Turning Point

Turning Point - Russell Terrace

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 inspection took place on 7 December 2015 and was unannounced.

Russell Terrace is registered to provide accommodation and personal care for up to six people who have a learning disability or autistic spectrum disorder. The home has a lounge, kitchen, dining area, communal shower room and two bedrooms on the ground floor. The rest of the bedrooms are located on the first floor. There were four people living in the home at the time of our inspection.

At our last inspection in January 2014 we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found there was no documentation in people's care records which

Summary of findings

confirmed the provider had assessed people's capacity to make their own choices and decisions about the care and support they received. The provider sent us an action plan telling us the improvements they were going to make by March 2014. At this inspection we found improvements had been made.

The service did not have a registered manager in post since 31 July 2015. A team leader managed the service and told us they would make an application to be registered with us. 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 three members of staff on duty and one person living at the home required one to one staff support. Staff told us the staffing levels enabled them to spend time with people in and away from the home, as well as being able to respond to requests for assistance without delay.

Staff received training in safeguarding adults and were able to explain the correct procedure to follow if they had concerns. All necessary checks had been completed before new staff started work at the home to make sure, as far as possible, they were suitable to work with the people who lived there. Risk assessments around the provision of care and support had been completed and reviewed regularly. Staff were proactive in reducing any identified or potential risks to people's safety. There were systems to ensure that medicines were stored and administered safely.

New staff completed a thorough induction programme when they started work. Staff received training and had planned supervision and appraisal meetings to raise any issues, or discuss their personal objectives, training and performance.

Each person had a comprehensive care plan with detailed information and guidance that was personalised around their needs. Care plans included personal information, detailed life stories and information on maintaining the person's health, their daily routines and preferences.

The provider understood their responsibilities under the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS) to ensure people were looked after in a way that did not inappropriately restrict their freedom. The provider had made applications to the local authority for four people living at the home, in accordance with the DoLS legal requirements. At the time of our visit, the manager was waiting for the outcome of those applications to be determined.

All four people at the home lacked capacity to make some decisions, however staff supported people to make day to day choices. Staff were caring and encouraged people to retain some of their independence, although this was limited, given people's complex health needs.

People were encouraged to eat a balanced diet that took into account, their preferences and where necessary, their nutritional needs were monitored. People were supported effectively with their health needs and had access to a range of external healthcare professionals.

People were supported in a range of activities, both together and on an individual basis that matched their personal choices. Activities outside the home enabled people to be part of their local community.

Staff told us they felt supported by the management team and each other. Both staff and people were given opportunities to make suggestions about how the service was run. The team leader and the provider completed regular audits to monitor the quality of the service and to plan improvements. Where concerns were identified, action plans were put in place to rectify these.

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.

Staff knew the procedures to follow if they suspected abuse had occurred. Staff identified risks to people who used the service and put appropriate measures in place to manage these to keep people safe. Staff had been recruited safely and there were enough staff available to meet people's needs. People received their medicines from staff who were trained and competent to administer medicines safely.

Good

Is the service effective?
The service was effective.

Staff received induction and training that supported them to meet the needs of people effectively. People were supported by a variety of healthcare professionals and services to maintain and promote their health and wellbeing. The provider was meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Good

Is the service caring?
The service was caring.

Staff were friendly and people appeared relaxed and comfortable in their presence. Staff respected people's privacy and dignity and people were supported to maintain relationships that were important to them, such as family members and people they lived with.

Good

Is the service responsive?
The service was responsive.

People were encouraged to take part in activities that promoted and stimulated their physical and mental wellbeing. Care plans provided staff with the information they needed to respond to people's physical and emotional needs. Where possible, relatives were involved in the development of care plans. Regular reviews took place so staff had up to date and relevant information to be able respond to people's changing needs.

Good

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

Staff had a good understanding of the aims of the service and were positive about the support they received from the provider, management and their own staff team. There were no formal systems in place to seek people's views because of their levels of communication, however staff recognised if people were unhappy, actions were taken to reduce people's concerns. A regular system of checks was carried out to ensure the quality of the service was maintained.

Good

Turning Point - Russell Terrace

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.

The inspection took place on 7 December 2015 and was unannounced. The inspection was completed by one inspector.

As part of our inspection we asked the provider to complete a Provider Information Return (PIR). The PIR 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. Our inspection visit confirmed the information contained within the PIR.

We reviewed the information we held about the service. We looked at information received from external bodies and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We were unable to speak with people living at the service due to their complex needs. We spent time observing how they were cared for and how staff interacted with them, so we could get an understanding of the quality of care they received.

We spoke with a team leader (who managed the service), a nurse manager and three staff members. We reviewed two people's care plans and daily records to see how their support was planned and delivered to meet their needs. We reviewed records of the checks the staff and management team made to assure themselves people received a quality service. We also saw records relating to health and safety checks, medicines and audits completed by the manager and provider.

Good

Is the service safe?

Our findings

During our visit there was a calm and relaxed atmosphere and we saw the relationship between people and staff who cared for them was friendly. Some people spent time on their own in communal areas and did not hesitate to go to staff when they wanted support or assistance. When staff needed to support people to go to other areas of the home, people responded positively. This indicated people felt safe around staff.

There were enough staff to meet people's care and welfare needs. Staff provided support and supervision when needed to help to keep people safe at home and in the community, for example, when staff took people on outings. We were told during the day, two care staff and the team leader supported people and this was enough to meet people's needs. We were told one person required one to one support and the staffing levels ensured this happened. We were told about another person whose health condition had deteriorated. The nurse manager said actions were being taken to look at any additional support they may need. They said if additional staff were needed, this would be arranged. Staff told us the staffing levels enabled them to spend time with people and respond to requests for assistance without delay. One staff member told us, "People wanted to go to the park today to feed the ducks so we went." This staff member said (excluding the one to one support), we have, "Two staff to three people which is more than enough."

The team leader told us they had three care staff vacancies and were recruiting for these posts. They told us they used agency staff but kept the same agency staff. They said, "One agency staff member has been with us for four years." They said rotas were completed five weeks in advance so staff knew when they were working, which limited any unexpected absences. The team leader said they had flexibility in the staffing to cover all shifts. To minimise risks to people being supported by staff who did not always know them well, the team leader told us they completed the rota by balancing the skill mix of the staff. This ensured new staff were supported by more experienced staff so people received care from staff who knew their needs. .

Staff received training in keeping people safe and understood their obligations to report any concerns they had about people's physical or emotional wellbeing. When describing the different forms that abuse could take, one staff member told us, "It could be bruising, strange marks, people are agitated or shy away." We gave staff various scenarios involving abusive behaviour and asked how they would respond. A typical response was, "I would report it to the manager or go higher and you would phone safeguarding." Another staff member told us they would feel confident to report any concerns and said, "It's about protecting people and you need to be aware of what is going on." Staff had the information they needed to report safeguarding concerns. A local safeguarding policy linked with contact numbers for staff should they be required. The team leader was aware of safeguarding procedures and described to us the actions they would take in the event of concerns being received. They said, "I would escalate it, ensure the person is safe and involve police if needed, and refer to Care Quality Commission."

The team leader told us the provider had thorough recruitment procedures to ensure staff who worked at Russell Terrace were suitable to work with people who lived there. Staff told us they had to have their Disclosure and Barring Service (DBS) checks and references in place before they started work at the home. These checks helped support employers to make safer recruitment decisions by providing information about a person's criminal record and character, and whether they are barred from working with vulnerable people.

There were risk assessments to identify any potential risks to people for different environments and situations. Risk management plans informed staff how those risks should be managed to keep people safe. Risk assessments around the completion of everyday tasks such as personal care, ensured that people were encouraged to maintain as much independence as they wanted. Staff said they knew the individuals they supported and used the information in care records to minimise the risk of harm to them and others. Staff confirmed they referred to the information in risk assessments and care records to manage any risks to people.

Speaking with staff showed they knew how to protect people from identified risks. For example, one person placed objects in their mouth, in particular electric cables. Staff told us they made sure all electrical cables were out of reach, and items such as electric kettles and electric toasters were put away in kitchen cupboards. We saw kitchen cupboards had restrictors on them which meant people could not open them to take items out that put

Good

Is the service safe?

them at risk. We asked staff how risks in this person's room were minimised. We were told this had been raised with the provider. During our visit, an electrician was raising electrical sockets so they were not easily accessible, and covered electric cables to further reduce risks to this person's safety.

Medicines were stored safely and securely and there were checks in place to ensure they were kept in accordance with manufacturer's instructions and remained effective. We checked two administration records that showed people received their medicines as prescribed. Some people required medicines to be administered on an "as required" basis. There were detailed protocols and guidance for the safe administration of these medicines to make sure they were being given consistently. The nurse manager told us they had recently completed an audit which did not identify any concerns. They told us part of their continued improvements in the service meant this audit would be completed more regularly. We were told because of people's changing conditions, medicines were being reduced or changed at GP requests. Regular medication audits would ensure medicines were managed safely and people continued to receive their medicines as prescribed.

Records and staff confirmed, they completed training before they were able to administer medicines. The nurse manager told us they had recently checked all staff who had administered medicines to make sure they remained competent to do so. This ensured staff continued to manage medicines safely and to the required standards.

The provider had systems to minimise risks in the home environment, such as regular safety checks for fire and water temperatures and quality. The team leader completed regular checks for health and safety which made sure people received care and support in a safe environment.

Good

Is the service effective?

Our findings

At our last inspection in January 2014, we found there was no documentation in people's care files which confirmed the provider had assessed people's capacity to make their own choices and decisions around their care and support. We asked the provider to send us an action plan outlining how they would make improvements in this area. When we inspected Russell Terrace this time, we found improvements had been made.

People's limited communication meant they could not tell us themselves if they believed the team leader and staff had the right skills and knowledge to do so. This also made it difficult for people to tell us if they were offered choice and whether they consented to staff helping them. We saw staff communicated with people effectively and they understood their individual needs. Staff knew they should gain people's consent before they provided care and support. We saw staff asked people for permission, such as before assisting them back to their bedroom or helping them move to the kitchen or other areas of the home. We asked one member of staff what they would do if a person refused support. They responded, "It's their life, people can still tell you what they want without speaking. If people mean no, that's fine." Staff said when this happened, they would try other staff members or leave people and go back five minutes later. Staff described how some people indicated their choices through non-verbal cues. Staff said if someone pushed your hand away or put their hand to their mouth, they knew what this meant.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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.

Mental capacity assessments were in place for all of the people living at the home. These assessments were reviewed regularly. Capacity assessments for individual decisions involved the person, their family and appropriate healthcare professionals. We found staff followed the principles of the Act when providing people with support and respected the right of people with capacity to make decisions about their care and treatment. Staff understood the need to support people to make their own choices. For example, the nurse manager said a person's health condition had recently changed and because of the decisions needed to be considered, an IMCA, Independent Mental Capacity Advocate would be involved (an IMCA is an independent person who can make best interest decisions on a person's behalf if they do not have the capacity to understand).

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).The nurse manager and team leader understood their responsibilities under the legislation. They identified four people who could have some restrictions on their liberty and had submitted the appropriate applications to the authorising authority. At the time of our visit, four applications had not yet been assessed.

The team leader said new staff received induction and training that met people's needs when they started work at the home. The induction was linked to the new Care Certificate which provides staff with the fundamental skills they need to provide quality care. Existing staff were also working through some modules of the Care Certificate. The nurse manager told us, "Older staff (experienced) will do additional training which is part of the Care Certificate." They said experienced staff had been identified to do, "Food and fluids and privacy and dignity." They told us, "Turning Point is really hot on training" and we were told this would help further develop staff's knowledge in those areas.

There was a programme of training available to staff and staff told us they received the necessary training to meet people's needs. Staff were mostly up to date with their required training and refresher courses had been identified to make sure they continued to develop their skills and knowledge. For example, the team leader said they arranged for all staff to complete moving and handling

Good

Is the service effective?

training which had been done, and plans were in place to ensure all staff completed refresher training. This meant staff would continue to have the skills to support people effectively.

Staff told us they had supervision meetings where they were able to discuss their performance and identify any training required to improve this. Staff told us they found supervision meetings useful with one staff member explaining, "I have one to one meetings to discuss any issues and training. He (team leader) tells me how I am doing."

People had access to food and drink throughout the day and staff supported them when required. People were able to choose what they wanted to eat by using picture cards. Staff told us they encouraged people to follow balanced diets where possible. The team leader explained, "The food is a lot better, as it was all frozen. We get a lot of input from dieticians and Speech and Language Therapists (SALT) because of people's complex needs." They said, "Now people have a much healthier and balanced diet. Some people have soft diets, fork mashable and all need assistance." Staff told us about one person who had very complex dietary needs. One staff member said, "We have a list of foods they cannot eat from the dietician and we follow it." Staff said because they knew what people liked and disliked, meals were prepared for them. They said if people indicated they did not want that choice, "We can offer something else."

Each person had a care plan that identified their health needs and the support they required to maintain their emotional and physical well-being. This helped staff ensure that people had access to the relevant health and social care professionals. Records showed people had regular health checks with their GP throughout the year. We saw people were referred to other healthcare professionals when a change in their health was identified, for example dietician, SALT, podiatrist and physiotherapists.

Good

Is the service caring?

Our findings

People had been encouraged and supported to make their rooms at the home their own personal space. There were photographs displayed, people had their own furniture and their own pictures and artwork were displayed on the walls. We saw bedrooms were painted in different colours and staff told us people could decorate their rooms how they wanted. During our visit, contractors came to repair the floor in the downstairs shower room. The team leader asked one person living at the home what colour flooring they wanted. The person indicated 'blue' as their preferred colour and we were told this colour was going to be fitted. The lounge was decorated for Christmas and there were many framed photographs of people living in the home displayed.

We asked staff whether they thought the home provided a caring environment for people. All the staff told us they thought it was caring with one explaining, "I love it here, I love making their lives better. I get real job satisfaction." They said, "If they want to go out, we go out, they have choice and that makes me feel good. They are not stuck in a home." We observed the interaction between the staff members and the people they provided care to. We saw staff treated people in a kind and respectful way and they knew the people they cared for well. All four people seemed content and one staff member said, "I put them before me, I want to make them happy. If they are not, I ask what's wrong and make it better." We observed one person smiled and laughed when staff spoke with them but staff recognised this was a 'good day today' for this person. This was because recent changes to their wellbeing had made them become quieter. This was being addressed and the necessary support from other healthcare professionals was being arranged.

Staff told us they involved people as much as possible in making daily choices and decisions. This included what they would like to wear, what food and drink they wanted and what activities they would like to take part in. Each person had their own activities board containing daily interests specific to that person. One staff member explained, "It's what they want to do, what they like and what makes them feel good." Another staff member said, "It's a guide, but if they want to do something else that's fine." They said, "We went to see the ducks today and they love that. We go whenever we can because of the weather so you can't really plan that."

Staff supported people to maintain relationships with those closest to them. The nurse manager said they kept in contact with people's relatives and they were invited to attend care planning meetings. Staff told us family involvement played an important part in people's care planning. Staff said they received important personal information that helped them shape people's hobbies and interests. However, staff said there had been occasions were relatives had said someone did not like something, but they found out this was incorrect. For example, one person's relative said they did not like swimming. Staff told us this person had gone swimming and really enjoyed it. One staff member said relatives knew what their family member did not like, "But it was years ago and people change." We were told this person and others living at the home went swimming but staff recognised risk assessments needed to be in place so they were cared for safely.

All of the staff we spoke with enjoyed working at the home. Comments staff made were, "I love it here", "There is a good staff team" and "The atmosphere is a lot better." The team leader said they had a good staff team in place and were confident people received the right care from the right staff.

Good

Is the service responsive?

Our findings

People were supported to go shopping, go out for meals in local pubs and participate in activities in the community. Staff said they visited the park which people enjoyed and trips into the local town. The team leader said following a meeting with a relative they identified one person had an interest in trains, so they recently took them on a train trip. They said the person really enjoyed this so they planned to, "Take [person] to the severn valley railway, a train museum and plan future train trips." We were told staff planned a Christmas meal for people and staff to attend in the local pub. Because of some people's special dietary requirements, their meal would be prepared by staff and taken to the pub so this person could enjoy the celebrations. Other people enjoyed going swimming, listening to music and enjoying sensory activities.

Staff told us people enjoyed music and lights and staff said they supported one person to go to a monthly disco. Staff said they visited the local disco so they could join others who had the same interests. Staff said they would come up suggestions and ideas to help stimulate people. One staff member said they took a person to a local supermarket and found they enjoyed moving their hand across the rollers at the checkout. This staff member said they, "Made them a roller with wheels which they loved rolling their hands over, it's sensory." They told us this person had some age appropriate toys but wanted to experience more objects that they could interact with. They said they made them a, "Bingo caller (round cage which contained cotton reels they could spin) because they loved making a noise." This staff member told us they also, "Made a 'tactile' board for people to touch" which contained different fabrics. This staff member said people loved feeling different things. One staff member told us, "The care they get is brilliant, they have different things going on each day. They all have different activities."

Each person had a care and support plan with detailed information and guidance personal to them. Care plans included information on maintaining the person's health, their daily routines and preferences. The plans also identified how staff should support people emotionally, particularly if they became anxious or agitated. This information meant staff had the necessary knowledge to ensure the person was at the centre of the care and support they received. People's care plans were reviewed regularly. The team leader told us, "I ask the staff to tell me about people then I write it in the care plans." They said, "You have a clear understanding about people." We found care plans contained detailed information about people's life histories before they lived at Russell Terrace. The team leader said this was because some relatives were involved in making decisions about their family member's care and how their support was to be delivered. They said,"[Relative] wants to be involved and they are. They have a lot of information we need to know." We saw one person's care record contained relevant and useful information about their emotional needs.

There were systems in place for staff to share information through a handover at the start of each shift and a handover and communication book. This ensured staff had the information they needed so they could consistently respond to changes in people's physical and emotional needs.

There was no information displayed in the home that informed people how they could make a complaint. We saw pictorial information in care records that showed how people could complain, however we were told because of people's complex needs they would not be able to understand. We asked the nurse manager to explain how people shared their concerns or complaints. They said, "staff or keyworkers know if people are unhappy, they judge behaviours." They said if people persisted then, "I would raise the person's concerns." Speaking with staff they said if people showed signs they were unhappy, they would investigate further. One staff member said one person made a 'hmmmm' noise if they were concerned. The nurse manager said, "I would speak with other staff, see what others think and we could make a collective decision and raise their concern." We were told people had not made a formal complaint because, "They would not know." The team leader and nurse manager said when relatives contacted the home they were always asked if they had any concerns or issues. They said they did this because it provided an opportunity for relatives to voice their concerns or complaints.

The nurse manager said the provider had received two formal complaints in the last 12 months. We found both complaints had been investigated and responded to their satisfaction. The nurse manager said they reviewed the complaints to see if any learning could be taken to prevent similar complaints reoccurring.

Good

Is the service well-led?

Our findings

The home did not have a registered manager in post but was managed on a day to day basis by the team leader from 1 August 2015. The team leader told us they had been promoted into team leader role and was, "Looking to become registered manager." They said there, "Was a vast amount to learn and to manage a staff team." They told us they had faced some challenges since taking up their post and had gained managerial confidence. The team leader said they felt fully supported by the nurse manager and the provider when faced with challenges.

The team leader said staffing had presented one of the main challenges to ensure they had the right staff in the right positions. They gave us examples of how they addressed issues with staff that were not performing to the required standards. They said, "One staff member did not speak with people and did not respect their dignity." They told us they did not want staff who treated people in this way. This staff member no longer worked at the service. They said, "It's about remaining professional and dignified." They said, "It is so easy for it to be perceived as personal (to the staff member) when dealing with these issues." They said, "Because this is a small home it was dealt with away from people." They said they had been on a learning curve and enjoyed their role at the home. The nurse manager who was the line manager of the team leader praised their contribution and the improvements they had made since taking up their position.

The team leader said they knew what support people needed because, "I work the floor. I am on shift four days a week. It keeps you in touch with what is going on." They said this helped them identify any training needs staff required and it helped them to see the quality of care people received from staff. Since taking up their position they said they had made improvements to the quality of food people received, the support people received and staff training. For example, they recently trained all staff in moving and handling and had prioritised this. They said people needed support and this would ensure people continued to be moved safely, especially as people's mobility had changed.

Staff demonstrated a good understanding of what the service wanted to achieve for people. They understood the importance of treating people as individuals, giving them choice and encouraging independence. Staff told us they enjoyed working in the home and spoke positively about the staff team and the support they provided for each other. One staff member told us, "I love the service users (people), a great staff team and location. People can go to the shops, the theatre and the park." Another staff member said, "We work well together and the team leader."

Staff told us they felt supported by the team leader and the provider with one staff member explaining, "Turning Point training is very good." Staff felt able to voice any concerns to the team leader and nurse manager and said there was an honest culture at the home. Staff said they could raise any issues with the team leader at any time because they had an 'open door'. Staff said had regular staff and supervision meetings and felt able to make suggestions to improve the service provided. All the staff we spoke with were positive about the team leader and the support they gave them.

The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised.

There were no formal systems in place for people to share their views because of their limited communication. However, the nurse manager said when relatives attended care review meetings or visits to the home, their views about the service were sought. The nurse manager said it was usual for no concerns to be raised but if they were, they were dealt with immediately. We asked if there were any quality surveys sent to people or relatives to seek their views about the service. We were told surveys were not sent out to people which limited the chance for positive or negative comments to be received. The nurse manager recognised this was a potential area for improvement and said they would follow this up with the provider.

There was a system of internal audits and checks completed within the home to ensure the safety and quality of service was maintained. For example, regular audits in medicines management and health and safety. The team leader recorded incidents and accidents and submitted these to the provider. These were analysed to identify any patterns or trends so appropriate action could be taken. The provider also carried out periodic audits throughout the year from which action plans had been generated where a need for improvement had been identified. These checks ensured the service continuously improved.