Turning Point

Turning Point - Marloes Walk

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected this service on 4 July 2018.

Turning Point Marloes Walk is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is delivered from two connecting bungalows in a residential area and provides accommodation and nursing care for up to eight people with a learning disability or autistic spectrum disorder with complex physical and medical needs. Eight people lived at the home on the day of our inspection visit.

There was a registered manager in post at the service. 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.

At the last inspection in January 2016 the service was rated as Good. At this inspection we found the quality of care had been maintained and people continued to receive a service that was safe, caring, effective and responsive to their needs. The rating remains 'Good'.

There were enough staff with the appropriate level of skills, experience and support to meet people's needs and provide effective care. Risk management plans were very detailed and contained specific guidance about potential risks to people's health and wellbeing and the action staff should take to minimise those risks. Staff understood how to protect people from avoidable harm and to keep them safe.

People were supported to maintain good health and information was shared effectively between staff and other healthcare professionals. Staff knew about people's nutritional risks and prescribed medicines were stored, managed and given to people safely and in accordance with best practice.

People, relatives and staff felt well cared for. Staff were empathetic and patient with people who responded positively and appeared comfortable with them. People's communication needs had been assessed and staff used different verbal and non-verbal communication methods to enable people to express themselves and make choices. Relatives valued their relationships with staff who supported them to maintain a central role in their family member's life.

The registered manager understood their responsibilities under the Mental Capacity Act 2005. They had applied to the supervisory authority for the right to deprive a person of their liberty when their care and support included restrictions in the person's best interests.

Each person had a detailed care and support plan which provided staff with the information they needed to

respond to people's physical, emotional and social needs. Staff shared information about people at the start of each shift to maintain continuity of person-centred care. Staff recognised people's differing abilities and interests and planned activities that would provide meaningful engagement for everyone, both inside and outside the home.

The registered manager and provider regularly checked the quality of the service to make sure people's needs were met safely and effectively. Relatives were encouraged to share their views and provide feedback about the service and felt they would be listened to. The provider and registered manager understood their regulatory responsibilities and worked with other organisations and healthcare professionals to ensure positive outcomes for the people who lived at Marloes Walk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Turning Point - Marloes Walk

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 checked 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.

The inspection visit took place on 4 July 2018 and was conducted by two inspectors. It was a comprehensive, announced inspection. We gave the provider 24 hours notice of our inspection visit because it is a small learning disability service for people with complex medical needs.

As part of our inspection we reviewed information received about the service, for example the statutory notifications the provider had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the PIR reflected the service. We also contacted the local authority commissioners to find out their views of the service provided. These are people who contract care and support services paid for by the local authority. They had no concerns about the service.

During the inspection visit we spoke with four relatives of people who lived at the home. As all the people who lived there were unable to tell us about their experiences of living in the home, we observed how care and support were delivered in the communal areas.

We reviewed four people's care plans and records to see how their care and treatment was planned and delivered. We also spoke with the registered manager, a nurse and four members of care staff.

We looked at other records related to people's care and how the service operated, including medicine

records, the provider's quality assurance system and two recruitment files.

Good

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and safe staffing levels continued to support people. The rating continues to be Good.

People were supported by staff who understood how to protect them from avoidable harm and to keep them safe. Staff had access to safeguarding and whistleblowing policies and information on how to raise a concern was on display in the office. Staff understood their responsibility to report any concerns and one staff member explained, "You would talk to the shift leader and to the manager. I am sure something would be put in place and it would be sorted. If not, you would go higher. There is a point where we can whistle-blow. On our website there is a number that is private and confidential if we need to report something." Staff told us that because people had limited verbal communication they were vigilant for any signs they were worried or concerned. One member of staff explained, "I think it is looking at their faces, you would be able to see if they were scared in their eyes and it is listening to how people communicate with them. Not speaking to people or communicating with them is an abuse as well." The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Risk management plans were very detailed and contained specific guidance about potential risks in relation to people's care. For example, the majority of people were unable to move independently and had specialist equipment adapted to meet their specific needs. There were detailed written and pictorial records to ensure staff used the equipment correctly to keep people safe. Staff followed the risk assessments to reduce the likelihood of harm to people.

Risk assessments were regularly reviewed and updated. For example, there had been an increase in the number of seizures one person experienced. This had led to increased monitoring of the person and any seizures were recorded and regularly discussed with other healthcare professionals involved in the person's care.

Relatives told us they were confident staff kept their family members safe. One relative told us their family member had all the equipment in place to enable staff to support them safely. Another relative told us there were always two staff when their family member needed to be transferred using the hoist.

There were enough staff available to meet people's needs and provide effective care. Staff told us there had been a high use of agency staff, but the provider had recruited new staff who were now being introduced into the home. One member of staff told us when agency staff had to be used, "It is always the same agency staff so there is that continuity."

Relatives felt staffing levels were sufficient and confirmed their family members now received consistent care from more permanent staff. Comments included: "The staff ratio has got much better, but they did have an issue with staffing. They now have more staff and I am tending to see the same faces" and, "Staffing is improving."

The provider's recruitment procedures included making all the pre-employment checks required by the regulations, to ensure staff were suitable to deliver personal care.

Medicines were stored, managed and given to people safely and in accordance with best practice. Where medicines were prescribed on an 'as required' basis, there was sufficient information to guide staff in what circumstances they should be given. Records demonstrated that people's medicines were reviewed regularly with other healthcare professionals to ensure they remained effective and appropriate for people's medical needs. Medicines were checked regularly to ensure errors were kept to a minimum and identified quickly.

The provider had a process for ensuring lessons were learned when things went wrong. Staff understood their responsibility to report and record any accidents and incidents. The registered manager reviewed the reports before they were sent to the provider to ensure any learning was identified. When issues needed to be addressed, the registered manager discussed these with staff during team meetings. For example, at a recent meeting staff had discussed the contributing factors to a medicines error and what action they needed to take to reduce the risks of it happening again.

Equipment used in the service was regularly checked and serviced and the safety of the premises was maintained. However, we did note that some doors which were clearly marked as needing to be locked, were not locked. For example, one cupboard contained hot water pipes which could present a risk to people if they fell against them. The registered manager assured us they would remind staff of the importance of checking all doors were locked in accordance with the provider's policies and procedures.

The home was clean and tidy and cleaning schedules for night staff ensured every part of the home was regularly cleaned. Staff had received training so they understood the importance of good hygiene and safe infection control measures, such as using personal protective equipment where necessary. One relative confirmed, "The place is always clean and tidy."

Each person had a personal evacuation plan so staff and the emergency services knew what support people would need to ensure their safety should the building need to be evacuated.

Good

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection visit. Staff continued to offer people choices and supported them with their dietary and health needs. The rating continues to be Good.

We spoke with two care staff who had recently started working at the home. They spoke very positively about the provider's induction programme which included two weeks of working alongside more experienced staff (shadowing). They told us other staff were very supportive during this period and shared their knowledge of people's needs so they could provide effective care. One told us, "I had two weeks shadowing which I thought was really good. I felt really comfortable being on my own after those two weeks." The provider's induction was linked to the Care Certificate. The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support.

Staff received additional training when necessary to meet people's medical conditions. For example, staff had received training in autism, learning disabilities, positive behaviour management and epilepsy. Where a need was identified, staff received extra training to meet people's specific individual needs. For example, staff told us about a recent 'workshop' where they had received training to meet the needs of one person who had a diagnosis of autism alongside their learning disability. Staff told us they found it a useful opportunity to share strategies that ensured positive outcomes for this person and one member of staff explained, "It is all about staff working together in a consistent way." All the staff we spoke with said they felt confident they had the knowledge needed to effectively support the people at Marloes Walk.

People had their needs and preferences assessed and we found that care and support were given in line with national guidance and evidence based practice. The assessments were kept under review and updated as people's circumstances or conditions changed.

People's care plans included a nutritional assessment and an appropriate care plan for those identified as at risk. Staff knew about people's nutritional needs and who needed a modified or pureed diet. They also knew who needed to have a prescribed thickening agent added to their drinks to prevent them from choking when swallowing.

Staff explained that menus were planned based on their knowledge of what people liked and disliked. One staff member told us, "It is about making sure they get a well-balanced diet." At lunch time staff explained to people what was on their plate and assisted them to eat without rushing. People appeared to enjoy their meals and a relative described the meals as 'A1'.

Due to their medical needs, four people received the majority of their nutritional intake through a tube directly into their stomach. However, some of these people still enjoyed the smell and taste of food and the sensation of food in their mouth. Staff had worked with dieticians and speech and language therapists to ensure people could still enjoy these sensory sensations and participate in the meal time experience. Staff

prepared small pureed taster meals and assisted people to enjoy them in accordance with their risk management plans.

People were supported to maintain good health and had access to healthcare services such as their GP, dentist and chiropodist. In addition, people had a health action plan which recorded all aspects of their health and wellbeing, including any health screening tests relevant to their age, gender and abilities. Healthcare visits were recorded in care plans so there was a detailed record of any medical advice given which was then incorporated into the person's plan of care.

Due to people's complex medical needs, the registered manager told us how important it was to maintain a collaborative approach between staff and all healthcare professionals to improve outcomes for people. For example, healthcare professionals worked together to ensure medication and food regimes were effective in maintaining the optimum health and comfort of people.

People had 'hospital passports' which contained important information about the person that could be passed quickly to health care staff if it was necessary for the person to be admitted to hospital. The registered manager also ensured, that as far as possible, a member of staff supported people in hospital to provide reassurance and support communication. This was particularly valued by relatives with one relative commenting, "If there is an ill resident and they are in hospital a member of staff goes in at 7.00am and stays there until 2.00pm. The member of staff is then relieved by another member of staff who does the 2.00pm to 9.00pm shift. That is top class to me."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Care plans contained mental capacity assessments which were decision specific and individual to the person. Although people had limited verbal communication, staff supported people to make as many of their own decisions as possible. To facilitate this they gave people visual choices and responded to their body language or their eye contact to identify what people wanted. For one person they used a little pot of coffee and a little pot of tea to enable the person to indicate what they wanted to drink. The person would react to the aroma to show which drink they wanted. Where people could not make simple choices, staff acted in their best interests based on their knowledge of people's likes and dislikes.

Best interests meetings had been held with health professionals and those closest to people to determine the best course of action when important or complex decisions needed to be taken about a person's care.

The registered manager understood their responsibilities under the MCA. They had applied to the supervisory authority for the right to deprive a person of their liberty when their care and support included restrictions in the person's best interests.

The premises were purpose built with wide corridors and easy access to the communal areas. The majority of bedrooms had ceiling hoists and were large enough to enable staff to use equipment safely and effectively. There was a sensory room where people could relax and have quiet time and easily accessible gardens with seating where people could enjoy the fresh air.

Good

Is the service caring?

Our findings

People received the same level of compassionate care and support as at our previous inspection. The rating continues to be Good.

Staff were empathetic and patient with people and provided support without rushing. People responded positively to staff and appeared comfortable with them. For example, one person was asleep in the communal lounge. When they woke up there were lots of smiles and laughter when staff spoke with them. One relative described the staff as, "First class and very devoted."

People living in the service had difficulty to communicate verbally. Staff used different verbal and non-verbal communication methods with each person to enable them to express themselves. This included using objects of reference and hand gestures. One relative particularly spoke about how staff took time to be with people and understand them and said, "They interact with the residents and speak to them as a person." Another relative told us staff were good at understanding how their family member communicated and said, "A different mood means different things and staff know that." A member of staff explained, "Because they can't verbally communicate it is harder, but it makes you more determined to get to know them."

The provider's 'key worker' system ensured everyone had a named member of staff to look after their interests and develop an individual relationship with them. The system ensured everyone had a friend to represent them, to get to know them well and make sure their needs were met through regular care plan reviews.

Care plans noted what was most important in people's lives, such as significant others, relatives and friends and how they chose to spend their day. From speaking with staff it was clear they enjoyed working at the home, cared about the people they supported and wanted to ensure the best outcomes for people by knowing them well.

Relatives told us they valued their relationships with staff who supported them to maintain a central role in their family member's life. One relative told us, "We like to have an input. We don't like to be on the periphery and staff accept that. Any decision and we are involved."

Relatives also told us they felt equally cared for by staff. One relative who had to travel some distance to visit their family member told us how staff made them sandwiches for the journey home. Another told us that when they were ill and unable to visit their family member, "The manager phoned and asked if there was anything they could do. If I can't get in, she will send [name of person] round with a member of staff to spend a couple of hours with me."

Staff explained how important it was to respect people's relationships with their family and friends. One staff member told us, "They (relatives) know their daughter, son, uncle, sister or brother the best so you can find out how they react to things and what they like. It is gaining knowledge from their families."

We discussed equality, diversity and human rights with the registered manager. Staff received training in diversity, equality and inclusion and demonstrated a good understanding about treating people as individuals. They gave people choice and ensured their preferences were respected. One staff member explained, "Just because they are non-verbal or in a wheelchair or have a learning disability, they have just the same rights as everybody else."

Throughout our visit, staff treated people with dignity and respect. They knocked on doors before entering and ensured people were supported with personal care in the privacy of their own bedrooms.

Good

Is the service responsive?

Our findings

At this inspection, we found people continued to receive care that was personalised and responsive to any changes in their needs. The rating continues to be Good.

Each person had a detailed care and support plan which provided staff with the information they needed to respond to people's physical, emotional and social needs. Relatives told us they were involved in planning and reviewing their family member's care to ensure it met the person's likes, dislikes and preferences. One relative said, "They discuss everything with you if they are going to do anything." Another said, "We are always asked for our comments". This relative described how they had specifically requested that only female staff provided personal care and this request had been met.

The 'Accessible Information Standard' (AIS) aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand and any communication support they need. The provider recognised people's different levels of communication. Detailed communication plans described the way people communicated and how staff should engage with people to ensure they provided responsive care. For example, some people used facial expressions and some people used body language to communicate.

Staff exchanged information about a person's care needs and wellbeing at shift handover to maintain continuity of person- centred care. Staff told us communication between the staff team was very good so they had the information they needed to respond to people's needs on a day to day basis. A relative confirmed, "Every day staff pick up on the demeanour of the residents."

The home did not support anyone who was in receipt of end of life care. However, people's care records demonstrated that where appropriate, relatives had been involved in discussions about what should happen at the end of people's lives. Relatives confirmed that staff had supported them with sensitivity to have these conversations. The registered manager explained how in the past they had supported one person to remain in the home at the end of their life and the person's family had been able to stay with them during their final days.

People were supported to engage in activities both inside and outside the home. Staff recognised people's differing abilities and interests and planned activities that would provide meaningful engagement for everyone. For example, during the football World Cup, staff prepared meals from the countries that were playing on a particular day. This meant that people who had no interest in football could still be involved and take pleasure in the sensory experience of new tastes and flavours.

Whilst people had limited ability to engage in day to day tasks around the home, they were still encouraged to be involved as a one to one interaction with staff. One relative told us, "I see people sitting in the kitchen area while staff are preparing the meals. If they are capable, staff will go to them with the bowl and let them have a stir or help them to have a stir."

Staff supported people to attend events and social activities in the local area. For example, some people attended a community centre where they enjoyed participating in activities such as arts and craft. Other people enjoyed regular theatre trips or meals out and everyone was supported to go on at least one holiday a year. Two people were supported to attend a regular religious service. A member of staff explained how supporting people to be active in the community was an important aspect of their role. They told us, "They have every right to live their life and join in with everything that is going on in society. They just need assistance in having their social needs met."

Relatives told us they had no complaints, but were confident any complaints would be taken seriously and resolved promptly. Comments included: "If we have any problems we talk to staff or the manager, but we don't have any." As people who lived in the home were unable to verbalise any concerns, the registered manager told us staff were aware of any behaviours that might indicate a person was unhappy. They told us they would work with the person and the family to identify the cause through a process of elimination.

The service had not received any complaints in the 12 months prior to our inspection. The registered manager assured us that if a complaint was received, it would be managed in accordance with the provider's policies and procedures.

Good

Is the service well-led?

Our findings

At this inspection, we found the staff were as well-led as we had found during the previous inspection. The rating continues to be Good.

The home was well-led by the registered manager who had worked at the home for many years. Staff felt supported by the registered manager and motivated to work in accordance with the positive values that underpinned the ethos of the home. They told us the registered manager was well liked because they were "easy to talk to", "listens to you" and "will always make time for you." When speaking of the registered manager one staff member told us, "She is supportive to the staff team and very supportive to the people who live here and their families." Another said the registered manager was knowledgeable and, "Really involved in making sure all aspects of people's care are met to the best of our ability."

This was echoed by relatives who all knew who the registered manager was. They told us the home was well managed and felt able to approach the registered manager at any time, knowing they would be listened to. One relative described the registered manager as "wonderful" and went on to say, "I haven't got a bad word to say about the place." Other comments from relatives included: "We have no problems. Staff always make us welcome and they look after [person] well" and, "It is very good."

Staff felt supported in their practice through regular training, one-to-one supervision meetings and team meetings. Team meeting minutes showed staff were kept fully informed and had the opportunity to discuss and make suggestions about the running of the home. One staff member told us, "I do feel a valued part of the team and my opinion is listened to." This staff member also commented that the provider was responsive in covering any unexpected absence with agency staff, rather than leaving staff to work below identified staffing levels. They told us this meant people received the care they needed as well as ensuring the wellbeing of the staff team.

The provider considered ways of improving outcomes for people who lived at the home. For example, the provider had recently introduced a new initiative called 'Warwickshire Path'. The Provider Information Return (PIR) explained this was a way of looking at how staff communicated with people to ensure they were fully involved in making their own decisions and had the best quality of life possible. This also involved staff examining their own practice to encourage them to enable and empower people so they could live their lives as they wished to. The provider had also introduced more training so care staff had the skills to provide day to day care for those people who received their nutrition through a tube directly into their stomach. One member of staff told us this would provide people with more responsive care as they would be able to take them on longer trips outside the home without direct clinical support.

There was a quality assurance system to ensure people received a safe, effective and responsive standard of care. The provider monitored the service through a series of checks and audits. This included unannounced visits to check the day to day running of the home by managers from other homes within the provider group. The registered manager received feedback from the provider with any required actions to improve the quality of care provided.

Relatives told us they were encouraged to share their views and provide feedback about the service. The provider also invited them to complete an annual questionnaire about the quality of care within the home. One relative told us they had raised an issue once and were happy it had been dealt with appropriately and shared with the wider staff team.

The registered manager met with other managers within the provider group to share good practice and any learning from any accidents or incidents in other services. The registered manager also worked in partnership with other agencies such as the local clinical commissioning group (CCG). They were also involved in a local voluntary group and some volunteers had recently updated the garden at Marloes Walk as well as the sensory room.

The provider had notified us of events that occurred at the home as required, and had also liaised with commissioners and other healthcare professionals to ensure they shared important information in order to better support people.

It is a legal requirement that the provider's latest CQC inspection report rating is displayed at the service. This is so people, visitors and those seeking information about the service can be informed of our judgements. The provider had clearly displayed the rating in the entrance hall of the home and on their website.