

Turning Point

Turning Point - Wiltshire

Inspection report

1st Floor, 62 Stratford Road
Salisbury
Wiltshire
SP1 3JN

Tel: 01722820950
Website: www.turning-point.co.uk

Date of inspection visit:
09 November 2016
10 November 2016

Date of publication:
21 December 2016

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 inspection of Turning Point Wiltshire on 9 and 10 November 2016. This was an announced inspection where we gave the provider 48 hours' notice. This was because the location provides a domiciliary care service and we wanted to make sure the manager would be available to support our inspection, or someone who could act on their behalf.

Turning Point Wiltshire is registered to provide personal care. The service provides 24 hour support to adults with learning disabilities and complex needs. The service operates from office premises in Salisbury. At the time of inspection there were 20 people using the service.

During the last inspection in August 2015, we found breaches of some of the legal requirements in the areas we looked at. Improvements were seen during this inspection which demonstrated the service had responded to our feedback and had implemented improvements in line with their action plan.

A registered manager was in place and available throughout the inspection. 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.

People who used the service told us they felt safe. Staff had received training about safeguarding and knew how to respond to any allegation of abuse. Staff were also aware of the whistleblowing procedure which was in place to report concerns and poor practice.

Staff and people's relatives told us there were sufficient numbers of staff to provide people with the care and support they required. However, people's relatives said staffing had occasionally been more difficult to cover at weekends where continuity of staff was not always possible when regular staff were not available.

People's medicines were managed safely and Medicines Administration Records (MAR) completed accurately following administration of medicines. Staff received training in how to administer medicines and received regular assessments to ensure their competency was maintained.

Effective systems were in place to manage risk and ensure people were cared for in a safe way. Risk assessments had been completed and actions recorded to manage identified hazards and concerns.

Staff were knowledgeable about people's needs and said they received training which gave them the confidence and necessary skills to provide the care people required. Staff received training around the Mental Capacity Act 2005. Details in people's care plans regarding mental capacity assessments and best interest decision processes were well documented. Staff explained they understood the importance of ensuring people agreed to the support they provided.

Staff spoke fondly about the people they supported and gave good examples of how they developed positive relationships with them. Staff spoke about how they helped people retain their independence and encouraged them to be in control of their decision making and choices. People and their relatives told us staff were caring and regular staff had built good relationships with people they cared for.

A complaints procedure was available and people we spoke with said they knew how to raise a complaint if they needed to. Complaints and concerns were handled in an appropriate way.

Staff were passionate about providing good quality care and said they felt supported by the management team. There was an open door culture and staff said the management team were very approachable.

People had the opportunity to give their views about the service. There was regular consultation with staff, people and/or their family members and their views were used to improve the service. Regular audits were completed to monitor service provision and to ensure the safety of people who used the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Staff were aware of procedures to follow to safeguard people from abuse and people told us that they felt safe.

The service carried out appropriate checks to ensure suitable staff were employed.

Medicines administered by staff were accurately recorded and records for the safe administration of medicines provided the guidance required to ensure medicines were administered as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff had access to ongoing training and a system was in place to ensure this was up to date. Staff received regular supervision and appraisals.

People's rights were protected. Mental Capacity Act (MCA) assessments were completed for people with cognitive impairments and were consulted before care was provided. Where people lacked capacity to make specific decisions best interest decision processes had been followed and documented.

People were supported to maintain good health and to access healthcare services.

Is the service caring?

Good ●

The service was caring.

People were involved in making decisions about their care and people and their relatives spoke highly of staff and the care they provided.

Staff told us they had sufficient knowledge and skills to help support people if they became agitated or frustrated.

Staff told us how they respected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People were treated as individuals. Staff knew people's preferences and how to deliver care to ensure their needs were met.

Support plans were detailed; personalised and contained information which enabled staff to meet people's identified care needs.

People were provided with a complaints procedure in an easy read format. Relatives told us they knew how to complain and were confident complaints would be dealt with appropriately.

Is the service well-led?

Good ●

The service was well-led.

People benefited from a new management team that regularly monitored the quality of care and sought to continuously improve the service.

Staff told us they felt supported by a management team who were approachable and had an open door policy.

People's views on the service were sought by regular individual and group meetings and by satisfaction questionnaires.

Turning Point - Wiltshire

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 09 and 10 November 2016. This was an announced inspection where we gave the provider 48 hours' notice. This was because the location provides a domiciliary care service and we wanted to make sure the manager would be available to support our inspection, or someone who could act on their behalf.

The inspection team consisted of one inspector. Before the inspection, the provider completed a Provider Information Return (PIR). 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 reviewed information we held about the provider, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We spoke to three people who used the service and received feedback from three relatives. We also received feedback from community support teams involved with the care of people using the service. We spoke with the registered manager, supported living manager, team leader and three support workers to gather their views about the service provided.

We also reviewed a range of records which included care records and risk assessments of nine people, staff training records, staff duty visit schedules, staff personnel files, policies and procedures, complaint files and quality monitoring reports.

Is the service safe?

Our findings

At our last inspection on 25 and 27 August and 01 September 2015, the provider was not meeting the requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the service had not been meeting the requirements for safe care and treatment and people had been placed at risk because actions were not taken to mitigate or reduce risks. The provider wrote to us with a plan of actions they would take to make the necessary improvements.

We found during this inspection that the provider had undertaken the necessary improvements and was implementing these as required to fully meet people's needs. Improvements in line with the plan of action had been implemented. All risk assessments were reviewed on a monthly basis and staff had been re-trained in areas where there had been previously been safety concerns. This included re-training on manual handling and the understanding of supporting people at risk of seizures. We saw this information on managing identified risks was documented for each person and included how to manage these risks. This included the risk of associated with administration of medicines, safety in the community and risk of falls. Staff were able to tell us about people's risk assessments and what they did to manage identified hazards and concerns. For example, staff told us how they supported a person with preparation of their meals; how they assisted them to be safe whilst chopping food. This information had also been included in this person's support plan. Another person had been identified as being at risk of choking whilst eating. Both staff and this person's support plan detailed the support this person required to help mitigate this risk. A staff member told us they joined this person at mealtimes and supported them in an unobtrusive way whilst also ensuring their safety was not compromised.

At our last inspection the provider was not meeting the requirements of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the service had not been meeting the requirements for staffing and people had been placed at risk from unsafe care and treatment because regular staff were not used to deliver care and treatment to people with complex needs. At the time of the last inspection, staff told us they were frequently moved between locations which meant staff did not have regular contact with people. The provider wrote to us with a plan of actions they would take to make the necessary improvements.

We found during this inspection that the provider had undertaken the necessary improvements and was in the process of implementing these as required to fully meet people's needs. However, some people's relatives said staff cover at weekends had been more difficult where continuity of staff had not always been possible when regular staff were unavailable. The registered manager and staff told us only agency staff who had previously worked with people using the service and had received a formal induction and introduction to the person they were going to support would be deployed to work at the service. At the time of the inspection, the provider had recently launched a new recruitment campaign and told us they covered staff leave and sickness. One staff member we spoke with told us "Like any service, there are ups and downs in staffing but there are enough staff. Recruitment of staff can be an issue but cover for annual leave and sickness is done by bank staff or by staff doing extra shifts". They went on to tell us they worked with the same people and therefore consistent care was provided.

At our last inspection the provider was not meeting the requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the service had not been meeting the requirements for safe care and treatment and people had not been protected from the unsafe use of medicine systems. At the time of the last inspection, some people were not having their medicines regularly because adequate stocks of medicines had not been ordered. There had also been gaps identified in the signing of medicines when newly ordered medicines were in stock and people had not received their medicine at the prescribed times. The provider wrote to us with a plan of actions they would take to make the necessary improvements. All staff were re-trained in medicines management and completed a medication delivery competency assessment. In addition, a policy had been implemented for staff to have a repeat medicines competency assessment before continuing to administer further medicines following any drug error. A daily medicines quality check had also been implemented since the last inspection which included checking all medicines administered had been signed for, temperatures for storage of medicines were at the optimum level, risk assessments were being followed and that Medicines Administration Records (MAR) had been completed correctly. Other regular checks that had been implemented following the last inspection included the quantities and expiry of medicines in stock.

During this inspection we saw that medicines were managed safely. We looked at MAR of the people using the service. These provided clear guidance and instructions to indicate how medicines should be administered. People's records detailed common side effects to medicines they were prescribed. This helped to inform staff on what to look out for and when to seek medical support.

MAR were consistently completed and instructions on how to administer medicines were available. Where medicines had not been given, information had been entered onto the MAR detailing the reasons for this. There was a system in place to ensure medicines were re-ordered as required. This meant medicines were available to people as prescribed.

Medicines which had been prescribed to be given as and when required (also referred to as PRN medicines) were managed effectively. PRN protocols were in place which detailed how often medicines could be given, at which dose and for what indication.

Policies were in place and up to date in relation to safeguarding and whistleblowing procedures which guided staff on any action that needed to be taken. Staff we spoke with could explain what keeping people safe meant. We saw from staff records that they had received training in safeguarding adults from abuse and whistleblowing. Staff knew the different types of abuse and said they were confident the registered manager and senior staff would act on any concerns. Staff were aware they could take concerns to agencies outside the service if they felt they were not being dealt with. One staff member told us there was a safeguarding flow chart in the office which they could refer to. This flowchart provided contact details of people to contact in the event of a safeguarding concern.

Is the service effective?

Our findings

At our last inspection the provider was not meeting the requirements of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the service had not been meeting the requirements of the Mental Capacity Act (2005). Where people were deemed as lacking capacity, assessments were not always completed accurately. 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 legally authorised under the MCA. 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 provider wrote to us with a plan of actions they would take to make the necessary improvements. We found during this inspection that the provider had undertaken the necessary improvements and had implemented these as required to fully meet people's needs.

Training records showed staff had been trained on MCA requirements. All staff we spoke with were able to tell us about the MCA and what to do when people were unable to make particular decisions and gave descriptions of what was meant by lacking capacity and doing things for people in their best interests. One staff member told us "We always presume people have capacity to make their own decisions and if proven otherwise, we would look at the least restrictive practice to support them". They went on to say "We allow them to make bad decisions as long as it's their choice and it is safe". Staff said they worked as a team when looking at people's capacity to make decisions and held best interest meetings when this was necessary. Best interest processes had also included discussion with people's relatives, their support manager and team leader and other community professionals as appropriate. There was clear documentation which recorded when a person did not have the capacity to make a particular decision which detailed a mental capacity assessment and best interest decision process in response to this.

Staff had the knowledge and skills they needed to carry out their roles and responsibilities effectively. New staff had an induction period which included core training and shadowing more experienced staff members prior to working independently. This included being introduced to the people they were going to support. One staff member told us about their induction when they had ongoing support and had shadowed staff. They told us about the mandatory training which they completed and said there were different methods of training including hands on training, classroom work and e-learning. Prior to administering medicines on their own, staff also had a competency assessment where they were observed administering medicines.

Staff also told us they had time to read people's support plans and were well informed about what support people needed before visiting them on their own. One staff member told us "We read them (support plans) all the time because things can change constantly". Another staff member told us people's support plans were reviewed monthly and this would involve input from the whole team. Documentation including any changes, accidents, incidents were recorded in daily records and checklists. These were completed by all staff who were involved with the care of a person. There was also a 'communications diary which included

messages for staff coming on duty. These included reminders such as whether they were due to run out of food and provisions and more needed to be purchased to forthcoming appointments which were due for that day.

Mandatory training as set by the provider was completed by staff to ensure they had the appropriate skills and knowledge to provide the individual support and care people needed. They were also able to describe training they had completed and what this had involved.

Training included safeguarding vulnerable adults, infection control, safe moving of people, the Mental Capacity Act 2005 and medicines management. In addition, bespoke training was provided according to people's individual needs. Staff also told us they were given the opportunity to progress in their role through further training and support.

Staff training was monitored through regular supervisions to make sure their knowledge and skills were up to date and there were systems in place to identify when supervisions were due. There was a record of when staff had received training and training was available to staff according to need. One staff member told us in order to support people they had started to learn Makaton (using signs and symbols to help people to communicate). This enabled them to connect and support people who used this as a method of communication. Staff told us they were supported through supervisions and training and new staff told us guidance and the ongoing support they were offered from senior staff helped build their confidence particularly during the early stages of their employment.

People were supported to eat and drink a balanced and varied diet. The relatives of most people told us their loved ones had a good balance of food although some relatives expressed the concern their relative had recently experienced an increase in their weight. However, these relatives told us they were aware this could be due to other factors such as the effect of medicines, exercise and day to day choices. In one person's support plan, it stated they were prone to weight gain despite being relatively active. As this person often chose less healthy options the plan suggested looking at supporting them with portion sizes and having side salads to help balance their dietary intake. People told us they had a choice in what they wanted to eat. One person told us their favourite food was fishcakes and burgers and chips and said as well as other food they had these for some of their meals. One person's relative told us how their loved one created their own menus and staff supported them to buy and prepare these meals. One staff member told us people and staff ate meals together and this enabled them to support people if required in a sociable and relaxed way.

People had access to health care professionals to make sure they received appropriate care and treatment. The service maintained accurate and up to date records of people's healthcare and GP contacts in case they needed to contact them. We saw from people's care records they were referred to healthcare professionals depending on the level of support they required. These included dieticians, psychologists, dentists, opticians and specialist nurses. Since the last inspection, a new procedure had been implemented in the event people's emotional well-being deteriorated ensuring a number of steps were followed. This included setting up best interest meetings, review of current medication, and referrals to GPs, sensory therapists and psychologists.

Is the service caring?

Our findings

At our last inspection the provider was not meeting the requirements of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the service had not been meeting the requirements for dignity and respect and people's rights had not been respected. People had not been empowered or given the autonomy to live more independent lives. The provider wrote to us with a plan of actions they would take to make the necessary improvements.

We found during this inspection that the provider had undertaken the necessary improvements and had implemented these as required to fully meet people's needs. Improvements in line with the plan of action had been implemented. This included re-training staff in how to write support plans including what appropriate terms to use when describing behaviours.

Staff told us there a weekly 'house meeting' took place with people using the service. This included discussion with staff on how they felt, whether there were any problems or issues and what they would like to do. We saw in one person's support plan they had requested some time on their own as they had been receiving one to one support from staff and wanted to see whether they could manage unsupported for short periods of time. This person and staff told us how this had been implemented and had resulted in this person being able to spend time on their own but also having the reassurance from staff they were close by should they require support.

People had a 'communication passport'. This detailed what name they preferred to be referred as, their birthday, their likes, dislikes and what was important to them. In one person's support plan it stated how they liked to be comforted when they were 'feeling down' and that they may approach staff for a hug to help them feel better.

People were supported and encouraged to maintain their independence. One member of staff we spoke with told us how they helped a person they were supporting make choices and how they did things together with them which promoted their independence. They told us this person liked to make their own meals although needed assistance with this. They told us they made meals together and encouraged the person to do as much as they felt comfortable with or were able to do. They assisted them to make daily choices; for example what meals they would like to have, and supported them with household tasks such as putting the ironing board up so they could do their own ironing which was something they wanted to do. In doing this, they also got to know more about each other which made the care personal and interactive. We observed staff interact with two people in a kind and caring manner. They used phrases such as "shall we" and "what would you like to do?" to support them in making their own decisions and choices. People were also involved in the recruitment of staff. One person we spoke with told us they liked to be part of the interview process. A staff member told us the role was not offered until a person using the service who they were going to support had met them and confirmed they were happy for them to support them.

People's relatives told us staff were caring and had built positive relationships with people using the service. One person's relative told us staff were "loving and supportive" and "understand X's needs". In a statement

received following a recent survey sent to people's relatives, comments included "We are very impressed by the way each person's needs are thoroughly considered and then met as far as possible. The service is a very caring and friendly place with an excellent staff team" and "I feel that X has always been happy at the service. X looks much healthier and keeps active. I know the staff prompt X to be as independent as possible. Whenever I visit, X seems content and happy".

Staff were knowledgeable about people's likes, dislikes and preferences and knew how they liked to be supported. One person told us what their favourite foods were and told us they had these cooked for them. One staff member told us a person they supported liked staff to accompany them for GP appointments as they wanted help to answer questions their doctor asked them. Monthly 'well-being' meetings took place where people had the opportunity to sit and talk to staff about how they felt about their health, their home and what personal goals they would like to achieve.

People's support plans detailed how they were supported with their cultural and spiritual choices and included details on whether they liked to attend religious services and how they liked to celebrate seasonal festivities such as Easter, Christmas and Halloween. One staff member told us how the service had liaised with a bereavement charity and requested support through counselling for people following bereavement at the service.

Is the service responsive?

Our findings

At our last inspection the provider was not meeting the requirements of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the service had not been meeting the requirements for person centred care. The progress made on support plans had not been monitored or updated to meet people's changing needs. Information about people's preferences had not always been accurate. The provider wrote to us with a plan of actions they would take to make the necessary improvements.

We found during this inspection that the provider had undertaken the necessary improvements and had implemented these as required to fully meet people's needs. Improvements in line with the plan of action had been implemented. This included the regular review of support plans.

People were involved in their care and development of their support plans. One staff member told us how they involved people in their support plan; explained what they were assessing when looking at their risks and always asked them how they would like to do things. They also told us the service was very 'person-centred' where all the care is centred on the individual and when changes or difficult situations occur they were evaluated and discussed with the person to find the most appropriate ways to resolve or manage these. The staff member told us "We wouldn't write one (a support plan) without them (person using the service)".

People's support plans clearly described how risks could be managed and detailed their preferences. For example in the support plan for one person it stated what triggers may lead to behaviours that may challenge. It went on to detail how to avoid triggers by avoiding sarcasm, keeping explanations simple, including them in conversation and allowing them sufficient time to process information being provided. Staff knew what support people required and when we asked them about people's specific needs, they gave us information that was in line with their current support plans.

Staff told us they supported people to take part in activities they chose to do. For example, the support plan of one person stated their goal was to take up fishing. When we spoke with this person, they told us they had been fishing that day. When we asked a person whether they had the opportunity to choose what they wanted to do they told us they did. They told us they had recently enjoyed seeing the fireworks and the day we spoke with them had been watching one of their favourite films on the television. However, some people's relatives told us people were not always supported to do as much as they would like to do. For example, one person's relative told us "There is sometimes talk of things in the pipeline but they don't always come to fruition and some interests are begun then don't continue". Another relative told us there had been requests for a specific activity but this had not yet occurred but they did not know the reason for this. Despite this, we saw photos of people enjoying activities such as sailing, socialising and gardening and staff and people described the sorts of activities they were involved in or had just started.

Staff supported people to keep in contact with their relatives by using different methods of communications such as the phone, email or by video link. People's relatives told us they were in regular contact with their loved ones, and staff kept them updated with any changes or concerns they may have. The relative of one

person told us "(X – staff member) calls me regularly if there are any concerns or something that has changed. I am really impressed with (X)."

People and their relatives knew how to raise concerns if they had any issues and had confidence that they would be listened to. Comments from people and their relatives included: "I'd feel confident in saying I have concerns" and "I've not had to complain, the service is ok". We looked at records of compliments received, complaints and incidents and saw that these were appropriately logged and responded to. Letters of thanks, compliments and any incidents or issues people had were appropriately recorded.

People were sent regular satisfaction surveys. These were written in an easy to read format and included pictures such as smiley faces, thumbs pointing up and down and tick boxes to help people understand and respond to the questions being asked. People using the service had responded positively to the latest satisfaction survey stating they were happy with the service and support they received.

Is the service well-led?

Our findings

The service promoted a positive culture that was person-centred, open and inclusive. The registered manager expressed their passion for providing a high quality service and focussed on delivering care that was person centred rather than task driven. The registered manager and staff told us certain aspects of the service had significantly changed following the last inspection in and action plans had been followed to improve the level of care being provided. This included focussing on staff recruitment, additional training in areas identified such as in the Mental Capacity Act 2005, improving people's support plans and procedures. People's relatives told us "This is an excellent service", and "On the whole, what Turning Point does for X is very good". One staff member told us some of the recent improvements had included monthly one to one support for staff and a more comprehensive induction program. They told us "The new management has really turned things around and procedures are much improved."

Whilst regular feedback was sought from people and their relatives, some relatives told us they did not always have the information they would like to have about certain aspects of the care being given. This was reflected in some of the complaints received from relatives towards the service where complaints had been responded to appropriately but may have been avoided had communication from the service been more robust. In response to this, the service had recently initiated a family newsletter and family forums were in the pipeline where relatives would be able to meet with the manager to ask about the service being delivered. The service regularly sought feedback from people and their relatives to assist them in monitoring the quality of the service. We saw the initial data from a 'family survey' which had been sent to people's relatives in October 2016. The preliminary data showed positive feedback such as how they felt their relative's views and wishes were taken into account and their level of satisfaction on how they felt their loved ones were supported. The plan was in place to analyse all feedback when all responses had been returned and this stated the management team would form an action plan in response to feedback received in the next couple of months. The comments on feedback from one person's relative stated "There has been a dramatic improvement in the care, support, encouragement to do activities and general well-being of X..." and "There had been a huge change for the better care and support of all service users. Well done to the manager and her team".

Quality assurance systems were in place to monitor the quality of the service. Daily checklists were in place to ensure documentation of care was recorded and delivered as required. These checklists included checking that medicines had been administered as prescribed, daily logs and monitoring charts completed and important information provided during staff handovers.

Most community professionals spoke positively about the management of the service saying policies had been improved in particular where there had previously been a lack of understanding around the Mental Capacity Act (2005). However, feedback from one community professional stated there was some lack of information being provided in support plans and monitoring forms. They told us they had offered support to the service but this had not yet been taken up. Staff told us since the new manager had started working at the service issues such as staffing, continuity of care, retention of staff and training had improved.

The registered manager had measures in place to ensure staff were aware of the visions and values of the service. They told us these were discussed during staff appraisals, induction and face to face training to demonstrate how staff could put these into practice. Staff told us there was an open door policy where they had the opportunity to feedback to their manager and express any concerns either through formal meetings or on an ongoing informal basis. There was also a blame free culture where if a mistake was made, the focus would be on what could be done to improve and prevent it happening again. A new staff forum had recently been set up to occur quarterly throughout the year where staff were able to discuss best practice, concerns and new ideas. Staff told us they discussed what they would like to do as a team and how the values fit in with this during these forums. One staff member told us "I am proud to work for this service – we teach service users how to be independent and encourage new activities and I find this part of the job most rewarding".