

# Turning Point The Crescent

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

This inspection took place on 8 September 2016 and was unannounced. At our previous inspection in July 2015 we had concerns that people's risk assessments and care plans were not being followed. We also had concerns that the provider's systems to monitor the quality of the service were ineffective. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements.

The service provides personal care for up to eight people with a learning disability in their own homes. At the time of the inspection eight people were using the service.

There was a registered manager. 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.

At this inspection we found that some improvements had been made in the areas of concern and the provider was no longer in breach of any Regulations of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However further improvements were still required to ensure people received safe, effective, responsive and well-led care.

We found that incidents were not always reported in accordance with the provider's policies and procedures, and the management team had not identified this through their audit systems which showed some audits were ineffective.

People's risks were assessed and managed to help keep people safe. There were enough staff to meet people's needs. People told us and we saw that requests for support were responded to promptly by staff.

People's medicines were stored and managed safely, and staff understood and acted on any signs that may indicate that people were unwell.

Staff were suitably trained to meet people's needs and were supported and supervised in order to deliver care to people effectively. Staff understood how to support people to make decisions and when they were unable to do this, support was provided in line with the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

People were provided with enough food and drink to maintain a healthy diet. People had choices about their food and drink and were provided with support when required to ensure their nutritional needs were met.

People's health was monitored and access to healthcare professionals was arranged when required.

People were treated with kindness and compassion and were encouraged to make choices about their care and how they wanted to spend their time, and their privacy and dignity was respected.

Relatives and staff felt the registered manager was approachable.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe

Some incidents were not always reported in accordance with the provider's policies and procedures, and were not highlighted during audits.

Medicines were managed and administered safely. Staff knew how to protect people from avoidable harm and abuse and people's risks were assessed and monitored. There were enough staff to meet people's needs.

### Is the service effective?

**Good** ●

The service was consistently effective.

People were supported to make choices about their care.  
People had access to food and drink to maintain a healthy diet.  
Prompt access to healthcare was arranged when needed. The principles of the MCA and DoLS were followed to ensure that people's consent was sought before support was given.

### Is the service caring?

**Good** ●

The service was caring

People were treated with kindness and compassion and their choices were respected.  
People's privacy and dignity was respected and staff provided care in a dignified way.

### Is the service responsive?

**Good** ●

The service was responsive

People were supported to spend their time how they wanted.  
There was a complaints policy procedure and where issues had been raised the provider dealt with this in accordance with their policy.

### Is the service well-led?

**Requires Improvement** ●

The service was not consistently well led.

Quality monitoring systems were in place but were not effective in ensuring that issues were identified and were acted upon to improve the quality of the service.

The manager was respected by people who lived in the home and the staff, and staff were supported to carry out their roles effectively.

# The Crescent

## **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 8 September and was unannounced and undertaken by one inspector.

We looked at information we held on the service including notifications the provider is required to send us. These are notifications about serious incidents that the provider is required to send to us by law. We looked at the action plans the provider had sent us since the last inspection and we spoke with professionals who commissioned people's care.

During the inspection we spoke with one person who used the service and met with a further three people, who due to communication difficulties were not all able to tell us about their care. We spoke with two relatives, the registered manager, a team leader and three members of the care staff team.

We looked at two people's care records and we looked at the systems that the provider had in place to monitor the quality of the service.

# Is the service safe?

## Our findings

At our previous inspection we found that although people's risks had been identified in relation to their behaviours that may challenge, risk assessments were not in place for staff to follow and staff could not tell us how to minimise the risk of incidents and harm relating to these behaviours. This was a breach of Regulation 12 of The Health and social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that some improvements had been made and the provider was no longer in breach of this regulation, however, further improvements were still required.

Risk assessments were in place that contained detailed information for staff to follow regarding the risks identified for each person. For example detailed positive behaviour support plans were in place that described the types of situations that may cause a person to become agitated and specific strategies for staff to follow to help support the person during these times. For one person there was a specific risk assessment in place that described when they may show signs of becoming unwell and staff were able to tell us these signs. Staff we spoke with were able to tell us what risks had been identified for each of the people living at the service, and were able to describe how to manage those risks to keep people safe and prevent further incidents occurring. However, daily records showed that incidents were not always reported in accordance the provider's policies and procedures. For example, where 'as required' medication was administered in response to an incident relating to a person's behaviours that challenged, the incident had not been recorded on an electronic incident form to be followed up by the registered manager and provider. This meant that due to incidents not always being reported and investigated, people were at risk of further incidents occurring.

Staff we spoke with understood what the different types of abuse were and how to report any issues of concern. One staff member told us, "Safeguarding is about protecting the people we support from harm, and reporting anything you suspect might be abuse or anything you think they're not happy with". We saw that peoples care files contained pictorial information about reporting any concerns they may have. One person told us, "Yes, I'm safe here, I'd say if I wasn't, staff ask me if I want to talk to them about anything". Staff told us and records confirmed that the provider followed safe recruitment practices.

Relatives told us they felt their relative was safe at the service. They told us, "Things have got better here, everything is more settled now and we even went on holiday as I knew [relative] was safe here".

Staff files included application forms, records of interview and appropriate references. Records we viewed showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure staff were suitable and safe to work with vulnerable adults.

We saw rotas and staff told us there were enough staff to meet people's needs. Staff also told us that when people required it, extra staff were available on shift to support core teams with specific duties. For example, when one person required extra support to access the community or if a group activity took place within the service. Each person had been allocated a core team of staff that knew them well and also who were trained in the level of support that each person required. For example, Staff told us that where a person required specific support around behaviours that may challenge, their core teams had received specific training in this area. One staff member told us, "A lot of work has gone into matching people with staff who get along well". We also saw that where a person liked to access the community, the provider ensured staff who could drive were available to support them to do this.

People's medicines were stored and administered safely. Staff told us and we saw records that confirmed staff were trained and competent to administer medicines. In response to a recent incident involving 'as required' medicines a new system was now in place whereby these medicines are stored in a bag with a breakable seal that allows staff to be aware of each time the bag is opened to administer these medicines to minimise the risk of an error occurring. We saw that guidance was in place for 'as required' medicines and staff were able to tell us the signs that people displayed when these medicines may be needed. Staff also knew how people liked to take their medicines, for example one person liked their tablets put on a specific plate and liked to have a cake as this disguised the taste of the medicine. This meant each people received their medicine in accordance with their care preferences.



# Is the service effective?

## Our findings

At our previous inspection we found that accurate records were not kept detailing incidents of restraint. This meant the use of restraint was not being monitored to ensure it was safe and appropriate. During this inspection we found that incidents involving restraint were being recorded and monitored appropriately and people's behaviours that challenged were now being managed through other interventions following the involvement of health and social care professionals.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw that people had mental capacity assessments that identified which decisions they required support with and where needed, best interest decisions had been made in line with guidance. We saw that staff asked people what they wanted to do and how they wanted to spend their time and staff waited for a response before supporting the person. Staff told us and records showed they were trained and had an understanding of the MCA. One staff member said, "You always assume people can make their own decisions unless you have reason to think they may lack capacity." Staff gave examples of times they had made decisions in people's best interests and this showed they were working in line with the principles of 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. We found that referrals for DoLS authorisations had been made when required. The registered manager told us and we saw paperwork to confirm that these decisions had been recently chased up and were still awaiting an outcome from the local authority.

Staff we spoke with demonstrated they knew people well and they told us how they helped them to support people. One staff member said, "Yes, we do have quite a bit of training here, we've had specific training around positive behaviour management and about autism to help us understand people better and to help us to support them properly". We saw that this training had been effective. For example, records showed that one person no longer required regular restraint to manage their behaviours as these were now being managed through positive behaviour management techniques. For example one person no longer needed staff to hold them during personal care and was supported using less restrictive types of behaviour management methods.

We saw that people had a choice of what to eat and drink. One person told us, "Yes, I choose what I want and they (staff) help me cook it". Staff told us that they encouraged healthy eating and we saw that one person was being supported to choose healthier options. One staff member told us, "I try to encourage healthy options, but at the end of the day they can have what they want, I show [person] two options and let them choose which one they prefer". Some people who used the service had swallowing difficulties and we saw that staff had been trained to prepare their food to the correct consistency to prevent the risk of them choking. This meant people's nutritional needs were being effectively met.

People had access to healthcare professionals when they needed them. On the day of our inspection we saw one person had a visit from their GP, and saw records that confirmed that reviews had taken place with district nurses and the intensive support team (A local team who support people with behaviours that challenge).

A relative told us, " They are very on the ball here with anything health related, they call the GP whenever they think [relative] needs it and they let us know".

Staff were able to tell us about specific health care needs for people and were able to tell us the signs and symptoms they might see if they suspected a person was becoming unwell. For example, one staff member told us there were specific signs they should look out for to alert them to the possibility that one person may have a urinary tract infection and told us what procedure they would follow to ensure that this was acted upon.

## Is the service caring?

### Our findings

During our last inspection we found that people's preferences in relation to which staff supported them were not always respected. At this inspection we found that a core team of staff was allocated to each person and where agency staff were used the registered manager was able to request the same members of staff. One person told us, "You get the same people with you, so that's good". Staff told us they got to work with the same people and only on very rare circumstances did changes occur through annual leave or sickness. In these instances staff from other core teams were used where the person was familiar with those members of staff, and where the staff had received the correct level of training to enable them to support that person. This meant that people were supported by people that knew them well.

Previously we had found that relatives were not being kept informed of incidents involving their relations and a relative had been asked not to visit during the inspection. During this inspection relatives told us they were always kept informed of their relation's health and well-being. They told us, "Things are better now and we get told of any issues and have had meetings to discuss how we want information feeding back to us. We got sent pictures and a video by staff when [relative] was on holiday, it meant a lot to know they were happy and the staff went above and beyond to make sure they enjoyed it."

Due to communication difficulties the people who used the service were not all able to tell us about their care experiences. However we saw that staff spoke with people in a positive and caring manner. Staff told us that they enjoyed their work. One staff member told us, "I love it here, and even though I haven't been here a long time I know I've made a difference to peoples' lives". We saw where people became anxious that staff followed protocols described in people's care plans and were able to use distraction techniques to help calm the person. We saw that people communicated their wishes to staff in different ways. Staff were able to explain the different methods people used and we observed staff communicate effectively with people and understand what they wanted. For example, one person was using body language and gestures and staff knew this meant they were becoming agitated and would prefer to be left alone. The staff member respected this and said they'd be back later. We also saw that a staff member had taken pictures of places where one person visited such as the dentist or the swimming baths so that they could clearly communicate with the person regarding activities and appointments.

We saw that people's privacy was promoted and recognised. We saw that staff rang door bells or knocked on the doors of people's flats before they entered. A staff member told us that one person very rarely answered the door as they enjoyed playing on their PC, but that they would still ring the bell and wait. If, however there was no answer they then entered the flat and knocked on the living room door and waited for a response before entering.

## Is the service responsive?

### Our findings

People in the service lived in their own flats. During the inspection two people invited us into their flats and we saw that these had been personalised to their own tastes. One person showed us that they had been supported by staff to purchase a trampoline for their garden, and another person had a swing in their garden and their relative told us how important it was for them to have this as they'd always had one previously before living at the service.

People were supported by staff to access the community when they wanted and we saw during the inspection that one person went to a local farm to get ice cream and another person had been out to do their food shopping. This meant people were supported to access the community when they wanted to.

Relatives with spoke with told us they were free to visit any time, and were made to feel welcome when they visited. One relative told us, "We visit quite regularly and we are always made to feel welcome and not like we're in the way". We also saw that one person had been supported to access the internet in their flat which enabled them to use Skype to speak to relatives who lived abroad. This meant that people are supported maintain relationships with their family and other people important to them.

We saw care plans that contained people's preferences such as detailed routines around what support the person required in the morning and evening, communication needs and likes and dislikes. We saw that a life history had been completed to help staff understand people's past lives and how this may impact on people.

People and their families attended meetings called 'core team' meetings. These meetings were held so that everyone involved in supporting that person were able to discuss what things had gone well or not so well since the previous meeting and also to discuss any activities or holidays that the person may want support with to organise. Goals and aspirations were recorded within core team meetings, and recently one person was supported to achieve their goal of going on holiday and horse riding. One person's family had raised a concern regarding their relative not being able to successfully undergo some health checks. We saw that meetings had taken place with other professionals to explore what support could be offered around this issue to support staff in identifying signs of potential health issues.

We also saw minutes of tenants meetings that had been newly implemented to discuss any issues that people living at the service wanted to talk about. We saw that where suggestions were made that these were acted on. For example, an activity relating to the Olympics was suggested and we saw that people had enjoyed an Olympics themed buffet.

Relatives told us that they knew how to complain and they would be confident in raising issues with staff or the registered manager. One relative told us, "if I need to raise anything I can and the manager will sort it for me". We saw that when complaints were received that these were recorded, investigated and responded to following the providers policy. For example we saw evidence of an investigation into a complaint that detailed that the registered manager had spoken to the complainant about the issues to find out what

outcome they would like, and used assistive technology to limit the incident re-occurring. Assistive Technology is equipment that can enable people to remain independent and safe in their own home.

## Is the service well-led?

### Our findings

During our previous inspection we found that although the provider had various quality audits and systems in place, there were no action plans in place stating how and when improvements to care would be made. At this inspection we found that the provider had now got a schedule of audits in place that included medication, health and safety and care plans. Each action identified the current performance level, the proposed action to be undertaken, which staff member was responsible for ensuring the action was completed and the timescale for achieving compliance. We saw that progress was being made in line with these actions. However, we found that some incidents recorded in people's daily logs had not been reported as an incident in accordance with the provider's policies and procedures. This had not been identified during a recent care records audit and meant people were at risk of further incidents. This meant that some systems had not been effective in identifying the issues raised at this inspection. The registered manager told us they were disappointed that these issues had been missed and would address these with the members of staff responsible to ensure audits would be completed correctly in the future.

At the last inspection staff told us there were times when there was no senior member of staff on duty, and that sometimes this caused issues within the team. During this inspection we saw rotas and staff confirmed that there was a designated lead staff member for each shift so that all staff were aware of who to go to for support if needed and things were running a lot better since the new system had been in place.

The current management structure had been in place since January 2016 and the registered manager told us the change in structure had enabled them to make improvements to people's care. For example, the management team had improved the information contained in people's care records to enable staff to have access to the information required to meet people's needs. They stated that they had also managed to secure extra funding hours from the local authority for one of the people living at the service to enable them to access the community more easily. This showed they worked with external agencies to improve people's care.

Relatives we spoke with told us, "The new management team are very approachable, if I need to raise anything I can and the manager will sort it for me, [relative] has come on leaps and bounds since January and I'm really happy with everything". Staff we spoke with said the registered manager and new management team were approachable and they had noticed a difference in the service. One staff member said, "I've noticed a difference here, since the beginning of this year we've had more staff and a new manager and the atmosphere is better now".

We saw that the registered manager and team leader present on the day of inspection were known to the people who used the service and knew them well. We saw they spent time chatting with people about things they liked and suggested activities that they knew the person was interested in.