

Turning Point

Turning Point - Salford and Bolton Learning Disabilities Supported Living

Inspection report

Floor 3, 1 City Approach
Albert Street, Eccles
Manchester
M30 0BL

Tel: 07837253568

Date of inspection visit:
26 August 2021
27 August 2021
13 September 2021

Date of publication:
21 October 2021

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 - Salford and Bolton Learning Disabilities Supported Living is a 'supported living' service that provides support packages for people with a learning disability or autistic spectrum disorder. Each person has their own individual lease agreement with the housing association and a separate contractual agreement for their support.

The service has a number of 'supported living' settings in the Salford and Bolton district. Each setting contains a number of individual bedrooms or flats and shared or communal gardens, lounges, kitchens and dining areas. The service provides 24-hour support.

People's experience of using this service and what we found

People were protected from the risks of abuse and harm and people said they trusted staff to keep them safe. Staff had received training in safeguarding people. People's support needs were risk assessed and support plans provided staff with the information they needed to manage the identified risk. Staff were trained to administer medicines and medicines were managed safely. Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults and staffing arrangements met people's needs.

Staff had the necessary skills to carry out their roles. Staff had regular training and opportunities for regular supervision and observations of their work performance. People received tailored support that was centred around their assessed needs, choices and decisions. Effective nutrition and hydration support was provided. People's care records contained relevant, up to date nutrition and hydration information for staff to follow. People had access to other healthcare services, ensuring a holistic level of support was provided.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The staff received training and support to enhance their skills and understanding in relation to maximising choice, promoting person-centred care and creating the right culture.

Support plans were detailed and person-centred. The support plans provided guidance for staff about how best to support people's needs and preferences. People had access to a range of activities, work and social opportunities. Complaints, concerns and constructive feedback was addressed and responded to in line

with the provider's policy. Staff had access to end of life training and end of life care could be facilitated alongside community healthcare professionals.

The registered manager and staff demonstrated a commitment to people and they displayed strong person-centred values. People's choices were respected and staff supported them to achieve good outcomes. Audit systems were in place to monitor the standard of support people received. Measures to assess improvements and continuous learning were in place. The service worked in partnership with other health and social care organisations to achieve better outcomes for people using the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

This service was registered with us on 26/09/2019 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about an increase in incidents and allegations of abuse. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Three inspectors and two Expert by Experiences carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in 21 'supported living' locations, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection and ensure people would be available to speak with us.

What we did before inspection

We reviewed information we had received about the service since the service was registered. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with 10 people who used the service and 15 relatives about their experience of the care provided. We spoke with 11 members of staff including the registered manager, team manager, senior support workers, and support workers.

We reviewed a range of records. This included 11 people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse and harm and people said they trusted staff to keep them safe. People told us, "I am happy living here, I feel safe here" and, "I like it here, I feel safe." A relative added, "I know [person] is safe and I have no concerns whatsoever over the support [person] receives."
- Staff had received training in safeguarding people. Staff we spoke with were confident to report concerns and satisfied that action would be taken to investigate the concerns. A staff member told us, "We have received training and whistleblowing is about reporting things that are not right. Safeguarding is about abuse and can include physical, financial and mental abuse. I would report concerns to management."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's care needs were risk assessed and support plans provided staff with the information they needed to manage the identified risk. People's ongoing risk assessments were reviewed on a regular basis and when needs changed. A relative told us, "We had a plan to support [person] throughout COVID-19 and everyone co-operated it was very good."
- Accidents and incidents were recorded and analysed. Risk assessments were reviewed following incidents to ensure the service was meeting the needs of people appropriately. Processes were in place to analyse and identify any trends.

Staffing and recruitment

- Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. Staff had the necessary safety checks in place before starting work and completed a full induction.
- Staffing arrangements met people's needs. During the inspection we observed appropriate levels of staffing to support the people who used the service. There was an increased use of agency staff in the recent months, however, recruitment was ongoing, and the provider had systems in place to monitor staffing levels. A staff member commented, "At the minute we are understaffed, and agency staff are being used. One to one support is always provided and is never missed."

Using medicines safely

- Medicines were managed safely. People received their medicines in a safe way and systems ensured timely administration of medicines. People told us, "The staff give me my tablets on time" and, ""They [staff] help me with the blister packs, sometimes it's a bit difficult, they [staff] take it out for me and write it down on a medication chart."
- Staff were trained to administer medicines. Staff had to undertake training before they could administer medicines and received regular competency checks to ensure they administered medicines safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

- Cleaning regimes had increased, and some checklists were used, however a specific checklist for high touch surfaces was not in place.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had the necessary skills to carry out their roles. Staff had received an induction when they first started working at the service and training relevant to their roles had been provided. One staff member told us, "I had an induction when I started. The induction was good, I have never done this line of work before, I felt the induction was good and enough for me to start the job."
- Staff had regular training and opportunities for regular supervision and observations of their work performance. Staff told us, "Yes, we definitely receive enough training. It was quite intense and lots of e-learning is available. I feel well supported in my role." Another said, "Over the past year it has been mainly done online but there is enough available."

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

- People received tailored support that was centred around their assessed needs, choices and decisions. People's needs were assessed before they moved into the service through initial assessments. The information gathered during the assessment was used to develop support plans and risk assessments. People's support plans were detailed, and regular reviews were undertaken.
- Staff knew people's preferences, likes and dislikes. They provided support in line with legislation, standards and guidance to achieve effective outcomes. Information within care records included food preferences and preferences with daily routines. We observed staff providing support in accordance with people's support plans.

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

- Effective nutrition and hydration support was provided. People's care records contained relevant, up to date nutrition and hydration information for staff to follow. People with modified diets had assessments from speech and language therapists (SALT) to specify the type of diet they needed to consume, and relevant training was provided to staff. Food and fluid charts were in place for those people who were at risk of malnutrition and dehydration, which showed the foods and drinks they consumed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to other healthcare services, ensuring a holistic level of support was provided. We saw evidence of district nurse, GP, dentist, chiropractor and community nurse involvement in the support plans we reviewed. A person told us, "They [staff] take me to see the doctor, I went last night, [staff name] took me and got it all sorted." A relative added, "They [staff] are really on the ball in matters of health and send me copies of any health reports."

- Information was available to other agencies if people needed to access other services such as GPs, health services and social services. Health passports (documentation that details people's health needs and contains other useful information) were used.

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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff received the relevant MCA training to support their knowledge and understanding, and worked in accordance to people's best interest decisions. Staff described their understanding of MCA and Deprivation of Liberty Safeguards (DoLS) and were able to identify their responsibilities to comply with the legislation. One staff member told us, "The MCA is to determine if people have capacity and to see if we need to bring other people in to support them to make decisions."
- Measures were in place to ensure people received the safest level of support in the least restrictive way possible. Care records contained the relevant level of information in relation to people's capacity and consent to care was always sought.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff engaged with people in a friendly and caring manner and their conversations with people were good natured. Staff were attentive to people's needs. People told us, "The staff respect me, look after me and ask me how I am" and, "They [staff] are all caring here, we have a laugh and a good giggle." Relatives added, "The staff are very respectful and they have fun, they all have nicknames and enjoy gentle banter" and, "Regular staff are absolutely brilliant, they are angels in disguise."
- Staff had received training in equality and diversity and they were committed to ensuring people had equal opportunities. Staff knew people's history and preferences and used this knowledge to support them in the way they wanted. Support plans explained whether people had any specific religious or cultural needs and how these would be met.

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

- People's views and decisions about their care were documented in their support plans. We observed staff interacting with people and supporting them in a way that allowed people to have control over their lives and make day to day decisions. For example, we heard staff asking people to make choices about their shopping, when they wanted support with their personal care and what activities they planned to do. People told us, "I get to choose the foods I like" and, "I choose what I want to do day to day, I take it as it comes."
- The service had built connections with advocacy organisations and information regarding this was available for people. Advocacy is a process for supporting people to express their views and concerns.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. People were encouraged to be involved with tasks around the house and in the community to develop their skills and knowledge. This included preparing meals, cleaning and doing laundry. Some people had been trained as a fire warden and one person enjoyed helping a maintenance person with the weekly fire alarm testing. Another person was working with staff to be able to cross the road safely.
- People's privacy and dignity were respected. During the inspection, we saw staff knocked on people's bedroom doors and waited for a response before entering. One person told us, "The staff knock on my door when they want to come in, they [staff] say, can I come in [before entering]." A relative added, "Every time I have seen [person] and the staff together, they have always treated [person] with dignity and respect."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were detailed and person-centred. The support plans provided guidance for staff about how best to support people's needs and preferences. Staff completed daily care records for people, which showed staff were meeting people's individual needs as recorded in their support plans. A relative told us, "They [service] have strategies in place to help [person], they [staff] are very thoughtful, we have six weekly calls from the social work team, the [service] manager and myself to make sure things are working. They [service] are very proactive and very good."
- Staff knew people's preferences, likes and dislikes. They provided support in line with legislation, standards and guidance to achieve effective outcomes. Information within care records included preferences with daily routines.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was aware of the AIS and each person's specific communication needs were detailed in their care records. Information and easy read formats were available to people who needed them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to a range of activities, work and social opportunities. People had person-centred weekly activity planners in place which they undertook with staff support. People also went on holidays of their choice with staff support. People told us, "I have a job, I'm working tomorrow, I go on my own, I get a taxi" and, "I like to go to the cinema, staff go with me."
- We observed people taking part in activities and engage in them. Relatives told us, "They [staff] get [person] involved with new skills and the staff have gone out of their way to develop a garden" and, "[Person] loves shopping, meals out and dancing. All of these are encouraged by the home, during lockdown they did dancing at the house."

Improving care quality in response to complaints or concerns

- Complaints, concerns and constructive feedback was addressed and responded to in line with the provider's policy. There was an up to date complaint policy in place and the provider ensured the quality of care could be assessed, monitored and improved upon. Relatives told us about various complaints they had

made which had been addressed or were in the process of being addressed.

- There was learning following complaints to improve the quality of care. A complaint had led to improving the referral and discharge planning process. Relatives were also involved in improving the process.

End of life care and support

- Staff had access to end of life training and end of life care could be facilitated alongside community healthcare professionals. People's support plans covered their wishes about funeral arrangements. End of life care planning was a part of the provider's service action plan which the provider was working to complete.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff demonstrated a commitment to people and they displayed strong person-centred values. People's choices were respected, and staff supported them to achieve good outcomes. People told us, "I like living here. The staff are nice to me" and, "This is my house and I love living here."
- People's views and decisions about support were incorporated in their support plans. This helped staff to support people in a way that allowed people to have control over their lives.
- The culture was open, inclusive and people were supported to make decisions about the level of support they received. Staff said they enjoyed their roles and there was a positive culture at the service. One member of staff said, "There is good teamwork and a good culture. We all get on well together." Another member of staff said, "It is a challenging environment and the job is very rewarding. Everybody works really well together though."

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

- Audit systems were in place to monitor the standard of support people received. Regular audits of people's support plans, daily communication records, medicine records and locations took place. Various regular meetings also took place to monitor the support people received.
- Staff praised the registered manager and wider management team, they felt supported in their roles. Comments included, "The manager is really efficient and is fair, friendly and approachable" and, "The manager is good and I feel I can approach them with any concerns I might have."
- The provider had initiatives for staff recognition where staff had the opportunity to be awarded for their work.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People's and relative's views had been sought through regular support plan reviews and carer events, where relatives had opportunities to meet staff and discuss concerns. Formal surveys had not yet been completed; however survey implementation was a part of the provider's service action plan which the provider was working to complete.
- Staff members were involved with the service through regular team meetings and surveys. A recent staff survey had been completed and the provider implemented an action plan based on the results.

- Measures to assess improvements and continuous learning were in place. Accident and incidents were investigated, concerns, complaints and suggestions were analysed and 'lessons learnt' were established.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- The registered manager understood their responsibilities under the duty of candour and there was evidence the provider had informed people when something went wrong.
- The service worked in partnership with other health and social care organisations to achieve better outcomes for people using the service. There was a good working relationship with commissioners and health teams. People received a holistic level of care and their support needs were safe and effectively managed.