

Turning Point Austen House

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

The Inspection took place on 18 February 2016. The provider was given 48 hours' notice because the location was a small care home for adults who are often out during the day; we needed to be sure that someone would be in.

The service provides personal care as a supported living service at Austen House. Each person has their own individual flat at the location. At the time of the inspection the provider was supporting six people.

There was a Registered Manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from abuse as staff knew what constituted abuse and who to report it to if they suspected it had taken place. There were sufficient staff to keep people safe and to support people to follow their hobbies and interests. Risks to people were minimised to encourage and promote people's independence. Staff were clear how to support people to maintain their safety when they put themselves at risk. People's medicines were stored, administered and managed safely.

Summary of findings

Staff were supported to fulfil their role effectively. There was a regular programme of applicable training.

The Mental Capacity Act 2005 (MCA) is designed to protect people who cannot make decisions for themselves or lack the mental capacity to do so. The Deprivation of Liberty Safeguards (DoLS) are part of the MCA. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The provider followed the principles of the MCA by ensuring that people consented to their care or were supported by representatives to make decisions.

People's nutritional needs were met. People were supported to eat and drink sufficient to maintain a healthy lifestyle.

People were supported to access a range of health care services. When people became unwell staff responded and sought the appropriate support.

Staff were observed to be kind and caring and they told us that were well supported by the registered manager. Care was personalised and met people's individual needs and preferences.

The provider had a complaints procedure and people knew how to use it. The provider had systems in place to monitor the quality of the service. When improvements were required these were made in a timely manner.

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. There were sufficient numbers of suitably recruited staff to keep people safe within the service. People were kept safe as staff and management reported suspected abuse. Actions were taken to reduce people's risk whilst encouraging their independence. Medication was managed safely.

Good



Is the service effective?

The service was effective. The provider worked within the principles of the Mental Capacity Act 2005 to ensure that people were supported to consent and make decisions with their representatives. Staff were supported and trained to be effective in their role. People's nutritional needs were met. When people required support with their health care needs they received it in a timely manner.

Good



Is the service caring?

The service was caring. People were treated with dignity and respect. People were as involved as they were able to be in their care, treatment and support. Relatives and friends were able to visit freely. People's privacy was respected.

Good



Is the service responsive?

The service was responsive. Care was personalised and delivered in accordance with people's preferences. People were offered opportunities to engage in community activities of their choice. The complaints procedure was made accessible to people and their relatives.

Good



Is the service well-led?

The service was well led. Systems were in place to monitor the quality of the service and action was taken to make any required improvements. There was a registered manager in post. Staff felt supported and valued by the management team.

Good



Austen House

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 18 February 2016. The provider was given 48 hours' notice because the location was a small care home for adults who are often out during the day and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

We looked at the information we held about the service. This included notifications that we had received from the provider about events that had happened at the service. A notification is information about important events which the provider is required to send us by law.

People who used the service were unable to communicate effectively with us so we spoke with three people's relatives/representatives over the telephone about the care and support they received. The registered manager was present and assisted us during the inspection. We also spoke with four support staff including a team leader. We visited all of the people in their flats accompanied by staff members. We looked at three people's care records, medication administration records, two staff recruitment files, training records and the quality monitoring audits. We did this to gain people's views about the care and to check that standards of care were being met.

Is the service safe?

Our findings

People who used the service were protected from abuse and the risk of abuse as staff we spoke with knew what constituted abuse and what to do if there was an allegation of suspected abuse. A staff member told us, “I would report anything I was concerned about to the manager. I have had training in abuse and I know what to look out for”. The manager had a good knowledge of how to raise safeguarding referrals to the appropriate local authority safeguarding team and had done so in the past. We saw pictorial easy read posters displayed in the communal area about how people could keep themselves safe. Information within these gave clear guidance to people who used the service about how they could raise any concerns they might have. Relatives told us they knew how to raise concerns a relative said, “If we were concerned about anything I would speak with the manager”. This meant that their were systems in place to help keep people safe.

People were supported to stay safe and take risks to promote their independence through the effective use of risk assessments. Risk assessments were in place for each person dependent on their needs and they were kept under constant review. We saw when people were at risk of seizures, safety measures were in place including the use of electronic monitors whilst people were in their flats and when they went out.

Some people had a risk assessment in place to enable them to be independent in their homes unsupervised for short periods of time. We saw staff checking every 30 minutes on a person. A staff member explained how a person could be left unsupervised for a short period of time as long as this was only 30 minutes and their alarm monitor was in place. A team leader told us that the risk assessment would be kept under review to ensure it was safe and appropriate to the person’s needs.

We saw one person was at risk of harming themselves when they had epileptic seizures. There was a clear and comprehensive plan to support this person at these times. Staff caring for the person knew the plan and we saw how staff managed to keep this person safe during an epileptic seizure at the time of the inspection. A staff member said, “All staff have done the epilepsy training and know what to do”. Staff managed the situation calmly and safely until the person recovered.

People's medicines were stored and administered safely. People's medicines were kept in a locked cabinet in their bedrooms. Staff we spoke with confirmed they had received comprehensive training in the administration of medicines and they were regularly assessed as being competent by a senior member of staff. This included training in the use of emergency medication when this was required. People had clear and detailed medication care plans which informed staff how people liked to have their medication dependent on their personal preferences.

There were enough staff to keep people safe. Staff were available at all times through the day and night and extra staff were made available to support people with leisure activities. Where people required two staff members to accompany them into the community, this was provided. When two staff members were required to assist people with the use of mobility equipment then staff were available to help each other.

Staff had been recruited carefully and robust systems were in place for the recruitment, induction and training of staff.

Staff had received appropriate training to keep people safe. Staff showed us different types of mobility equipment which was used for each person according to their assessed needs. Staff explained how each piece of equipment was used in order to keep people safe and told us that they had received training on how to do this.

Is the service effective?

Our findings

People's representatives/relatives told us they thought staff had the skills and expertise to meet their relative's needs. A relative said, "The staff look after [named person] very well. They know exactly how to care for [named person]. Some of the staff have been working with [named person] for many years.

Staff received support and training to be effective in their role. There was an on-going programme of training specific to meeting the needs of people who used the service. Regular supervision and competency checks were undertaken by the manager and senior staff to ensure that staff maintained a high standard of care delivery. A staff member said, "The induction training I had was very good. I have benefited from doing the training on dysphagia (helping people with swallowing difficulties)".

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. All of the people who used the service required support to make decisions and to consent to their care, treatment and support. We saw that people's capacity to consent had been assessed throughout all the activities of daily living. We saw how a staff member gained consent from a person with limited communication skills. The staff member asked the person whether they would like a drink of coffee and they reacted by smiling and making a noise indicating that they did. The staff member gave the person the drink which they enjoyed. The staff member said "If [person's name] did not want a drink they would turn their head away". This meant that staff understood how each person was able to consent even in small ways.

We saw where people were unable to make more important decisions best interest meetings were held and decisions made. This was where people who were involved in the person's care and/or knew the person well and their representative met to make a decision because the person could not make this for themselves. We saw where best interest decisions had been made to purchase mobility cars for five people so they could access the community

easier. Staff told us how much this had made a difference to people's lives. A representative explained how they had been involved in the best interests decision to purchase a mobility car for their relative.

We saw that all of the people had been referred to the local authority for a Deprivation of Liberty Safeguards (DoLS) authorisation as they were at times being restricted of their liberty. For example; a person using a lapbelt on their wheelchair, using bedguards and not being able to access the community alone. The Deprivation of Liberty Safeguards is part of the Mental Capacity Act 2005. The legislation sets out requirements to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. We saw the process had been followed correctly.

People were supported to maintain a healthy diet. We saw staff supported a person with a healthy eating plan. The person was doing well with this and had lost weight. Another person had their meals pureed and a staff member explained how they liked to take the person to a certain local café where they would blend the food for the person. Two people enjoyed a takeaway meal on a Saturday night and Sunday Lunch in the communal area with their friends who lived in the other flats. We saw two people enjoyed food shopping and choosing what they wanted to eat. One person liked strawberry milkshakes and another person was having home made cheese and onion pie for their tea. Staff encouraged and enabled people to participate as much as possible in planning, their meals, food shopping and preparing meals.

People's health care needs were monitored. Staff told us and we saw how people were supported to attend health appointments with their GP. When people became unwell staff made timely referrals to health care professionals. We saw where a person had been referred to the GP for a medical condition which was successfully treated with medication. We saw where an Occupational Therapist had been out to assess a person for a new chair to enable the person to enjoy more comfort instead of sitting in their wheelchair all of the time. A relative said, "[person's name] now has an easy reclining chair which is good. This is the first time they have been able to sit in anything other than their wheelchair". The Epilepsy Specialist Nurse had also been out to assess and review people's needs.

Community nurses were also closely involved with people and we met a district nurse visiting a person during the

Is the service effective?

inspection. The district nurse explained how they came out regularly to administer catheter care to a person. The district nurse told us that staff made appropriate referrals and worked alongside the primary health care team to enable people who used the service to receive good health

care. The registered manager and staff worked closely with other health agencies to ensure people's health care needs were met. We saw that people had access to a wide range of health care facilities.

Is the service caring?

Our findings

A person told us that the staff treated them kindly and were 'very caring'. A relative told us: "The staff are wonderful and they all care so much. We really have nothing to complain about". We observed that staff interacted with people in a respectful manner, talking to people at a level and pace they could understand.

Staff had supported people to achieve their short term goals. A staff member said, "[named person] wanted to open their own car door with their key fob so we kept practising until they could do it themselves". The staff member said, "The small things are important to people and it is rewarding when we see them achieve their goals".

Everyone had their own private flat where they were supported with personal care. A staff member explained how they ensured people's privacy and dignity was promoted. They said, "I always ensure the door is closed to the bathroom and if they want me to wait while they use the toilet I put a towel around them and say 'I am going to leave you now for a few minutes'. We saw that staff knocked on people's front doors and called out introducing themselves before entering.

People were encouraged to be as independent as they were able to be and were free to come and go as they liked. One person had their flat door left open and staff explained that this was because the person self-propels in their wheelchair and likes to mobilise around the building. A person was supported to attend the local football games to watch the team they supported. We were told this was something that they regularly attended and enjoyed being part of.

Staff told us that people went on holiday and knew that it was time to start planning them. Everyone had the opportunity to go on an annual holiday. The registered manager told us that the provider paid the staff to support people on their holidays to ensure that people would be able to go.

Relatives and friends were free to visit people at any time and relatives we spoke with told us they were always kept informed of their relative's welfare. Staff supported to people to visit their relatives and friends.

Everyone had a plan of care which was kept securely. People's confidential information was respected and only available to people who were required to see it. Where able to people had signed their own care plans as they had been involved in their own planning meetings.

Is the service responsive?

Our findings

People received care and support based on their individual needs, likes, dislikes and preferences. Staff knew what people's needs were and how to address people as individuals. For example we saw how a staff member interacted with a person to ensure they were enjoying the music they listened to. The staff member said, "[person's name] loves their radio and takes it everywhere and calls the radio [name]. We have to take [radio name] out with us as [person's name] feels insecure without this and gets upset". Care plans were very detailed about how each person needed and preferred their care and support to be delivered. People's representatives had been involved in care plans and told us they were kept up to date with any changes.

Staff responded to people's needs when they changed and helped people to accept changes. For example most of the people who used the service had come to live here from a very different care setting. The registered manager and some staff had supported people through the transition between services. The registered manager explained that where people lived now (in their own flats) was an entirely different setting and way of life to what they were used to. They said it had been unsettling at the time and the staff team had worked with them to ensure they settled in to their new way of life. A relative said there had been a few

teething troubles when the service first opened but now everything was fine and "much better". A person said, "I didn't think they could improve on [previous care setting] but they have".

People were supported and encouraged to participate in a wide range of hobbies and community activities that they enjoyed. Some people were supported to enjoy swimming, going out to the shops, going to local venues including the cinema and eating out. A person enjoyed attending football matches. A few people enjoyed a takeaway meal on a Saturday night. For the five people who had use of their own mobility car (with a staff member driving) this had improved their access to the community. However there was one person who did not have a mobility car. The registered manager explained that this was in the hands of the person's solicitor and their relative was very keen for this to be "sorted as soon as possible" in order for their relative to enjoy trips out like the others.

Relatives we spoke with told us that they felt confident that if they had any concerns that they would be dealt with. One relative told us: "We have known the manager for many years as they have looked after [person's name] in previous care settings. We would have no problem with talking to them about any concerns we might have". The provider had a complaints procedure. We saw that people, their family and representatives were reminded about the complaints procedure every twelve months through a questionnaire. There had been no recent complaints.

Is the service well-led?

Our findings

Relatives/representatives of people who used the service thought the registered manager and staff team were approachable and available to speak with. A relative told us: "If I had any concerns I would speak to [staff's name] first as they know [person's name] best". Another relative told us that they could always speak with the registered manager about anything.

There was a registered manager in post, and two team leaders. There were clear lines of accountability within the service. Staff we spoke with told us that they felt that the registered manager and team leaders were supportive and approachable. A member of staff told us: "I love working here. It's a really good team".

Staff knew that the provider had a whistle blowing policy and they told us that they felt confident that if they used it they would be protected and it would be acted upon.

Staff told us they felt involved and informed and that their suggestions would be listened to and taken up where appropriate. A staff member gave us an example where they suggested a handover communication form would help staff communicate better from shift to shift and this had been introduced with success. The staff member explained that they had also been involved in a recent interview of a new staff member and had enjoyed this.

Regular meetings took place with people who used the service, their key workers and a small staff team. People's

representatives were also invited to attend these meetings. These were known as core team meetings. Records of core team meetings showed any improvements the person wanted such as personal goals the person wanted to achieve and the following meeting identified if the person had achieved their goal.

Records confirmed that people's views were sought at every opportunity. A staff member said, "we ask people small things like, 'Do you still like going to the tea dance?'" We saw records that confirmed that when people had requested items or any kind of action, there was a clear audit trail of what action had been taken.

The manager kept themselves up to date with current legislation. They told us that they attended provider forums and CQC events and were always looking for new and innovative ways of providing care.

Systems were in place to monitor the quality of the service. A senior staff member explained, "Senior staff are responsible for checking people's medication and record charts, people's personal pocket monies, daily logs, diaries, professional visits and peoples' menus. I also check whether incidents have been correctly recorded and reported".

Staff performance was regularly reviewed and staff training was kept up to date. People's health care needs were monitored and people's care was regularly reviewed with them. This meant that the provider was maintaining and looking to improve the quality of service provided.