Turning Point

Turning Point - The Sanctuary

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

Summary of findings

Overall summary

Turning Point – The Sanctuary 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 Sanctuary is a supported residential unit that provides short term care and support for seven people who have mental health issues. Referrals to The Sanctuary are made through the Crisis Resolution Home Treatment Team (CRHT) for short term support from three days to two weeks to provide people with the opportunity to recover from a mental health episode with as much or little support as they need. People are able to maintain their usual daily living activities such as work or education if they choose to. The provider is an organisation called Turning Point. On the day of our visit there were six people living at the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.
At this inspection we found the service remained Good.

People told us that they felt safe. Staff had a good understanding of their roles and responsibilities for identifying and reporting allegations of abuse and knew how to access policies and procedures regarding protecting people from abuse. Risks to people were assessed and monitored during their stay and communicated with other healthcare professionals involved in their care. Learning as a result of incidents was shared and used to inform changes to the service such as reviewing policies. Staffing levels were assessed and amended based on the needs of the people using the service and there were arrangements in place for covering if staff were unable to come to work at short notice. The building was well maintained and there were systems in place for ensuring that regular checks of the environment and equipment were carried out. Medicines were managed safely and people were supported to take their medicines.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People told us that they were able to make choices about their support and were able to maintain their independence and provided with information and guidance to access other services which were relevant to them for ongoing support.

Staff were trained in subjects relevant to the needs of the people who used the service and received regular supervision which enabled them to develop in their roles. Staff said they felt supported.

Staff spoke to people respectfully and treated them with dignity and respect. People told us that staff were available to listen 24 hours a day. People felt that their privacy was respected and staff kept information confidential. People were involved in planning their support. People's friends and families were welcomed

to visit them at the service.

People's individuality was respected and people's preferences were taken into account when planning their care such as religion and sexuality. There was an accessible complaints process in place which people knew how to use if they needed to however people told us that they hadn't needed to make a complaint.

People said that the registered manager was approachable and listened to them. Staff said that the registered manager was open and they were able to raise any concerns and put forward suggestions for improvement. The vision and values of the organisation were visible within the service and staff were proud to work at the service. The provider worked with other healthcare providers to ensure that people received care that met their needs.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Turning Point - The Sanctuary

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 inspection took place on 21 March 2018 and was unannounced. The inspection was carried out by one inspector 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.

As part of our planning for this inspection we used 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. We also considered statutory notifications such as notifications of serious incidents and safeguarding alerts received by the provider which the provider is required to send to the commission and previous inspection reports.

We looked at four people's care records which included risk assessments and other associated records, four staff files, records relating to the management of the service and policies and procedures.

We spoke to five people who currently use or recently have used the service, two care staff and the registered manager. We spoke with four healthcare professionals for their feedback about the service which included a consultant psychiatrist, the mental health crisis team, a lead practitioner and a service manager from a mental health Trust. Professionals told us that they were happy for us to use their comments in our report. We also made observations of the environment and staff interacting with people by spending time in communal areas. The service was last inspected in September 2015.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. One person said "I feel safe here because there are people here 24 hours; they're always available to talk to". People said that they felt there were enough staff at the service and made comments such as "I trust the staff, they're approachable. They will listen. There are the right amount of staff, they know what they're doing" and "They're always ready to talk 24/7, they're understanding, have a lot of knowledge make you feel safe and comfortable", and "They make you feel very safe, that's important".

There continued to be measures in place to safeguard people who used the service. People said "I feel supported and also the lock on the door so people can't just walk in and visitors are asked to sign in". Staff were knowledgeable about what abuse was and what they would do if they suspected abuse. They had received training in safeguarding and had access to the local authority protocols as well as the organisations policies and procedures.

People were asked to complete a licence agreement when they moved into the service which sets out what support people are going to get, what the service provides, information about the service and conditions of people being able to stay. People signed up to the licence agreement and were aware that it was in place to ensure that as people stayed at the service voluntarily, they would adhere to the rules in order to keep everyone safe.

The home used risk assessments provided by the local mental health crisis team to formulate plans for supporting people while they were at the service. The risk assessments included information about people's previous mental health history, any physical health conditions, people's current presentation and whether there are any safeguarding issues which need to be taken into consideration. Staff recorded any additional risks which they identified whilst people were staying at the service and shared these with the mental health teams to ensure that people's ongoing care reflected the risks to them. They took into consideration factors such as people who maybe having withdrawal symptoms from alcohol and substances. Risk assessments were clear and directly linked to the support people received. We observed them being updated as situations occurred to ensure they remained current and staff communicated changes with each other.

Processes continued to be in place for ensuring people received their medicines safely. Medication forms were completed when people arrive with the medications they were currently taking and used as a MAR chart to record when people had taken their medicine. Some people self-medicated however some people required support with either some or all of the medicines they were prescribed. There were clear guidelines in people's assessments about how they needed to be supported with their medicines which staff reviewed daily to allow people to become more independent with their medicines if it was appropriate. One person said "They looked after the medication, worked brilliantly in a sense that it kept me safe. Stopped me from taking an overdose". Another person said "Staff administered my medication for the first 2 days then I did it myself. They kept it in a locked cupboard". Staff had competency assessments carried out for administering medicines to ensure that they had the knowledge and skills to administer people's medicines safely.

There remained enough staff to meet people's needs. People told us "There are enough staff, yes definitely". Staffing at the service fluctuated depending on the needs of people staying at the service. There were always either one or two staff on at all times however if needed, the registered manager arranged for additional staff to provide support in an emergency. People's needs were assessed when they arrived at the service and the manager reviewed these with the needs of other people who were using the service at that time to determine the right number of staff required. Staff recruitment continued to include appropriate checks such as identity checks, criminal records checks and references from previous employers. Staff turnover was very low and most staff had worked at the service for a number of years.

The premises were clean and well maintained. People commented "The bedroom was comfortable, and the place is always spotless". Staff had received training in infection prevention and control and staff said there was always enough personal protective equipment available. Regular checks to the environment and health and safety were carried out to ensure that all risks were identified and monitored. Fire safety checks such as weekly alarm checks and regular fire drills were carried out. Fire evacuation procedures were displayed around the building and people said that they would know what to do if the fire alarm went off.

When incidents occurred they were reported on the electronic system for incident management. This information was shared with the provider and the risk and assurance team reviewed the incidents and advised of any further action required such as reporting the incidents to the Care Quality Commission. Incidents were reviewed individually and the risk and assurance team looked at incidents to identify whether there were any patterns or trends either within the service or between all of the provider's services. These were then communicated back to the service with guidance or changes to policies, for example, the licence agreement had been changed to incorporate the use of legal highs being prohibited.

Good

Is the service effective?

Our findings

People told us that they felt that staff had the appropriate skills to support them during their stay. They said "Staff are absolutely well qualified and trained", and "All the staff are consistent in approach. There's a mix of ages of staff, I quite like that". People said that they were able to access other healthcare services and thought the premises were well maintained. One person said "It's wonderful, the building is homely and the staff amazing".

People's needs were assessed throughout their stay with the service. Staff reviewed people's support plans when they came on shift to identify any changes to their needs. Daily records were completed and included details of how people had spent their day, what their mood had been and whether they had taken their medication. Daily records were reviewed and support plans were amended if they demonstrated a change in people's needs such as feeling more able to take their medicines without the support of staff. People's appointments were recorded such as GP appointments and appointments with the mental health team. When appointments were changed, we observed staff communicating this to people and updating their records with the new appointment times to ensure that they were not missed and supported people with their ongoing recovery. Additional appointments were arranged if staff were concerned that people's mental health had deteriorated.

Staff were given an induction to the service which included being shown around the building and informed of any health and safety risks, learning about how things are done at the service such as handing over information between shifts and learning about the people at the service. Staff also completed the care certificate and training as part of their induction and were given a local area orientation to ensure that they knew of amenities in the local area which people would usually visit or need to know how to access such as local shops and healthcare services. Staff were also given information about key tasks that they would need to complete as part of their role such as completing documentation.

Staff received three assessments as part of their probationary period. One after one month, one after they had been at the service for three months and the other after the end of month five to sign off the probationary period. Areas covered included attendance, timekeeping, conduct, quality and accuracy of work and demonstration of competencies. Progress was noted from month one to month three and people were encouraged to develop their confidence in areas that they were not confident in such as conducting welcome meetings. Staff were also able to give their views on how they felt they were doing of if there were any areas of weakness or areas for further development.

Staff had appropriate skills to support people. Staff completed training in areas such as safeguarding, the mental capacity act, infection control and equality and diversity. Staff also received training in areas which were relevant to the needs of the people who used the service such as personality disorders to ensure that they had an understanding about how they could best support people. Staff were able to use their knowledge to plan support strategies for people to prevent deterioration in their mental health and aid their rehabilitation. People said "Staff are absolutely well qualified and trained".

The registered manager reviewed whether staff were meeting the organisational standards set out for staff as part of their work instructions. Work instructions are a list of basic minimum standards for staff roles on a regular basis linked to safety, regulatory, legal or statutory obligations as part of their ongoing supervisions. If staff were found to not be meeting these, the manager held discussions with staff and set up additional reviews of staff to support them to achieve them. Records of discussions and outcomes were kept and a letter was sent to staff to formalise the process.

Staff received end of year overviews annually to appraise their performance, review any goals set the previous year such as completing training and qualifications, and set new ones for the coming year such as achieving qualifications in health and social care. Staff received monthly supervisions where they were able to discuss their wellbeing, workload and teamwork. Any actions set at the previous supervision were reviewed and areas for development and further training were identified.

People maintained their own diets when they used the service. People were asked to bring food with them however as some people came in late at night, there were also a stock of meals available for people to buy if they had been unable to bring anything with them. People said "You bring food in yourself; it's OK to cook etc. There were never any arguments" and "You cook for yourself, you have your own labels on things, there are no mix ups, and your name is on things so it's not stolen".

People were supported to access other services such as housing, finance and advice services such as the benefits agency or citizens advice bureau. There were leaflets available for people in communal areas and staff were knowledgeable about local services and support groups. People were also supported to ensure they were able to receive ongoing support. One person said "The care plan was very good. I spoke to them about my needs, what they could do to help, and all of that was done. We also spoke about my discharge plan with the crisis team". A healthcare professional told us "We have good links with the service and work closely together, for example, we can react if the person's need changes. There are no barriers to communications, we're up there most days. I can't speak highly enough of colleagues at the Sanctuary". Staff were aware of people's physical health needs as well as their mental health needs and supported people to contact their GP if they were unwell. As most people were only at the service a short time, staff were unable to follow up whether people had attended appointments as they were sometimes booked for when they would no longer be at the service however they made sure that when people left, they had the details of the appointments and ongoing support.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. 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. There was no one currently at the service who required a DoLS authorisation as people chose to use the service and agreed to their treatment needs. No one at the service received any treatment or support that they had not discussed in advance.

Good

Is the service caring?

Our findings

People told us that they were treated with dignity, respect and compassion. They said "They treat me with privacy and respect. They're very good", and "They treated me with dignity and respect, they were very inclusive". People said that they were involved in their care and said "We talked about the care plan and it was fine, I was able to input".

Care plans were developed with people and updated based on their changing needs. One person said "I have a care plan and they keep you involved, let you know what's going on". Care needs were discussed at the welcome meeting when people arrived at the service and documented. People were able to choose the level of support they received such as how much assistance they required with taking medicines. As people were at the service for a short time, needs assessments were brief and put together in conjunction with information received from the mental health team which was kept with the support plans to ensure that staff had access to all information that they may need. As people stayed at the service on a voluntary basis, support needs were led by people themselves and talked through with staff.

People were able to maintain their normal routines when they used the service such as going to work and meeting with friends and family. People were also able to invite friends and family to visit them at the service. People were also visited by health and social care professionals such as psychiatrist and community psychiatric nurses whilst they were at the service. There were communal areas available where people were able to socialise with other people who used the service or there was a quiet room available for quiet time or meetings. One person had a friend visiting on the day of the inspection. People said "Dad came yesterday. My sister and mum came in, they were offered tea and coffee etc. They were welcome here, very nice".

People felt they were treated with dignity, respect and compassion and said "I very much trust the staff, not inhibited can talk about personal things, they're non-judgemental, and I can talk to them about anything". Staff were aware of how to maintain people's dignity and people said "They knock, they don't just barge in". We observed staff speaking sensitively to people and closing doors when they were having private conversations. People said that their privacy was respected. One person said "Things are kept confidential so no one knows why I'm here, I don't know why other people are here", another person said "I've never heard any member of staff talk about another person".

People remained as independent as they were able to. One person said "They help you be independent, for example, when I was stable and able to self-medicate" and another person said "There's no restrictions here, can come and go as I please". We observed people going out to meet friends and going to the shops during the inspection.

People were given emotional support when they needed it. People told us that they were able to speak to staff anytime they wanted. One person said "Last night at 1 am I woke up and they asked if I wanted to join them. They're very approachable, welcomed here like at home, they treat you as equals, you're just the same as them". Staff told us that they were available for people whenever they wanted to talk.

People said they were always treated as individuals. Staff had received training in equality and diversity and staff spoke about how each person at the service was treated individually. People were assessed on their needs and were offered support specifically tailored to their needs or lifestyle which included sign posting to support groups.

Good

Is the service responsive?

Our findings

People told us that they received personalised care. People said they knew how to make a complaint however they hadn't needed to. They said "They let you know about the complaints procedure should you need it" and "The objective of this place is to make us feel better, they always ask if there is more they can do".

The service tailored support plans to people's individual needs. People were given welcome interviews when they arrived at the service regardless of the time they arrive. They met with a member of staff and discussed their needs and decided on a support plan together which set out what they wanted to accomplish by staying at the service dependent on their needs. For some people it was to rehabilitate themselves from an addiction and for others it was to receive emotional support whilst they were recovering from a mental health crisis. People were asked about what they hoped to achieve and were asked to fill out a self-assessment form which was completed again when they left the service so that they could see how much they had benefitted from using the service. The length of time people stayed at the service could be flexible and although this was discussed when they arrived, people were able to leave sooner if they wanted to or could extend their stay dependent on their needs.

People received care which was based on their needs and preferences. One person told us "You can come and go OK. My faith is important to me. I was able to go to church. They very much know that my faith is an important part of my care plan and they know that". Another person said "I like baking so they got stuff in to enable me to bake". The manager gave us an example of a person who had used the service who was transgender and how they had ensured that they referred to them how they had chosen to be referred to. They also had details of a local lesbian, gay, bisexual and transgender (LGBT) support group which was displayed on the notice board in communal areas.

Staff had access to translation and interpreter services in case they needed to support people who did not speak English as a first language. There was a leaflet with contact numbers available which staff kept on a notice board for ease of access. Staff were aware of the accessible information standards and had access to resources for producing information in different formats if they needed to however they had not needed to so far.

There was an accessible complaints process in place which people were made aware of. People told us that they knew how to make a complaint and felt able to raise concerns if they had any. One person said "I would have been able to complain, but I didn't need to". No complaints had been received in the last 12 months. Staff were knowledgeable about the process and knew how to respond to concerns and where they needed to be reported. An electronic system was in place for recording and reporting complaints received to the provider so that they had an oversight and could monitor complaints received. The complaints procedure was available in communal areas and informed people where they could refer their complaint to if they were not happy with the outcome such as the local government ombudsman.

No one was identified as being at the end of their life. People were asked whether they had any advanced

wishes when their care plans were put together however none of the people's files reviewed during the inspection had shared any advanced wishes if they were to come to the end of their life.

Good

Is the service well-led?

Our findings

People told us that they knew who the registered manager was and felt that they were able to approach them. People said "The manager is very approachable, she's lovely" and You can't come downstairs and be miserable when the first person you meet is the manager". People said that staff followed the values of the service and felt the name reflected the values. They said "I feel like this is a really safe space, no worries here, they call it The Sanctuary and it seems like a place you can go".

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.

The registered manager continued to be aware of their responsibilities in ensuring that they adhered to relevant legislation and guidance and completed notifications to the Commission when they needed to. They completed the provider information return which informed the Commission of improvements within the service when requested. They spoke knowledgeably about the duty of candour and how they had been open and honest with people when anything went wrong. People felt able to speak to the registered manager whenever they needed to. They said "The office door is always open, it is seldom closed unless there is a meeting". Staff said that they felt there was visible leadership and an open culture. Staff said that they felt able to talk to the registered manager and raise any issues at any time.

The vision and values of the service were visible throughout the service. People said "It doesn't feel formal or regimented it's relaxed, friendly and calm". Staff said that the vision and values were to treat each person as an individual and people told us that they felt treated as individuals. The value charter was displayed on the wall in the office and staff said that values were included in their supervisions.

Quality standards questionnaires were given to people when they left the service to give them an opportunity to feedback on their experiences and feedback continued to be positive. People said "I was asked to provide feedback, in the form of a questionnaire" and "I have provided feedback, there were some tick boxes and boxes to write in". They were entered on to the electronic system when they were completed and reviewed on a monthly basis. The registered manager reviewed each questionnaire when completed. The provider fed back to the service and added comments. People had made comments on the most recent surveys included "Gave me a safe place and a clear head", "I found my stay at the sanctuary very beneficial, a calm, caring safe place where I was always treated kindly and respectfully", "Great team, staff dynamic, able to approach", "Staff are fantastic".

Feedback was repeatedly sought from people about how the service was run. Every four to six weeks the provider held a meeting in the service where people were invited to come and share their views. People said "There are discussion groups once a month, and they do listen" and "There are meetings each month, they take notes and things can change. For example, I suggested a film night to help people be social together, things to make the stay better and we did it". A person from the provider came and facilitated the meetings

to allow people to speak openly.

Monthly staff meetings were held which enabled staff to keep up to date with any changes to the service. There was also a section of the meeting reserved for clinical supervision where staff were able to discuss cases and reflect on how they had been managed. Learning was taken from the meetings to review processes such as amending staffing levels when there was a particular client mix to ensure that people's needs could be met safely. Staff said that they were able to put forward suggestions and the registered manager or team leader would take them to the Board for consideration.

There was a consistent governance structure in place which supported the service and ensured that the provider had oversight of the service. The provider held regular governance meetings where they discussed areas such as incidents and complaints. They also produced an annual report which analysed the performance of the service over the previous year including how many people had used the service including their ethnicity and sexuality, how often the out of hours service was used and results of the recovery tool used to assess people's progress when they stayed at the service. Results showed that 67% of people felt they had improved by using the service in the last year.

Audits were carried out to assess the quality of the service. An internal quality assurance was carried out monthly which measures the service's performance in line with the Health and Social Care Act. The registered manager completed the sections and uploaded evidence to an electronic system to support the audit which was then reviewed by the provider and feedback was provided. Any learning or good practice was shared with other provider services to enable continuous improvement. This meant that the service was able to ensure that they were developing and improving.

The provider worked in partnership with other organisations to ensure that care provided was collaborative. A healthcare professional told us "The communication between us is very good, we work very collaboratively if there are any queries written or said they'll be discussed". We observed staff and the registered manager liaising with other organisations throughout the inspection to ensure that all organisations involved in people's care had the most up to date information about people such as where they would be going when they left the service and updating them if there was a change to a person's health and wellbeing.