

Turning Point

Turning Point - Cambridgeshire & Peterborough

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Turning Point – Cambridgeshire and Peterborough is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to younger and older people aged from 18 and over.

People's experience of using this service:

People we met and spoke with were happy with the care agency and the staff that provided their care. One person told us, "[Staff] help me to do what I want to do."

People were safe using the agency because staff knew what they were doing, they had been trained and visited people to learn how to care for them before having to do so. There were enough staff, and the registered manager also visited people regularly. Key recruitment checks were obtained before new staff started work.

People told us they always received their medicines and that staff knew how these should be given. Medicine records were completed accurately and with enough detail. Staff supported people with meals and drinks. They did this in a hygienic way, using protective equipment, such as gloves and aprons. Staff followed advice from health care professionals and made sure they asked people's consent before caring for them.

People liked the staff that cared for them. One person told us, "I like the care staff", and went on to tell us that staff supported them to live as they wanted. Staff were kind and caring, they involved people in their care and made sure people's privacy was respected. Staff worked well together, they understood the agency's aim to deliver high quality care, which helped people to continue to live in their own homes.

Systems to monitor how well the agency was operating were carried out well. Where concerns were identified, the registered manager followed this up to make sure action was taken to rectify the issue.

Rating at last inspection: This was the first inspection of this service.

Why we inspected: This was a planned inspection based on the service's registration date.

Follow up: We will continue to monitor information we receive about the service until we return to visit as scheduled in our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

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Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in specialist housing. It provides a service to younger adults with a learning disability or autistic spectrum disorder. Not everyone using Turning Point – Cambridgeshire and Peterborough receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager may be out of the office supporting staff. We needed to be sure that they would be in.

Inspection site visit activity started on 31 January 2019 and ended on 7 February 2019. We visited the office location on 31 January 2019 to see the manager and office staff; and to review care records and policies and procedures. We visited people and spoke with them and staff on 7 February 2019.

What we did:

As part of the inspection, we reviewed the information available to us about the agency, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. We also reviewed the provider information return (PIR) submitted to us before this inspection. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make. We took this into account when we inspected the agency and made the judgements in this report. We also asked stakeholders, such as the local authority safeguarding team and commissioners for their views of the agency, although we received no comments.

During our inspection, we spoke with one person using the agency and observed interactions between staff and people at two other people's homes. We also spoke with four members of care staff and the registered manager. We checked three people's care records and medicines administration records (MARs). We checked records relating to how the agency is run and monitored, such as audits, accidents and incidents forms, staff recruitment, training and health and safety records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person told us they felt safe with staff as, "They look after me."
- The provider had effective safeguarding systems in place, staff understood what to do to protect people from harm and how to report concerns. A staff member told us that they had regular discussions with senior staff about safeguarding.

Assessing risk, safety monitoring and management

- Staff assessed risks to people's health and welfare such as moving and handling, falls and going out into the community.
- Risk assessments in relation to people's environment, in and around their homes had also been completed. These included those for fire safety and equipment. This ensured that not only had risks been identified, but regular checks were also completed to make sure people were safe around their homes.

Staffing and recruitment

- There were enough staff on duty to support people safely and we saw that they had the skills to meet people's needs. One person told us that there were "always staff" available. Staff members also said there were enough staff, although they sometimes had to cover shifts if staff from another agency were not available at times of sudden shortage.
- There was a system in place to recruit new staff. Staff from another agency who regularly worked for Turning Point, were also used to cover shifts.
- Pre-employment checks such as references and disclosure and barring checks were carried out before staff started work. This kept people safe because it helped the registered manager make sure that only suitable staff were employed.

Using medicines safely

- People told us where they required support from staff with their medicines, they always received their medicines as they should. A person told us that staff never forgot to give them their medicines.
- Staff completed medicine administration records to show if people had taken their medicines or the reason if they had not. There was information in people's support plans about the type and level of support they needed from staff to take their medicines safely.

Preventing and controlling infection

- Staff had completed training in how to reduce the risk of infection and they followed good practice guidance. They used personal protective equipment, such as gloves and aprons, to help prevent the spread

of infection.

Learning lessons when things go wrong

- Incidents or accidents involving people using the service or staff were managed effectively. Staff recorded these appropriately and team leaders took action following accidents or incidents to reduce the risk of these reoccurring.
- One staff member told us that incidents were discussed at team meetings . This gave staff the opportunity to discuss what went wrong and what action they could take to reduce the risk of reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff completed assessments of people's needs before they started using the service. This enabled them to make sure they had enough staff with the right skills to meet them.
- Staff worked with health professionals and consulted national guidance from organisations such as NICE (National Institute for Clinical Excellence) and the Royal Marsden Manual. This helped people understand how their needs would be met. It also helped staff to support people using proven procedures.

Staff support: induction, training, skills and experience

- Staff had received training when they first started working for the agency and this was updated each year. New staff completed the Care Certificate, which identifies a set of standards and introductory skills that health and social care workers should consistently adhere to and includes assessments of competency.
- Staff told us that they received other training, such as for dementia awareness. One staff member told about this training and how it had given them a better understanding of dementia and how it may affect people they cared for.
- Staff members received supervision as individual meetings and they said that they could also contact the registered manager or senior staff at any time between meetings. They felt well supported to do their jobs.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough. People chose the meals they wanted to eat. One person told us, "I can eat what I want, I really like French toast."
- People's specific dietary needs, such as a soft diet to reduce the risk of choking or a diet required for cultural or religious reasons, were known to staff and catered for.

Staff working with other agencies to provide consistent, effective, timely care

- Staff completed an 'About me' form with people, which recorded important information about people, their needs, daily routines and preferences. People took the form with them when they visited other providers of care, such as hospitals. This meant that important information was available if the person was not able to tell others about their preferences and they did not have a staff member to help them with this.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to attend appointments with health professionals such as GPs, dentists, speech and language therapists, opticians and hospital consultants.
- Staff had access to information from health care professionals and they followed this advice, which was included in people's care records.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. These applications are made through the Court of Protection for people living in their own homes.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were supported by staff who understood the principles of the MCA. They knew how to support people to continue making decisions and who to go to if the person was unable to do so.
- DoLS applications had been made by staff where appropriate and eight authorisations from the Court of Protection had been granted. Staff were aware of which people had authorisations and they supported people in line with these safeguards.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were treated kindly by staff. One person commented positively that staff members were "very nice," and went on to say, "Staff are supportive."
- Staff treated people kindly; they showed concern for people and made sure people had everything they needed. They were aware of people's individual needs and preferences.
- People were comfortable in the presence of staff and appeared to enjoy positive relationships.

Supporting people to express their views and be involved in making decisions about their care

- People confirmed that they were consulted by staff about how they preferred to have their care and support provided. One person told us, "Staff know me well."
- Staff told us they provided care to people in a way that the person preferred. Staff had enough time to support people properly and in the way they wanted, which also allowed them to spend time talking with people.
- People were supported to make choices about their care throughout the day. For example, they chose when to get up, what they wanted to eat and what activity they wanted to do if they were at home and not attending a prearranged activity.
- The registered manager said that no-one who received care was using an advocate, but they would refer people to advocacy services when needed. This had been done when people recently moved from one house to another and had no other representatives.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy. They ensured people were supported in a dignified way. This was because they closed doors and curtains, and covered people up as much as possible while supporting them with personal care.
- Staff encouraged people to do what they could for themselves to maintain their independence. Staff supported one person to have control of their environment and where they spent different parts of their day. This helped to reduce their anxiety.
- People's confidentiality was maintained; records were kept securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care needs were met and they were happy with the care they received. One person told us that staff supported them to care for themselves. They went on to show us part of their support plan and said, "The information in it is accurate."
- Staff told us they included people in ways each person understood when they reviewed plans.
- People had care plans in place, which were personalised and written in detail. These gave staff enough guidance on how to respond to people's needs effectively and safely. Staff had built good relationships and knew people's likes, dislikes and preferences.

Improving care quality in response to complaints or concerns

- People knew who to speak with if they were not happy with the care they received. People had information about external organisations that they could also contact about their concerns.
- The registered manager said that no complaints had been since the agency had re-registered.

End of life care and support

- Some guidance was available in people's care records about their end of life wishes, although there were no people receiving end of life care at the time of our visit. A staff member told us that they would also consult with people's relatives in the event of this care needing to be given.
- Additional guidance was available in the agency's end of life policy, which was available to staff.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager was committed to developing a person-centred culture within the service. They understood their responsibilities to ensure people received the care they needed and stepped in to support staff when needed.
- Staff were also committed to providing high-quality care and support. They told us how they covered shifts to make sure there were enough staff who knew people and how they preferred to be supported. One staff member told us, "I really like it. I couldn't imagine being anywhere different or doing anything else." Another staff member said Turning Point – Cambridgeshire and Peterborough gave people the opportunity to progress and develop on an individual basis. This was in line with the ethos of the provider organisation. They also said that the organisation was "inspired by possibilities" and went on to describe how this meant that people were supported to achieve as much as they wanted.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff told us they were able to provide good quality care and support to people because they were given enough time to do this. A staff member told us they also promoted independence and well-being for the people they cared for. One staff member explained how the registered manager had organised transport for staff when people moved to a new home. This made sure that staff without their own transport were able to get to work and that people received support from a consistent staff group during a time of potential unrest.
- Staff said that the registered manager was approachable and "really supportive", and that they could contact them at any time for advice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives and staff had completed a survey in 2018 and 2019, which showed positive comments for the agency.
- Staff completed reviews of people's care, which also provided people and relatives with the opportunity to feed back about their care.
- Staff told us that they attended meetings each month, which gave them regular support and information was shared quickly with them.

Continuous learning and improving care

- Processes to assess and check the quality and safety of the service were completed. The registered manager and senior staff carried out audits, which meant they regularly identified areas of the service that required improvement, and made those improvements in a timely way.
- Records of complaints, accidents and incidents were analysed to find trends or themes, such as the staff involved or the cause. This would enable the registered manager to take action where needed and reduce re-occurrence.

Working in partnership with others

- Information available to us before this inspection showed that the staff worked in partnership with other organisations, such as the continuing healthcare team. The registered manager contacted other organisations appropriately.