Turning Point

Hilderstone Road

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

This inspection was unannounced and took place on 20 December 2016.The service was registered to provide supported accommodation and personal care for seven adults who have a learning disability. At the time of our inspection six people were using the service. Our last inspection took place in April 2014 and at that time we found the provider was meeting the regulations we inspected.

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.

Hilderstone comprises of seven self-contained flats with the addition of shared spaces including a dining area, lounge and outdoor space. The provider and manager demonstrated a strong and supportive leadership style, completing quality checks to further improve people's life styles and the support available.

People lived in a safe environment that had been designed to meet their specific needs.. Staff made sure risk assessments were carried out and took steps to minimise risks without taking away opportunities for people to be independent. There was a system of audits, checks and analysis to identify how things could be improved and developed.

Staff had received training to enable them to know how to raise any concerns. Risk assessments had been completed to cover all aspects of the environment and to maintain people's safety when outside of the service.

There were sufficient staff to meet people's needs and we saw they had a flexible approach to the support they offered. Staff employed to work at the service had received the appropriate checks to ensure they were suitable. Medicines were administered safely by staff who were trained and regular audits ensured that any errors were addressed.

Staff had received a range of training to support the needs of the people. Additional training was available to increase the staff's knowledge and support their career development. There was an induction for all new staff which involved training and shadowing with experience staff.

Staff understood the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards and acted in people's best interests. Where people did not have the capacity to make a decision, they were supported through best interest assessments.

People were supported to choose what food they wished to eat. Where people had specialist diets these had been provided and when required specialist advice had been sought. Referrals to other health professional

had been made to ensure the people maintained good health and well-being.

The staff had established positive relationships with the people to provide an individual level of care. Relationships with families had been promoted and they felt able to visit anytime. People's dignity had been respected. The care plans provided details about people's preferences and how they wished their care to be provided. Activities were available to suit people's interests and hobbies.

Staff told us they felt supported by the management team and able to raise any idea or suggestions openly. The service had a complaints policy in place which was available in an easy read format.

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
People felt safe in the service and staff understood their responsibilities to keep people safe from harm. Risks to people's health and welfare were identified and managed through risk assessments and clear guidance. The recruitment practices in place checked staff's suitability to work with people. People received their medicine as prescribed and there were clear protocols in place to manage medicines safely. There were sufficient staff to support people's needs.

Is the service effective?

Good

The service was effective
Staff had received training which gave them the skills they needed to care for people effectively. Staff understood the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards and acted in people's best interests. People were given a choice of food and specialist diets had been catered for. Specialist advice was sought promptly when people needed additional support to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring
We saw people were treated in a caring way and relatives told us they were happy with the staff. People were encouraged to make choices and be independent. People's privacy and dignity were promoted. Relatives were free to visit when they wanted and felt welcomed.

Is the service responsive?

Good

The service was responsive
People received care which met their preferences and staff understood their likes and dislikes. There were opportunities for people to take part in an activity programme. There was a complaints procedure available, however the service had not

received any complaints to date..

Is the service well-led?

Good

The service was welled
There was a positive atmosphere in the home and staff felt well supported. Relatives were encouraged to share their views about the service. Audits were in place to monitor the quality and safety of the service provided and had been used to drive improvement.

Hilderstone Road

Detailed findings

Background to this inspection

We carried out this inspection visit 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. Our inspection was unannounced and the team consisted of one inspector.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information that we had received from the public. We also spoke with the local authority who provided us with their current monitoring information. 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 used this information to formulate our inspection plan.

People at this service were unable to tell us their experience of their life in the home, so we discussed their care and support by telephone with their relatives and professionals involved in their care. During the inspection we observed how the staff interacted with people.

We spoke with four members of care staff, the team leader and the registered manager. We reviewed two staff files to see how staff were recruited. We looked at the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We looked at the care records for three people to see if they were accurate and up to date. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Good

Is the service safe?

Our findings

There were a range of systems in place to keep people safe. A relative said, "[Name] is as safe as possible." They added, "Following a recent fall they contacted the emergency services, I feel they've done everything possible to prevent it happening again." Staff told us they had processes in place to report any concerns they had about people's safety, relating to any potential for harm or ill treatment. One staff member said, "I would go to the manager and document everything." They added, "I would go higher if no action was taken, to the local authority or CQC. We need to protect people." The staff member told us they felt confident action would be taken if a safeguarding concern was to be reported. We saw how the service had raised safeguarding concerns and how they had responded to them. For example following some financial concerns new safes had been introduced. These supported a robust system of logging all transactions so that people were protected from financial abuse. One staff member said, "Any system which makes it secure is better, we all feel responsible here." Other safeguarding concerns had been raised and discussed with the local authority team and any guidance they received was followed. The managers said, "I would rather raise it and consider any possible harm and have it discounted." We saw there was a clear process in place and all the safeguarding concerns had been investigated. Learning from the incidents was shared with the staff at their team meetings. This meant people were safeguarded and protected from harm.

Risks to people's safety had been assessed to cover all aspects of their care, the environment and when they were out in the community. We saw for instance that assessments reflected the level of support a person required when using public transport. They identified that if the person became upset or disruptive they would leave the bus at the next stop and contact the manager for support. Some people at the home were supported on a two to one basis whilst in the community. One staff member said, "We need to keep a close eye on some people, and always be by their side to keep them safe."

Other risk assessments reflected the person's daily living. For example when using equipment for personal care, guidance was provided which included the safety aspects around applying the brakes to the shower chair. Another risk assessment reflected that some people were at risk of poisoning from access to their toiletries which they may eat or drink. The risk assessments covered the safe storage and access by the person when in use. We saw that during a contracts review with the local authority a request was made for some additional risk assessments to be completed, relating to swimming and a fork mash diet, we saw these had been completed and reviewed. Which demonstrated that the provider responded to ensure all risks had been addressed and reviewed.

Assistive technology was used to support people's safety and security. These included monitors on the doors, motion sensors and bed sensors. The equipment reflected individual people' needs to support their safety. We saw where equipment was in use there was a risk assessment and guidance on its usage. For example some people often spent time wandering at night. As there was less staff available the equipment alerted staff to the person being up so they can be supported. A staff member said, "We can keep an eye on them but still give them some independence." They added, "Once they go back to their flats we reset the monitors to keep them safe."

Staff were also protected when they were working alone. . Each staff member had a pendant which they could press if they required assistance. The pendant had different settings to reflect if the assistance was for personal care or if there was an emergency. One staff member said, "It's good to have a security pendant." One flat was also fitted with two alarm buttons which staff could activate if they required urgent assistance. The manager told us, "This is to support staff who are lone working, which is a lot of the time."

Some people demonstrated behaviours which challenged their safety and that of others when they became anxious. We read that staff maintained a consistent approach to support each person in line with their care plans which contained guidance on the techniques to be used. For some people this was to use a variety of distractions, on occasions for others they required some physical restraint to prevent them hurting themselves. We saw there was written guidance for the use of restraint which was supported by pictorial guides for staff. All the staff had been trained to the appropriate level of restraint techniques This ensure the staff had the skills to support people when necessary.

Plans were in place to provide staff with information on how to support people in the event of an emergency such as a fire or any other incident that required the home to be evacuated. We saw that the information recorded was specific to each person's individual needs. There was also a 'grab bag' which contained the plans and any other emergency equipment in case the emergency occurred in the night when people did not have their one to one support. This meant people were supported in the event of an emergency.
There were sufficient staff to support people's needs. One relative said, "There is always someone with [Name], I know if there were no staff with them they would have had more falls." The staff we spoke with all felt there was enough staff to enable them to do their job and to provide the level of support the people required. One staff member said, "It's not fair to give people lots of changes, they need continuity." Another staff member said, "Staff always cover, we always have enough." The manager told us they had an established team and some staff on zero hour contracts which they used to cover annual leave or sickness. They said, "We never use an agency. People here need consistency and continuity."

The people had 'core' team members. These were a group of staff who spent 60% of their time with the person and who completed the care plan information. The manager told us, "We have the core teams to provide consistency and a team approach to people's care. However staff also work with other people so the support can be flexible dependent on who is available." One staff member said, "We all know everyone's needs."

We saw that a staff member had been deployed to support a person who was currently receiving medical care in hospital. The manager told us, "It means there is someone there that they know. It's reassuring having that familiar face." Before the person returned home an assessment had been completed to ensure any changes to their care needs were considered. For this person they would require different equipment and for the staff to receive some additional training . We saw all this information was cascaded to the staff team during the handover meeting and documented on the care records. The manager said, "We will have to complete a new care plan and the risk assessments for this person to ensure we get their care right, with all the changes."

We saw how the commissioned hours supported people's daily living and provided some flexibility for activities. For example the weekly community hours could be 'banked' so that the person could have the support for a full day's event. We saw this had happened over the year, for example visiting the illuminations in Blackpool.

The service had a whistle blowing policy, which enabled staff to raise any information of concern and be protected. One staff member said, "We are all aware of the policy and I feel able to raise any concerns if

needed." Staff we spoke with all felt confident they could raise any concerns with the manager. One staff member said, "Things have happened and they have been acted on straight away." This meant staff could feel confident to raise any concerns.

We saw that checks had been carried out to ensure that the staff who worked at the home were suitable to work with people. These included references and the person's identity checks through the disclosure and barring service (DBS). The DBS is a national agency that keeps records of criminal convictions. One member of staff told us, "I had to wait until everything had been cleared before I started which took a while as I had to wait for my references." This demonstrated that the provider had safe recruitment practices in place.

People received support with their medicine. The provider had a system in place which reflected their policy and protocol which we saw staff had followed. For example all medicines were checked by two staff members before administration and the signing of the medicine administration record. One staff member said, "It's always best to have things checked." Staff told us and records confirmed, staff had received medicine administration training. One person told us, "I did not do the medicines for two to three months, then I was trained and I was monitored." They added, "I asked to have someone with me until I felt confident." Some people had received medical procedures which required ongoing care. Staff had received training from health care professionals to ensure they knew how to care for the person to reduce any infections.

Some people required medicine before they ate and we saw this had been built into the person's daily routine. The staff member told us, "I make sure they have their tablet in time so they are not delayed in getting their breakfast."

We saw each person had an as required medicine protocol (PRN) to reflect the use of medicine to support people's pain relief or management of moods. One staff member told us. "We like to support the person without the PRN medicine, it's a good thing." They added, "It's about knowing the person and how to support them." We saw the PRN protocols had been reviewed to consider if they were still required or the level of usage of, for example pain relief which may identify a health concern.

All medicine was stored securely in a locked cupboard. The keys to these cupboards were issued at handover for that shift. However if the staff member on duty had not been trained to administer medicine, the shift lead would hold the keys and administer the medicine for that person. This meant there was a safe procedure for people to receive their medicine.

Good

Is the service effective?

Our findings

Staff had received training to enable them to understand their role and support people's needs.
One staff member said, "I asked for some additional training in restraint techniques and it was provided."
Another staff member said the autism training had been really useful. They said, "It was interesting learning about the different areas and how sensory things can alleviate people's anxiety."

Staff told us when they started at the service they were provided with training and shadowing with experienced staff members. One staff member told us, "The shadowing was brilliant; you get to learn how to work with different people." All staff received a structure induction which included
a workbook which followed the same guidelines of the care certificate. The care certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

The provider had staff who were trained in to deliver training. , to others, across the local area. The manager told us, "It's an advantage as we can keep training up to date and don't have to wait for a course to be put on. Staff can also seek direct help and advice, which means we can be responsive to the staff's needs."

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS).We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met.

We saw that assessments had been completed which were specific to the activity or decision. Where people lacked capacity we saw that best interest meetings had been completed and the relevant people consulted in relation to the decision. Applications relating to DoLS had been completed to the relevant authority and had been reviewed when necessary. However the service had not had any DoLS approved to date. The service had risk assessments in place to support people to remain safe and give them support if they wished to leave their flat. . We saw people were offered choices and their independence promoted. One staff member said, "If people walk to their door we go with them and support them to be safe." Another staff member said, "We give people choices, show them things to choose from."

Staff understood the need to provide people with food choices on their preferences. They told us, "You present it in the way they might understand." One staff member told us how they encouraged the person to participate when they wrote the shopping list by asking simple questions, such as 'shall we have some more

fish fingers' or ' do you like this cereal or this one' and showing them the packets.

Staff knew if people needed their food mashed to ease their swallowing and reduce their risk of choking. Some people required equipment to support them to eat and drink independently, we saw these were provided and documented in their care plan. In each flat people's food preferences had been documented along with the foods which people either disliked or were not recommended for them to have due to its texture. A relative told us, "[Name] has the diet boosting meals which I am happy with as it means you can be sure they get all the vitamins they need." We saw people's weights had been recorded and where their weight had reduced referrals had been made to health care professionals for advice and guidance. We saw this guidance had been followed.

We saw that referrals had been made to health care professionals in a timely manner. For example staff had raised concerns when a person whose fluid intake and output was monitored had not passed enough fluid in line with the guidance staff had been provided with. We saw how medical advice was sought and appropriate medicine obtained to support the person. Staff on the following shift were advised to provide the person with additional fluids to support their health needs. This demonstrated that people were support to maintain their health and wellbeing.

Good

Is the service caring?

Our findings

People were unable to tell us about the care they received, however we were able to observe some care being provided. Staff had a good knowledge about people and we saw how they responded to the staff. One relative said, "What we see we like, the staff are very caring." Another relative said, "The staff are very kind." One staff member told us, "You get to know everything about people." Another staff member said, "People all have their likes and dislikes."

Staff understood the importance of showing dignity to people. We saw that staff always knocked before entering people's flats and addressed people by their preferred name. One staff member said, "They know their own mind. Some people like their own space; I know when to step away. I respect that." The team leader told us, "Training covers privacy and dignity. It's about respecting their wishes on that day and time." This meant people were supported with their privacy and dignity.

We saw the rota reflected a consistent level of staff who knew people well. The manager told us, "We link the staff member with the person based on their skills and experience." We saw staff checked the rota to see who they would be working with over the next few days. The staff member told us, "I like to see who I am with so I can consider the activity we might be doing and if I need to bring anything with me."

People had been encouraged to be as independent as they were able to be. We saw the care plans identified the aspects of the care people were able to complete for themselves. For example, people could lift their arms or use a gesture to respond to a request. One staff member told us, "[Name] gets up and stands by the kitchen when they want a drink or they grab your arm." The manager told us, "We need to help people keep the skills they have."

We saw that people had been encouraged to maintain a relationship with people who were important to them. One relative said, "We visit every week, they always have [Name] ready for us." We saw relatives had been invited to events at the home and photos around the home confirmed this.

Some people required the support of an advocate. An advocate represents the interests of people who may find it difficult to be heard or speak out for themselves. We saw that the advocate had visited the person to build a relationship so they could provide the support they needed.

Good

Is the service responsive?

Our findings

The care plans reflected the care people required to support their needs. The manager told us, "The plans have been developed from knowledge of the core staff and information from relatives." Relatives told us they were involved in planning and reviewing their relations care. One relative told us, "Over the years we have had a lot of input. They are quite stable however we would say if we felt the need." They added, "A move here was a good one for [Name]."

All the staff we spoke with told us they used the care plans as reference for the support they provided. One staff member said, "When I started I read all the care plans. It's important to read these." They added, "It's important to feel confident in your ability." The manager told us they were adding a new section entitled, 'visiting me' which was to reflect how people would wish to receive their visitors. They said, "It's these things which keep us focused." A social care professional we spoke with said, "I found the level of support that the management team and staff offered to be high and they were very involved in the process of re-assessment which I was leading on."

The staff completed a daily worksheet which covered any changes which occurred with people and any actions required by the next staff member who was working with them. This ensured that people received continuous care as their needs changed. One staff member said, "Its good communication here and staff are all supportive." We observed a handover meeting and saw the information reflected the day's events and care provided. One person had been unwell and we saw this information was passed on so the staff member could continue to provide the level of support they required. One staff member said, "We have a new handover sheet, it's much better as it reflects information if there is a problem."

People were encouraged to participate in activities which they had an interest in. Each person had an individual program which was flexible to meet seasonal activities. For example visiting the Christmas market or the pantomime. One relative said, "Staff go out of their way to do things, they do lots of things." A staff member told us, "We change the planned activity if they are not in the mood or to fit with other events." They added, "It was a celebration the other day, and we supported the person to have a meal with their family."

In the PIR the provider told us they were introducing events at the home for those people who chose not to be involved in community events or access the local community. We saw these events had taken place. The manager told us, "It's a way of bringing the events to the person." They added, "What suits one person, does not suit everyone, so we need to be flexible." For example some people are happy to go out for meals, other people enjoy the food content however struggle with the social aspect. We saw a range of food choices were available from takeaways so people could experience the meal in the environment they felt safe in. This meant the service was flexible in supporting people with life events.
We saw when people had achieved a small social goal it was celebrated. For example one person chose not to eat with other people; however after several of the social events they are now eating their celebration food near to the groups. For this person this is a big step forward in social interaction.

There was a complaints procedure in place which had been produced as an easy read guide to provide a usable format for people. The registered manager told us they had not received any complaints. We saw the service had received some compliments, one said, 'Thank you so much for your care of [name]. You are just amazing.' The manager said, "We have had no complaints, however we would deal with any concerns in line with the policy."

Good

Is the service well-led?

Our findings

Staff and professionals told us there was an open culture at the service, one staff member said, "You can go to see the manager or team leaders any time. They are open to you voicing an opinion or an approach." Another staff member told us, "It's a great place to work." One staff member said, "I love it here, in my opinion it's the best care place." Another staff member said, "It's a nice atmosphere and there is good communication." A relative we spoke with said, "I am really happy with the care, they are well looked after."

A social care professional told us they felt the management and team were very responsive and said, "I found the service to be very helpful. The manager was always available. I was kept in the loop with everything that was going on and there was always a member of staff available to attend the meetings I arranged."

Staff felt supported by the manager and there was a clear process in place to cascade information about the service. Staff told us they received regular supervision, one staff member said, "We discuss any problems, the people we support and training, it's very good." Another staff member said, "I had mine two weeks ago, we discussed any day to day difficulties and any medicine changes." We saw the manager held regular team meetings. These covered a range of topics, any new policies and updates to support staff with their role and working for the provider. The manager said, "It's a great tool for communicating information."

The manager felt supported by the provider. They said, "I have regular supervision and I have other managers I can call on for support." They told us they met up with other managers from the providers locations on a monthly basis. They said, "The meetings are useful as we discuss the services and in the afternoon have a focus on an area of competency in meeting the regulations."

We found that systems were in place to monitor the quality of the service. We saw that audits had been completed in relation to accidents and incidents. For example one person had a fall. We saw the service had taken a range of actions to reduce any future risks. They had a meeting with the family and social care team and had the person's specialist footwear checked. They completed a mobility assessment to consider physiotherapy to see if the person's mobility could be improved. The manager told us they were also going to engage in taking the person swimming in the new year to help build up their muscles. The manager told us, "We like to make life better for people and consider all the avenues."

The manager completed other routine audits which covered all areas of the home and the care being provided. We saw the provider had a system where a manager from another location completed an audit on the service. The manager told us, "It's useful to have this support and then you can follow things up." We saw the manager had completed several audits and had compiled an action plan to address any areas which were outstanding."

People who used the service were unable to verbalise their wishes. However the staff team met with them on a monthly basis to discuss the planned activities and consider any aspects of care they may wish to

change. For example it was felt a television would be a good addition in the lounge area for people to view events together, like the 'bake off' and ' big football events' or to have film nights. We saw a television had been installed in the lounge. Staff told us it had been used for some of the events mentioned.

The provider had sent out questionnaires to the relatives of people who used the service, we saw the response to these were all positive. The manager told us they planned to do staff questionnaires to give them an opportunity to reflect on the service. The manager told us, "Even though we are open, staff may not feel able to comment and this will give them an opportunity."

The manager understood their registration with us and we saw that they had notified us of any concerns and the actions they had taken