

Turning Point

Turning Point - Russell Terrace

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Turning Point – Russell Terrace is registered to provide accommodation and personal care for up to 6 people. The service provides support to people with learning disabilities or autistic spectrum disorder. At the time of our inspection there were 4 people using the service.

People's experience of the service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

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. People received their medicines as prescribed.

Right Care

People received safe care where their individual needs and preferences had been assessed. There were enough staff who knew people well and encouraged people to live the life they wanted.

Right Culture

The provider promoted a person-centred culture where people achieved good outcomes. Specialist support was accessible to ensure risks were managed and the regulations were met. This included Positive Behaviour Support practitioners and a clinical team including medical, pharmacy and psychology. Systems were operated effectively to ensure people were receiving care and support in line with Right Care, Right Support, Right Culture.

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

Rating at last inspection

The last rating for this service was Good (published 13 February 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Turning Point – Russell Terrace on our website at www.cqc.org.uk.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

Turning Point – Russell Terrace is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Turning Point – Russell Terrace is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was announced. We gave 24 hours notice of the inspection. This is because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support

the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person and 2 relatives of people who lived at the home about their experience of the care provided. We spent time observing how staff cared for people. We spoke with 5 staff, including the provider's locality manager, the registered manager, a team leader and 2 support workers. We also contacted 2 healthcare professionals for their views on the care and support provided.

We reviewed a range of records. These included 1 person's care records and 2 people's medication records. We checked 1 staff recruitment file and records relating to the management and safety of the service, including audits, policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm. One person told us, "I feel safe. I have no worries. The staff are nice to me."
- A relative told us, "They have good procedures, and they would call me if there were any problems."
- Staff received training and understood their safeguarding responsibilities. One staff member told us, "Safeguarding ensures the people we care for are free from harm and abuse. It is our job to give the best quality care and improve their quality of life."
- When safeguarding concerns were reported, they were investigated by the registered manager and referred to the local authority safeguarding team which enabled external scrutiny.

Assessing risk, safety monitoring and management

- The provider assessed risks to people's health and wellbeing to ensure people were safe.
- Some people living at the home were unable to verbalise their needs. Staff knew people well and could recognise if 1 person was unwell through their behaviour. A healthcare professional told us, "They just really understand [person]. Staff know what they want by certain noises. Staff don't give up until they get to the bottom of what [person] is trying to tell them."
- Records detailed important information staff needed to know to keep people safe.
- Environmental risks were identified and assessed. The registered manager had identified the need for an external fire risk assessment which was due to be completed following our visit.

Staffing and recruitment

- The provider ensured there were sufficient numbers of staff to provide safe care and support. ☐
- Staff received regular training to ensure they had the skills and knowledge to meet people's individual needs and preferences.
- Staff provided positive feedback about staffing numbers and told us people could live the life they wanted.
- The provider operated safe recruitment processes. Safe recruitment checks included obtaining references and checks using the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported to receive their medicines safely from staff who were trained to administer them.
- The provider had a clear understanding of the principles of STOMP (stopping over-medication of people

with a learning disability, autism or both). The registered manager ensured people's medicines were regularly reviewed with prescribers.

- Some people needed medicines on an 'as required' (PRN) basis. There were detailed protocols for staff to follow to determine when these medicines should be considered.
- The provider had their own Medicines Optimisation team who shared learning and updates to ensure staff followed current guidance on the safe management of medicines.
- We found some topical and liquid medicines did not have open dates recorded. This is important as the efficacy can be reduced after opening. The registered manager took immediate action to rectify this during our inspection.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The home was clean and had undergone some significant refurbishment since our last inspection.
- Staff used personal protective equipment (PPE) appropriately.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Accidents and incidents were reported and recorded. The provider analysed these to identify any learning and improve systems and procedures.
- Staff understood their responsibilities to record and report any accidents and incidents.

Is consent to care and treatment always sought in line with legislation 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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act. However, 1 person had a restriction within their care plan to keep them safe. A healthcare professional and others involved with this person's care confirmed this restriction had been made in the person's best interests and less restrictive options had been explored. However, records needed more detail to support this decision making. The registered manager took immediate action to improve these records following our visit.
- Staff sought people's consent before providing care and understood the importance of involving people in decisions about their care. One staff member told us, "We know people well so can tell through their body language if they like something. Like showing them choices of activities."

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.

At our last inspection we rated this key question Good. At this inspection the rating has remained 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 provider had systems in place which ensured staff provided person-centred care that achieved good outcomes for people in line with Right Care, Right Support, Right Culture.
- We received positive feedback about the leadership of the home. One healthcare professional commented, "It is one of the best supported environments I have been in."
- An experienced team leader was in day to day charge of the home and was supported by the registered manager who also managed 2 other small homes.
- The provider promoted staff's positive physical, mental and financial health with access to support networks and a range of benefits.
- Staff felt valued and were celebrated and recognised through regular newsletters, an employee of the month scheme and long service awards.

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

- The provider had clear governance structures both locally and nationally. The home was supported by a variety of specialists to ensure risks were managed and the regulations were met. This included Positive Behaviour Support practitioners and a clinical team including medical, pharmacy and psychology.
- The team leader understood their role and responsibilities and felt supported by the registered manager and gave examples of where they felt empowered to make decisions about the safe running of the home.
- The registered manager felt supported by the provider and the governance structure. They told us, "I do feel very supported. Being a registered manager is a responsible position, but I never feel on my own. [Locality manager] is always here or at the end of the phone."
- A specified programme of audits and checks were in place which ensured people received effective care and support. Any actions found from these audits and checks were incorporated into a service improvement plan which was used to drive forward improvements.
- The provider had recently implemented an electronic records management system. A phased approach was used which ensured staff had the right training, support and time to use the system effectively.
- The registered manager was supported by the provider to understand their role and responsibilities. This included the requirement to notify us, the Care Quality Commission (CQC), about key events at the home.

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

- People, relatives and staff had opportunities to provide feedback which was used to review the quality of care provided within the home and identify areas for improvement. This included through surveys, meetings and reviews of care.
- One relative had recently raised some minor concerns through a survey and the registered manager had arranged a meeting with this relative to alleviate their concerns.
- Staff told us they had regular opportunities to talk to the management and felt listened to. One staff member told us, "If there is a problem, we sit and talk it through to find the best solutions. I would say our opinions on things are valued."
- There was an inclusive culture where equality, diversity and inclusion were reflected and supported. For staff, this included the Menopause Network and the Autism and Neurodiverse Allies Forum.

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

- The provider understood their responsibilities under duty of candour.
- The registered manager explained, "Duty of candour is all about being honest and transparent when things go wrong. In my services when things go wrong, we discuss it in team meetings, not blaming people but finding solutions."

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- Areas of learning identified were shared with staff, to improve the quality and safety of people's care both at the home, and other services within the provider group.
- The provider ensured policies, procedures and training were regularly reviewed to ensure they reflected current best practice. For example, the provider had recently provided training around the specific risks presented by constipation in people with a learning disability.

Working in partnership with others

- The provider worked in partnership with other health and social care professionals, such as social workers, occupational therapists, district nurses and people's GPs, so people would receive the care they needed.