Turning Point

Turning Point - Derby

Inspection report

Suite 2.1, Southgate Business Centre
Normanton Road
Derby
Derbyshire
DE23 6UQ

Tel: 01332368300
Website: www.turning-point.co.uk

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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 took place on 3 February 2016 and was announced.

Turning Point - Derby is registered to provide personal care and support for people with a learning disability and autism. At the time of our inspection there were 13 people using the service who resided within their own home. People's packages of care varied dependent upon their needs, in some instances people were supported over a period of 24 hours.

People who used the service were unable to consent to our visiting and meeting with them to talk about the service due to their complex needs. We were advised that our visiting some people within their own home may cause people potential distress and anxiety, as people were not comfortable in the presence of people they did not know. We therefore spoke with a relative of someone who used the service and the staff who provided support.

Turning Point – Derby had 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.

The inspection was facilitated by the supported living manager and regional manager as the registered manager was not available on the day of the inspection.

People we consulted told us they believed people's safety was promoted and recognised by the support workers. Staff were trained in safeguarding (protecting people who use care services from abuse) and knew what to do if they were concerned about the welfare of any of the people who used the service. Where people were at risk, staff had the information they needed to help keep them safe.

People were supported by knowledgeable staff that had a good understanding as to people's needs. Staff provided tailored and individual support to keep people safe and to provide support if their behaviour became challenging. People were supported to take 'positive risks' to promote their independence in leading a lifestyle of their choosing.

People were supported to take their medicine by support staff. People's capacity to make informed decisions about taking some medicines had been assessed and best interest decisions had been made. This was to ensure people's needs were met when they themselves were not able to promote their own safety and welfare by making an informed decision.

People using the service had a dedicated team of staff that provided support to them within their own home and the wider community. People's views as to staff along with those of their relatives were considered to ensure the staff that supported people had the appropriate skills and were able to develop a positive and

trusting working relationship.

People received an effective service as people's support plans provided clear guidance about their needs. These were monitored and reviewed by the management team and team leaders through the supervision and appraisal of staff, staff meetings and quality monitoring audits.

People were provided and supported in line with legislation and guidance. Staff had received training on the Mental Capacity Act (MCA) 2005. We found that capacity assessments had been carried out on aspects of people's care and support. Where these assessments had identified that people did not have the capacity to make an informed decision, then their relatives and others involved in their care had an agreed plan of action so ensure any decisions taken were in the person's best interest.

People were supported with daily living tasks such as grocery shopping, meal preparation and cooking as part of their support packages. Staff encouraged people to eat a healthy diet. People's dietary requirements along with their likes and dislikes with regards to food and drink were recorded within their records.

Records showed staff, where support was required, liaised with people's health care professionals to ensure they had access to appropriate medical care and support.

People were supported by staff who knew them well and had developed positive and trusting relationships that been established between the people receiving a service, their relatives and staff. Staff told us that part of their role was to support people to access the wider community and to encourage social interaction and independence. In discussion staff told us how they supported people's privacy and dignity within the wider community and worked with them to promote their independence.

People's support plans were tailored and individualised to meet their needs and reflected all aspects of their lives, including information and guidance as to the support they required within their own home and the wider community. People's preference as to their hobbies, interests, goals and aspirations were also reflected.

Support plans were comprehensive and focused on the views of the person and how they wanted their support to be provided. There was an emphasis on the need for good communication to ensure people's views were clearly understood which included information for when people's behaviour was challenging.

Staff spoke positively of the management team in the support they provided to them. Staff said issues were effectively managed to ensure people received a good service. Staff said there were effective systems which enabled them to communicate well with their colleagues to ensure that people received the support they needed.

The managers who facilitated the inspection had a comprehensive understanding as to the needs of people and were able to tell us how staff provided support.

The provider had a robust quality assurance system which assessed the quality of the service. Information gathered as part of the quality audits was used to continually develop the service and looked for ways in which people using the service could achieve greater autonomy.

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 were protected from abuse because staff had an understanding of what abuse was and their responsibilities to act on concerns.

Risks to people's health and wellbeing had been assessed and measures were in place to ensure staff supported people safely, whilst promoting people's choices and independence.

People received support from a dedicated team of staff. The level of support provided was reflective of the person's assessment of need.

People were supported by staff in all aspects related to their medicine.

Is the service effective?

Good

The service was effective.

People were supported by staff that had the appropriate knowledge and skills to provide care and who understood the needs of people.

Staff had a good understanding of the Mental Capacity Act 2005. People's support plans and records showed the principles of the Act were used when assessing people's ability to make informed decisions about their care and support people's rights.

People were supported to manage their dietary needs with regards to their food and drink, which included support with eating, and the shopping, preparation and cooking of meals.

People were supported by staff to maintain good health and to access and liaise with health care professionals.

Is the service caring?

Good

The service was caring.

People who used the service with the support of relatives and staff had developed positive and inclusive professional relationships by ensuring all people involved in people's lives were regularly consulted about the service being provided.

People's support plans detailed how people communicated their views about the service and the role of staff in promoting people's involvement in the service they received, which included the importance individualised communication styles.

People's privacy and dignity was promoted by staff who promoted people's access to the wider community and their independence in accessing services.

Is the service responsive?

Good

The service was responsive.

People received a personalised and tailored service which met people's needs and enabled them to maximise their independence. People's views were sought to ensure the support they received was continually assessed to reflect any changes to people's needs.

People were encouraged by staff to share their views, which included their attendance at meetings and recognised people's individual communication needs.

Is the service well-led?

Good

The service was well-led.

A service had a registered manager.

The supported living manager and staff had a clear view as to the service they wished to provide which focused on promoting people's rights and choices that was both inclusive and empowering to those who used the service.

Staff were complimentary about the support they received from the management team and were encouraged to share their views about the service's development.

The provider had a robust governance system which enabled them to assure themselves that the service being provided was of a good quality and being provided by staff that were knowledgeable and competent in their role.

Turning Point - Derby

Detailed findings

Background to this inspection

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

This inspection took place on the 3 February 2016 and was announced. The inspection was carried out by one inspector.

The provider was given 24 hours' notice because the location provides a service for people within their own home and we needed to be sure that someone would be in. We also wanted the provider to have the opportunity to advise people who use the service that we were coming.

The supported living manager told us that people they supported did not have the capacity to make an informed decision about meeting with us and/or have the necessary skills to converse and share their views about the service with us. We were advised that our visiting some people may result in them becoming anxious. We therefore asked the supported living manager to contact people's relatives to ask if they wished to speak with us. We spoke with one relative by telephone.

We spoke with the supported living manager, the regional manager and three support workers.

Before the inspection, we asked the provider to complete 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. The PIR was completed and returned.

We reviewed the information that the provider had sent to us, which included notifications of significant events that affect the health and safety of people who used the service.

We sent out seven questionnaires to staff seeking their views about the service. Of the questionnaires sent out five were returned.

We sought the views of health and social care professionals who have involvement with people who use the service, of which one person provided feedback.

We looked at the records of the two people who used the service, which included their support plans, risk assessments and records about the care they received. We also looked at the recruitment files of two staff, a range of policies and procedures, maintenance records of the building and quality assurance audits.

Good

Is the service safe?

Our findings

Staff were trained in safeguarding as part of their induction so they knew how to protect people. When we spoke with them they were knowledgeable about their role and responsibilities in raising concerns with the management team and the role of external agencies. Questionnaires we received showed that staff were aware of their responsibilities in raising concerns both within and external to the service and recorded that in their view people using the service were safe.

The provider's safeguarding and whistleblowing policies advised staff what to do if they had concerns about the welfare of any of the people who used the service.

We contacted professionals external to the service and asked them for their views as to how the provider promotes people's safety when they have concerns about people's welfare. They told us that staff responded immediately with potential safeguarding matters and if the manager was unsure they sought advice from the local authority or the person's social worker.

We found the manager responded appropriately when areas of concern were brought to their attention to ensure people's safety and welfare was promoted. We looked at an incident form in relation to a safeguarding concern. The incident report was comprehensive detailing the incident, the people involved and the action taken, which included notifying relevant external agencies that included the CQC and local authority. The action report recorded the on-going action taken and the response of the local authority.

People's finances were managed by an external financial advocacy service or by a relative. This promoted openness and transparency as people who used the service due to their complex needs were unable to manage their finances without support. We looked at the records of two people who were supported by a financial advocacy service and found individualised budget plans to be in place. These provided detailed information as to people's expenditure, which was audited.

People were encouraged to be involved in the spending of their money and systems were in place to ensure their finances were managed safely with measures in place to safeguard people from financial abuse. Records showed that where items of expenditure requiring a larger sum of money were required then the provider, on behalf of the person, had to apply for the funds from the advocacy service. The form requesting the funds included the person's involvement in the decision to request the funds and the benefit the spending of the money would have on the person.

Staff we spoke with explained the policy and procedure for supporting people with their finances and told us how they kept records and that audits were carried out to ensure people were protected. A person's relative confirmed when they spoke with us that they were involved with financial matters on behalf of their family member and that they worked with staff to ensure financial expenditures were managed safely.

People's support plans and risk assessment were reflective of 'positive risk taking'; where by people's rights to make informed decisions about their lifestyle choices were supported by the service. A relative told us

when their family member chose not to get up or take part in an activity this was supported by staff.

We found people's support plans for the promotion of their independence and safety when accessing the wider to community to contain comprehensive guidance for staff as to how the person was to be supported. For one person it stated that the person preferred to walk in front of staff. The support plan detailed how the person was to be supported to cross the road, by the member of staff standing slightly in front of the person and staff to place their arm in front of the person and ask them to wait. Once safe to cross the road, staff were then to advise the person it was safe to cross.

Potential risks to people's safety, health and welfare were assessed and regularly reviewed. The assessments recorded the potential risk and the action required to be undertaken by staff to minimise risk whilst ensuring people's choices were promoted and respected. The risk assessments were reflective of people's individual needs, which included the promotion of their independence, such as helping with household chores and cooking and accessing activities within the wider community.

People's independence with regards to their personal care and their preferences were documented in their support plans, which included information as to their preferred daily routines and any potential risks. For example one person enjoyed having a bath, however it had been identified they would be at risk from scalding if staff did not check the water temperature prior to them getting into the bath.

People's health was also considered when assessing risk an example being a person with epilepsy had a risk assessment which provided comprehensive guidance for staff to follow should the person experience an epileptic seizure. This was supported by a community nursing care plan.

People's support plans provided information as to the potential triggers which may cause a person to display behaviour which challenges and how staff were to react to help prevent any behaviours from escalating. Assessments for risk included guidance for staff as to how to support people when their behaviour became challenging, examples included the style of communication, such as using clear words and short sentences or the use of physical gestures or touch. This enabled staff to support people in a consistent manner by following the recommended guidance that was in place to promote their safety and the safety of others. Peoples' support plans and risk assessments were regularly reviewed, which enabled staff to be confident that their approach to reduce risk and safeguard people's safety was up to date.

Staff we spoke with told us how they supported people whose behaviour may be challenging and the information they provided to us was consistent with the information we had read in people's support plans. Staff told us that for many of the people they supported the incidents of behaviour which was challenging had reduced, which in their view was due to the consistent approach of staff in responding to such incidents.

The PIR stated that positive behavioural support guidelines were developed for each person who required staff to support them through difficult times when they felt anxious, sad, frustrated or angry. These include the use of physical support techniques if necessary and using recognised accredited techniques to promote people's safety and welfare.

We contacted professionals external to the service and asked them for their views as to whether the service supported people's safety. They advised us that people within their home were supported to stay safe and that should staff have any concerns these were addressed by their manager. They told us that the service kept them up to date with any concerns.

The PIR stated there were effective systems in place for the maintenance of the building where the service operated from. Its equipment and records confirmed this, which meant people should they wish to visit the provider's office would have access to a well maintained building with equipment that was checked for its safety.

General health and safety risk assessments, including fire safety and personal evacuation plans and protocols were in place for to support people's safety within their own home, which included information about the location of utility supplies and water stopcocks. Managers monitored the implementation of these through weekly checks, monthly checklists and audits with any concerns being reported to the landlord on behalf of the person they supported.

There was a business continuity plan developed for the service which detailed how the service would continue to run effectively should there be an issue, staff were made aware of these at staff meetings. A member of staff we spoke with confirmed that they were aware of the plan for the person's own home which they worked in. We were told a copy was available in people's homes and that a walk through exercise was undertaken and the plan fully reviewed every twelve months to promote people's safety by promoting people's awareness as to their safety.

Staff recruitment processes used by the provider ensured that the staff employed by the service reflected its visions and values in the provision of quality care to people. The recruitment process included potential staff being vetted by an external agency who then referred them to the provider for consideration and interview. A record was kept of the interview including the person's responses.

People's safety was supported by the provider's recruitment practices. We looked at recruitment records for staff. We found that the relevant checks had been completed before staff worked at the service, which meant people could be confident that staff had undergone a robust recruitment process to ensure staff were suitable to work with them. People had the opportunity to meet with potential new staff to see if a positive and professional relationship could be developed to ensure people's needs were met by staff that they had confidence in and liked. In some instances people's relatives were involved in the recruitment of staff.

We found there were sufficient staff to meet people's needs and keep them safe, with people having a dedicated team of staff to provide their care. People in some instances received 24 hour support, whilst others received support for an allocated number of hours each day dependent upon their needs. People were provided with the support as identified by their assessment, which included support with personal care, daily living activities and accessing community resources.

People's medicines were managed by staff as mental capacity assessments had identified that people did not have the capacity to manage their own medicines. Information about people's medicine was included within their support plan, with clear guidance for staff as to their role, which included the use of PRN (medicine that is prescribed for as and when it is required) and the protocol to ensure people received their medicine consistently and staff followed safe administration procedures.

Where people did not have the capacity to consent to the use of some medicines best interest decisions meetings had been held involving people who were involved in their care. The outcome of these meetings had identified staff would be responsible for the administration of people's medicine in specific circumstances as being in the person's best interest, which included if and when people's behaviour became challenging. This was supported by a PRN protocol drawn up with the involvement of the mental health services trust.

People were supported to have their medicine by staff that followed guidance as detailed within people's support plans to ensure that people's wishes and preferences were respected and upheld. One person's support plan detailed that staff were to ask them to sit up and that staff were to touch the back of the person's chair and say '[person's name] meds'. Staff were then to hand them their medicine within a pot which the person would then take. Staff were then to pass the person a drink.

Staff records showed staff received training on the management of medicines and had their competency to manage medicine regularly assessed.

The provider's medicine policy and procedure was up to date and reflected current guidance. Staff we spoke with who supported people with aspects of their medicine were confident as to their role in providing support. Their comments as to the support they provided was consistent with the contents of people's support plans, which showed staff were knowledge about people's needs.

Good

Is the service effective?

Our findings

A relative told us that the staff that supported their family member were knowledgeable about their needs and felt that staff had the appropriate skills and knowledge. They told me, "Staff know [person's name] well, some of the staff have worked with her for many years."

We found the induction and on-going training of staff enabled them to provide effective care as the provider had a range of training available to staff, which was monitored to ensure staff knowledge was up to date. When staff were recruited they had an initial induction period, which required them to complete a range of training along with attending regular meetings with their manager to discuss and review their progress. These meetings included discussions about important issues, which included policies and procedures for promoting people's safety and well-being, such as safeguarding and incident reporting.

The provider had recently introduced The Care Certificate. The Care Certificate is a set of standards for care workers that upon completion should provide staff with the necessary skills, knowledge and behaviours to provide good quality care and support. The supported living manager told us that all staff would be completing The Care Certificate as a way of promoting staff knowledge and awareness of up to date practice issues.

Records showed staff accessed training specific to the needs of the people they supported to ensure they had the necessary skills and knowledge, which included positive behaviour support, support planning and training in supporting people with learning disabilities and autism. People's support plans reflected the support they needed and how staff were to provide the support based upon staff knowledge and training.

Questionnaires we received recorded that staff were confident with their induction which they felt was comprehensive and enabled them to provide effective care and support to people before they worked with them unsupervised. Staff advised us that the training they received enabled them to fully meet the needs of people with regards to their choices and preferences.

We looked at the records of two members of staff and found that they were regularly supervised and had their work appraised, which included having their competency assessed to undertake people's care and support. Competency assessments took place to ensure that the care staff provided met the needs of the people and met the expectations of the provider. Staff records we looked at showed that staff were supported to continually develop and learn by the setting and reviewing of objectives, which included their personal development through training, which included gaining qualifications in caring and supporting people with a learning disability. Records showed that staff had the opportunity to talk about the people they supported to ensure that any issues could be effectively managed to promote people's care.

Questionnaires we received from staff stated that they were regularly supervised and had their work appraised which supported them with their personal learning development. This enabled staff to provide the care and support to people in the promoting of their independence and choices as staff were knowledgeable and were confident that the support they provided was based on good practice, guidance

and feedback.

Meetings involving relevant and interested parties, which included the person receiving a service, their relative, staff providing support and external professionals, were regularly held. Meetings took place to discuss people's packages of care and where appropriate to make agreed changes for the purpose of improving the person's life.

The PIR identified planned improvements over the next 12 months were to include the provider developing links with the National Autistic Society (NAS) in order that the service could develop the support provided to people with autism. We spoke with the regional manager who told us that since completing the PIR links with the NAS had been developed and that the provider had developed within their staff training plan additional training in autism.

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 and applications must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. We found within people's records that assessments as to people's capacity to make informed decisions about specific areas of their care had been carried out where appropriate. Where it had identified that a person did not have the capacity to make an informed decision it was recorded how the decision had been arrived at and what measures had been undertaken to support the person to make a decision. For example through physical gestures, using objects to assist with understanding what was being asked or the use of written information supported by pictorial images. Records of the mental capacity assessments had been signed by a member of staff and the person's external social care professional and were regularly reviewed.

Assessments to determine people's capacity to make informed decisions and choices were used to develop people's support plans and risk assessments. This was to ensure people's needs were met in a range of areas which included management of their finances, medicine, personal care, which included behaviour that could be challenging and accessing the wider community.

Staff we spoke with had a comprehensive understanding of the MCA and how this applied to people who they supported. Staff told us about the restrictions placed on people, which included security of their home to ensure people were safe. Questionnaires we received recorded that staff had received training in the MCA and were aware of their responsibilities and records we viewed confirmed staff had received training.

We contacted professionals external to the service who advised us that when people required urgent medical treatment such as dental treatment, it was accessed promptly and with reference to the MCA to ensure decisions to receive treatment were in the person's best interest.

A relative told us how staff supported a family member to make choices and decisions about their diet. They told us they often saw their family member and others who they lived with out and about being supported by staff, which included shopping in the local supermarket for groceries. The relative told us that staff were aware of their family member's likes and dislikes with regards to food and drink.

Staff we spoke with told us they supported people to access local shops and supermarkets for groceries, which helped to promote people's independence and opportunity to make choices. People's support plans provided guidance for staff as to how they were to promote people's independence and choice in the shopping, preparation and cooking of meals. People's support plans included information as to people's dietary requirements, which included their likes and dislikes

The PIR stated people were involved in the planning of their weekly food menus, which included the use of pictorial prompts for some as well as staff knowledge as to people's likes and dislikes.

A relative told us how staff supported their family member to access health care services where this was required and how staff kept them up to date about any changes. They told us this included having the medicine they were prescribed reviewed. They told us that they had noted improvements to their family members' general welfare since changes had been made to their medicine which had helped to manage the person's symptoms.

People's records included health action plans which recorded on-going monitoring of their health conditions along with routine health care checks, which included well woman and well man checks and routine eye screening with opticians. Learning disability community nurses were involved in the development of people's health action plans where appropriate.

The PIR stated that everyone was registered with a local GP and had a health action plan as part of their support plan, which detailed their health needs with regards to their nutrition and hydration and the accessing and support of medication professionals. Information was included as to people's medicines and the monitoring of known health conditions, which included the need to identify and respond to changes in people's health.

Good

Is the service caring?

Our findings

A relative told us how that they regularly visited their family member to take them out and that they had always felt comfortable with the staff, they told us staff kept them up to date about any important issues and believed that their family member had a positive relationship with the staff who supported them.

Staff we spoke with told us they had supported people for several years and during that time had got to know them well, this enabled staff to provide care based upon their understanding and knowledge of the person. This was confirmed by the information we had gathered from staff questionnaires we received. Staff told us how they supported people to communicate, which included interpreting people's behaviours and gestures. One member of staff told us that a person they supported would stand up when they wanted a visitor to leave. A second member of staff told us the person they supported wished to shake a staff members hand after their behaviour had been challenging as this was a recognised as 'closure' for the person and the opportunity to focus on something else. Staff comments reflected their positive relationships with people they supported, one member of staff told us, "I'm just happy working with [person who uses the services name]. We all enjoy a laugh and joke."

People's support plans identified how people should be encouraged to express their views and opinions, which was supported by guidance as to how people communicated, which were called communication passports. For example, how staff were to phrase questions and interpret people's responses where verbal communication was not always possible. An example being a person would pick up their plate from the dining table with food still remaining, meant the person was no longer hungry or they wanted an alternative meal. Support plans included how staff could gain people's attention, for one person this meant touching them on their shoulder before asking something of the person. An example of someone indicating that they were happy to remain at home and not go out was to request for their pyjamas.

People were supported and encouraged in a range of ways, which were individual to them to enable them to make decisions. One person's support plan detailed that staff were to take photographs of places visited and activities engaged in so that they could be used as a visual aid to assist the person in deciding if they wanted to undertake the activity or visit on another occasion. Information had been produced in an 'easy read' format, using pictorial symbols and large print to help promote people's understanding of important issues. This included people's support plans and service agreements and information about raising concerns.

People were supported by staff to make decisions about their day to day lives. People had advocates who supported them with the management of their finances. One person's records showed that an application for money to the advocate had been made so that a chair could be purchased. The request for money form recorded that the person had been supported by staff to visit a furniture shop and recorded how the person had indicated which chair they liked.

A relative told us that their family member had been very much involved in the decoration of their bedroom. They told us how with the support of staff they had visited a range of shops to choose wallpaper and carpet

for their bedroom and had visited other shops to choose bed linen and curtains.

We found that this positive approach promoted a person centred culture as staff were always mindful of seeking people's views and considered ways to support the person in expressing their views and opinions by understanding and recognising their method of communication and responding appropriately to promote people's choices and decisions.

The PIR stated that individuals were supported by staff to maintain contact with family and friends, which included visits, and the use of telephone, including text message. Where possible individuals were involved in planning their support; some people being able to verbalise what they wanted whilst others needed best interest decisions to identify how best to support them, involving their circle of support, which included relatives, health and social care professionals and staff. People as part of their support had a communication passport that details how they make choices.

Staff were encouraged to voice their concerns on behalf of people who use the service by attending meetings with their manager and those involving health and social care professionals. We contacted professionals external to the service who told us that staff had the opportunity to voice their concerns on behalf of those using the service. And external professionals were invited to attend meetings to speak about people's well-being to ensure people's views were represented.

The provider has a forum for people to get together to talk about things that were important to them known as the 'People's Parliament'. The 'People's Parliament' has a national, regional and local group. The local group using the services of Turning Point – Derby regularly get together as people had identified they wished to get together and meet people in similar circumstances to themselves who were supported by the provider. We were told that one person for the local area was the representative at the regional People's Parliament and that they attend the meetings.

People's records included their views as to their wishes with regards to their end of life care. People's end of life plans detailed the music that they would like to have played at their funeral and why the music they had chosen was important to them. The plan detailed what items of personal significance they wanted to have placed on their coffin and who they wanted their personal possessions to be given to.

We read of examples where people's privacy and dignity was promoted. One person's support plan detailed that they did not like to have too many staff in their home at any one time. Therefore staff at the end of their shift left promptly when other staff arrived. We also found guidance in another person's support plan which stated they became anxious if people stood in their home for a while and that they disliked windows and doors being left open. Staff supported the person by respecting these preferences.

We found staff were mindful of people's privacy and dignity and how their presence in people's homes could be perceived by the person. Staff gave us an example of how this was implemented on a day to day basis. They told us they would always offer the person they were supporting a drink if staff were to make a drink for themselves. The member of staff told us this was to ensure that the person was respected within their own home. Questionnaires from staff recorded that staff treated people with dignity and respect.

We found people benefited from staff that were motivated to provide good quality care and understood that and supported people in developing their independence by ensuring goals were achievable in order to increase people's self-esteem and their sense of personal achievement.

A member of the management team carried out 'observed practice' with regards to staff, which meant staff

were observed providing support to people and received feedback as to their approach. This included whether they had appropriately considered people's equality and diversity and their rights and choices in all aspects of the support they had provided. Staff supervision and meetings were used as an opportunity to discuss with staff the promotion of people's privacy and dignity to ensure it was at the forefront of staff minds when supporting people.

The provider used staff supervision as an opportunity to ensure staff were aware of legislation, policies and procedures to support staff in promoting the rights and choices of people who they supported. Staff supervision records showed that policies and procedures which promoted people's privacy, dignity and human rights were discussed with staff, and as part of the discussion staff were required to demonstrate their knowledge and awareness of the documents. Records showed that this included information with regards to a range of legislation which included the Human Rights Act, Equality Act and the Mental Health Act and MCA and access to health records.

Good

Is the service responsive?

Our findings

A relative told us that they had regular contact with the staff that supported their family member, which included contact in person and by telephone. They told us they attended meetings to talk about the person's needs, which included information on their health. We asked the relative whether in their view staff were responsive to their family member's needs and how this was achieved. They told us that staff would always seek the view of their family member and respect their decision. They said, "I know [person's name] has pampering days and they regularly take her out. On her birthday they took her to a hotel for a 'spa day'."

The relative spoke to us about their family members on-going health issue, which meant their family member experienced pain and discomfort, they told us this sometimes resulted in them displaying behaviour that was challenging. However they said the incidence of this had significantly reduced as staff had liaised with health care professionals and medication was used to manage the person's pain.

People's support plans included information about people's personal history, their individual interests and their ability to make decisions about their day to day lives. Support plans included individual goals for people to work towards to increase their independence and therefore their reliance on staff to support them. People's individual goals were regularly reviewed and records showed that goals were achieved by people. Examples of goals being achieved were the opening and closing of the door to their home to visitors, involvement in household chores and activities within the wider community, which included managing small amounts of money when purchasing items from shops.

A person's support plan identified how staff were promote a person's independence, it was recorded that the person was independent when walking outside in the wider community however when they were near to roads or other potential hazards then staff were to link arms with the person. The support plan also identified how staff were to promote the person's independence with regard to making decisions by offering two options, for example when choosing clothing or buying groceries from a shop. They were also encouraged the person to push the supermarket trolley or carry the basket, place items within it, and later to put items onto the conveyer belt and assist with paying for the goods.

A support plan we read detailed that identified goals for a person were linked to promoting their independence within the community. This included using their bus pass independently when accessing public transport and putting on and taking off their life jacket when taking part in boat trips.

Staff we spoke with and records we looked at showed that people supported by staff accessed a range of activities within the wider community. These included holidays abroad and at home and day trips to Blackpool and London.

The PIR recorded that people had regular assessments of their needs undertaken to ensure they reflected people's current needs. This enabled staff to support people in gaining skills with regards to their independence. It is also stated that the frequency of people expressing behaviour which was challenging has reduced as people's assessments identifying the level of support they required, which for some people

meant additional staffing to ensure people's welfare when accessing the wider community.

Information about people accessing the wider community and changes to people's behaviour was confirmed by staff we spoke with. One member of staff told us that in their view a person's well-being had improved, which meant they were happier with their day to day life as they were offered choices and encouraged to be more independent. They went on to say that understanding people was key to supporting them and the management of behaviours that were challenging. They were able to give examples of how people's behaviour or what they said indicated when they were finding something difficult and needed support, which for some meant returning home, whilst for others it meant spending time in the garden, this showed that staff were able to respond to people's needs.

We contacted professionals external to the service who advised us that the provider engaged with the people it supported through appropriate support plans and risk assessments. They told us that regular discussions took place regarding the progress of people. They told us that people were able to access the wider community with the appropriate number of staff required which meant people gained help with their personal development, and were more confident and had an improved self-image. They went onto state that the provider, people who use the service and their relatives had expressed their satisfaction with the service.

The PIR recorded that people have access to an easy read version of the complaints procedure which was in each person's records located in their home. Relatives of the individuals that the service supports call in to speak to managers if they have queries. All concerns and complaints are reported on the organisational recording system which is reviewed by and monitored by a department within Turning Point and monitored by senior managers.

Good

Is the service well-led?

Our findings

People's views about the service they received were sought through the sending out of satisfaction surveys, which were produced in easy read format. Surveys sought people's views about whether they liked where they lived, whether they were involved in making decisions about the service and had opportunities to share their ideas. Where people were able to complete surveys these were collated and an action plan developed to address any shortfalls in the service in order that improvements could be made.

The document 'you said / we did' detailed that some people had identified that they wanted more opportunities to meet up with people who received support from the provider. To support this events including day trips and celebratory events such as Easter and Christmas had been used to bring people together.

The People's Parliament is a self-advocacy forum set up by the provider, which operates at local, regional and national level to represent the views of people. The local People's Parliament regularly meets to enable people to get together socially. Due to people's complex needs people using the service were limited as to the ability to develop and shape future services. The supported living manager told us that one person did represent local people at the regional People's Parliament. We saw that the People's Parliament produced a newsletter to inform people of their work.

A relative told us they were involved in the provision of care through regular meetings and discussions which enabled them to influence the support plans that provided information as to the support their family member required.

The provider as part of the wider organisation has produced an easy read document which provides information to people with a learning disability and those involved in their care as to their plans for development across the organisation over a three year period and how the involvement in people who use the service in its development.

The PIR recorded that all staff were committed to the organisations vision and values, which focuses on the delivery of care and support promoting a personalised approach. Staff supervision and appraisal was reflective of the providers' visions and values and training was in place to support staff in this area. One person who uses the service had been involved in the interviewing of potential staff asking questions which were of importance to them.

Questionnaires we received recorded that a majority of staff felt that their views were sought and acted upon by the management team. Staff identified that the staff based within the office provided them with information when they needed it. A member of staff told us, "I can't praise [team leaders name] enough, they've been understanding, helpful and listen to what I have said to help me to support [name of person using the service]."

The supported living manager and regional manager advised us that all staff had to evidence their

competency in a range of areas. We looked at examples of this for managers and support workers. The action plan included evidence to show how staff competence was assessed and by whom and how. These included observations, attending meetings, supervision and appraisal and training.

Staff meetings were used by the management team to promote good practice by providing staff with positive feedback about the achievements of people who use the service and the achievements of staff. Staff at the meeting had the opportunity to share with other staff positive information, which on the staff meeting agenda was referred to as 'the positive round'. Staff development and training were discussed along with topics to promote the health, safety and welfare of people receiving a service.

The provider had considered how people who used the service could continue to receive the appropriate care and support should an untoward event occur, such as adverse weather, failure of electrical systems or damage to the building. A business contingency plan had been developed which had assessed the potential risk and outlined the action to be taken should an untoward event occur. This showed that the provider would be able to continue to provide the appropriate care and support and keep people safe.

Staff records were regularly audited to ensure that staff had accessed relevant training and taken part in their supervision and had competency checks carried out on to ensure they were providing support and care appropriately.

We contacted professionals external to the service who told us that in their view the management structure worked well. They advised us that there was good leadership and a good attitude to the work and to the needs of people who used the service and that managers attended regular updates and training within the organisation. They also commented that no concerns had been brought to their attention by staff regarding the service's management.

The quality assurance system operated by the provider carried out a range of audits to ensure that the service being provided was of a good quality. An annual audit was carried out by a manager of the service and assessed whether the service was safe, effective, caring, responsive and well-led. The audit reflected the evidence reviewed to ascertain whether the service being provided was at a level the provider expected. The report showed that any shortfalls were identified and an action plan produced. The action plan in some instances was specific to individual people and their home. All action plans detailed who was responsible for undertaking the improvements and by when.

Audits as to health and safety had been carried out by staff within people's homes to ensure people's safety; any concerns were reported to the landlord of the property.

People's support plans were periodically audited to ensure that people's plans were up to date and accurately reflected the person's needs. The audits focused on how the support plan was written to ensure it was person centred and included tailored activity plans and goals for achievement. In addition the audit checked whether MCA assessments were up to date and whether external appointments, for examples to health care professionals had been kept.

The provider had a range of policies and procedures which were regularly reviewed and were found to reflect current legislation and good practice guidance.

We contacted professionals external to the service who told us that Turning Point – Derby had embraced the 'personalisation agenda' (which enables and supports people in choosing the service they receive and is tailored to their individual needs) and the implementation of people's personal budgets with the support of

financial advocacy services.

The PIR recorded that learning from incident reports were shared across the service in order to promote best practice and consistency of support. We looked at an example of how incidents were used to bring about improvements. A report identified that a medication error had been made and the action taken to help prevent a re-occurrence. The action taken was comprehensive and had included a review of policy and procedure and liaising with the dispensing pharmacist to improve records.

The PIR recorded that the provider's visions and values were rolled out to staff as part of the person centred training with staff signing the 'involvement charter'. We looked at the charter, which had five points, decision making, communication, staff, inclusion and dreams and aspirations. We saw that a number of staff had signed the charter within the office. We saw that staff supervision records included information about the charter and that this was also discussed in staff meetings.

The provider's range of audits and systems in use for the day to day running of the service meant that they could be confident that the service being delivered was of a good quality and that people's support and management of the service was implemented by staff that were knowledgeable and competent in their role.