines were managed and administered safely. Each person's medicines were stored in a locked cabinet in their own room. Records demonstrated that people received their medicines when they needed them. Where people were prescribed medicines that were to be given on an 'as required' basis, for example for agitation or anxiety, there were detailed guidelines in place to ensure they were given consistently by all staff. The plans focussed on supporting people to manage their anxieties so the PRN medicine was only given as a last resort.

Only trained and competent staff administered medicines. One staff member explained, "I don't give medication unless I know what it is for and any possible side effects."

Is the service effective?

Our findings

At this inspection, we found staff had the same level of training and support to provide them with the skills to meet people's needs as effectively as we found at our previous inspection. People continued to make their own everyday choices and were supported with their dietary and health needs. The rating continues to be good.

Staff received training when they joined the service as part of their induction programme. On completion of their induction they also received regular refresher training. Staff told us the training they received was relevant to the people who lived in the home and gave them confidence to provide effective care and support. One staff member told us, "The training is definitely centred to us (the service), and we can use any knowledge we gain from the training when we are here." During our visit we saw staff responded effectively to minimise people's anxieties and provide physical and emotional support.

Staff were supported with regular one to one supervisions throughout the year. Supervision is dedicated time for staff to discuss their role and personal development needs with their manager. Staff also told us they would not hesitate to seek advice at any time outside of these formal meetings. One staff member commented, "The management are good. If we need help, support, information or advice, they are always there to assist."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff and manager understood their responsibilities under the MCA and DoLS.

Care plans contained mental capacity assessments which were clear about people's capacity to make individual decisions and promoted their independence to make their own choices. Where people needed more support to make decisions, staff used visual prompts to guide them. One staff member explained, "If [person] struggled to decide what he wanted, we would use picture boards or cards and get him to point out what he would like." Records demonstrated that pictures had been used to assist one person to decide whether they wanted male or female care workers to assist them with their personal care needs.

Where more complex decisions needed to be made, meetings were arranged with the person, those closest to them and others involved in their care and treatment. This ensured any decisions made on behalf of the person was in their best interests. Where restrictions on people's care had been identified, applications had been made to the supervisory body for the authority to restrict people in their best interests to keep them safe. The applications were still awaiting approval at the time of our inspection visit.

People chose what they wanted to eat and were encouraged to be involved in the purchase, preparation and cooking of meals. Staff worked with people to look at healthy food options. One staff member explained, "We speak to them and ask what they would like to eat throughout the week. We encourage them to have a healthy diet to ensure their weight is kept stable and healthy." The day of our visit was very hot.

Staff encouraged people to drink more to ensure they remained hydrated in the heat.

People were supported to maintain their well-being and good health. People had health action plans which detailed important aspects of their health care and the relevant professionals involved. Staff were observant for any changes in people's health that might require further investigation or treatment. For example, one person's balance had recently deteriorated which made them more susceptible to falls. Staff were working with other healthcare professionals to explore potential causes and to provide effective support to keep the person safe.

Is the service caring?

Our findings

People told us verbally and through signs and gestures they enjoyed living at Masons Road and liked the staff who supported them. A relative confirmed, "It is brilliant. They (people) have their independence and everyone is nice to them. The staff are lovely, very helpful and very nice." The rating continues to be good.

During our inspection visit we saw people approached staff when they needed support and staff responded in a caring and friendly way. We saw relaxed interactions between people and staff and lots of laughter and smiles when they talked about a planned fancy dress party. One person became anxious while we were talking with them. A staff member responded quickly to reassure the person and they were soon happily chatting together in the garden.

Staff asked people what they wanted to do and listened to their responses. One person had limited verbal communication. Staff were knowledgeable and supportive in assisting this person to communicate. A relative confirmed, "They seem to understand what they are saying."

Staff understood the importance of supporting people to maintain their life skills to encourage their independence. For example, one person was able to make their own hot drinks and the other was able to help with cleaning and hoovering. A member of staff explained, "They are very independent. There are some things they can't do which we assist them with, but we don't do it for them. It is about promoting their independence so they live as normal a life as possible."

People's care plans were written in a way that respected people's privacy and dignity. For example, one person needed supervision in the shower because they were at risk of falls. However, their care plan reminded staff to allow the person some private time by observing from a distance. During our visit we saw staff respected people's personal space by knocking on doors and announcing who they were before entering.

Staff supported people to maintain relationships with their families. For example, staff supported one person to take a regular holiday with a close relative. Another person was taken to visit their family every week. A relative told us they valued this and had a good relationship with staff. They explained, "They (staff) always make a drink for us and then leave us on our own. If I need anything they are there. I can't praise them enough."

Is the service responsive?

Our findings

At this inspection we found staff continued to have a good understanding of how to respond to people's physical, emotional and social needs. One relative told us, "I have no complaints at all. If I did, I would go straight to [Name of team leader]." The rating continues to be good.

Each person had a care plan which contained detailed information about their likes, dislikes, preferences and specific routines. Care plans were clear about what people could achieve themselves, when they may need prompting and when they needed full support. Each person also had a positive behaviour support plan. This allowed staff to establish what the person's usual behaviours were and what their triggers for a change in their behaviour may be. This enabled staff to know how these triggers or situations could be best avoided and, if necessary, how to respond to people's anxieties and behaviours to promote their emotional well-being.

Staff we spoke with all had a good understanding of each person's routines and preferences. They spoke of each person as an individual with their own personality and interests. One staff member explained, "All the staff are trained to use a person centred approach. We care for the individual's needs and their health and well-being."

Staff used a diary, communication book and verbal handover between shifts to share information. They told us good communication systems ensured they were able to respond to changes in people's health and ensure any vital healthcare appointments were not missed. Care plans were reviewed regularly to ensure they continued to provide staff with accurate information about how to provide effective and responsive support to people.

People were able to choose what they did, where they went and what activities they wanted to do. This included going shopping, out for meals and socialising with others within the local community. When we arrived for our inspection visit, both people were out shopping. When they returned, one person enjoyed showing us a fancy dress costume they had bought for a birthday party at the home. Another person told us about a holiday they were going on later in the year.

People had information in an easy read format in their care records about who they could talk to if they had a complaint or were worried. There had not been any complaints since our last inspection. The registered manager assured us if any concerns were raised, they would be managed in accordance with the provider's complaints policy and procedures.

Is the service well-led?

Our findings

At our last inspection visit we found the leadership and management in the home ensured people received safe, effective, caring and responsive care. At this inspection we found the same level of governance and the rating continues to be good.

Both people responded positively when we asked if they enjoyed living in the home and a relative described the home as 'brilliant'.

Staff spoke positively of the registered manager who they said gave clear guidance about their roles and responsibilities and provided them with consistent support so they worked well together as a team. Comments included: "[Registered manager] is brilliant" and, "All the staff get on well together and we all work well as a team." Staff told us they could share their views and opinions during regular meetings with the manager and were confident they were listened to. One staff member told us, "The house meetings we have are very good because it gives staff the opportunity to give their opinions and they are always listened to and written down. It is all open and you can say what you think."

The registered manager was due to retire within months of our inspection visit. Whilst staff were sad they were leaving, they expressed confidence in the new manager who already worked for the provider and knew Masons Road and the people who lived there. One staff member explained, "[Names of people] have a good rapport with [new manager] which is brilliant." Another said, "[New manager] is very enthusiastic and all about the service users."

There were systems in place so people who lived in the home could share their views about how the home was managed. For example, people took part in regular meetings where they were able to discuss what activities they would like to take part in and what food they would like.

The provider completed regular checks to ensure they provided a good quality service. Each month the area manager audited the service and where issues were identified, these were followed up the following month to ensure appropriate action had been taken. Staff we spoke with felt the provider was committed to providing a quality service. Comments included: "I think they are amazing as far as the service users are concerned", and "They are a very good company. They look after the staff and the individuals they support. It is one of the best companies I have ever worked for. We are looked after which means it is presented better as a service."