Turning Point

Marlborough Road

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on the 16 January 2016 and was unannounced.

Marlborough Road provided accommodation and personal care for up to eight people with a learning disability. Seven people were using the service at the time of the inspection, most of whom had complex needs.

The registered manager supported us throughout the inspection. 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.

People were protected from abuse as staff knew what constituted abuse and who to report it to if they suspected it had taken place.

There were sufficient staff to keep people safe and to support people to follow their hobbies and interests.

People's medicines were managed safely.

Risks to people were minimised to encourage and promote people's independence.

Summary of findings

Staff were clear how to support people to maintain their safety when they put themselves at risk.

The Mental Capacity Act 2005 (MCA) is designed to protect people who cannot make decisions for themselves or lack the mental capacity to do so. The Deprivation of Liberty Safeguards (DoLS) are part of the MCA. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The provider followed the principles of the MCA by ensuring that people consented to their care or were supported by representatives to make decisions.

Staff were supported to fulfil their role effectively. There was a regular programme of applicable training.

People's nutritional needs were met. People were supported to eat and drink sufficient to maintain a healthy lifestyle.

People were supported to access a range of health care services. When people became unwell staff responded and sought the appropriate support.

Staff were observed to be kind and caring and they told us that were well supported by the registered manager.

Care was personalised and met people's individual needs and preferences.

The provider had a complaints procedure and people knew how to use it.

The provider had systems in place to monitor the quality of the service. When improvements were required these were made in a timely manner.

Summary of findings

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 was safe.

There were sufficient numbers of suitably recruited staff to keep people safe within the service.

People were kept safe as staff and management reported suspected abuse.

Actions were taken to reduce people's risk whilst encouraging their independence.

People's medicines were managed safely

Good

Is the service effective?
The service was effective.

The provider worked within the principles of the MCA to ensure that people were supported to consent and make decisions with their representatives.

Staff were supported and trained to be effective in their role.

People's nutritional needs were met.

When people required support with their health care needs they received it in a timely manner.

Good

Is the service caring?
The service was caring.

People were treated with dignity and respect.

People were as involved as they were able to be in their care, treatment and support.

Relatives and friends were able to visit freely.

People's privacy was respected.

Good

Is the service responsive?
The service was responsive.

Care was personalised and delivered in accordance with people's preferences.

People were offered opportunities to engage in community activities of their choice.

The complaints procedure was accessible to people and their relatives

Good

Is the service well-led?
The service was well led.

Systems were in place to monitor the quality of the service and action was taken to make any required improvements.

There was a registered manager in post. Staff felt supported and valued by the management team.

Good

Marlborough Road

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 was 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 12 January 2016, was unannounced and carried out by one inspector.

We reviewed the information we held about the service. Providers are required by law to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We refer to these as notifications. We reviewed the notifications the provider had sent us and additional information we had requested from the local authority safeguarding team and local commissioners of the service.

Only one person who used the service was able to talk to us and to answer some of our questions. This was because the other people who used the service had complex needs including difficulties with communication. We spoke with three relatives, four staff members, and the registered manager.

We looked at three people's care records to help us identify if people received planned care. We also reviewed records relating to the management of the service. These included records relating to quality monitoring, health and safety, staff recruitment and staff training and the management of incidents, accidents and complaints. These records helped us understand how the provider responded and acted on issues related to the care and welfare of people, and monitored the quality of the service.

Good

Is the service safe?

Our findings

People were safeguarded from the risk of abuse as staff knew what to do if they suspected abuse. The manager had made safeguarding referrals to the local authority for further investigation when an incident had occurred. Staff told us that they knew how to raise concerns if they saw poor practice and/or abuse. A staff member said, “This is covered in induction training and then we do updates so we all know about it. I would raise concerns with my manager straight away”. We saw that staff had access to relevant telephone numbers for the local authority safeguarding teams and there was a short guide for staff on how and when to raise a safeguarding.

People were supported to stay safe and promote their independence through the effective use of risk assessments. Risk assessments were in place for each person dependent on their needs and they were kept under constant review. We saw a risk assessment for one person relating to having seizures whilst in the bath. The risk assessment directed staff on how to help keep the person safe and a staff member explained to us how they supported the person in this situation.

We saw when people’s needs changed staff took action to maintain their safety. For example, we saw that one person had been leaning forward to reach their DVDs and had fallen whilst doing this. The provider had moved the DVDs to a higher shelf so that the person did not have to reach down for them. This had helped to prevent the person from sustaining further falls.

We saw that there were clear plans and guidance in place for staff to be able to support people when they were unwell. Equipment to keep people safe through the night was in place and we saw it was regularly checked and maintained.

People's medicines were stored and administered safely. Medicines were kept in a locked cabinet within people's own flats. Staff we spoke with confirmed they had received comprehensive training in the administration of medicines and they were regularly assessed as being competent by a senior member of staff. People had clear and comprehensive medication care plans which informed staff how people liked to have their medication dependent on their personal preferences.

Staff told us and we saw that there were enough staff to keep people safe. Staff told us that each person had a small core staff team. This helped to ensure consistency of care for people and that people were cared for by staff who knew how to meet their needs.

We looked at the way in which staff had been recruited to check that robust systems were in place for the recruitment, induction and training of staff. Staff confirmed that checks had taken place and they had received a meaningful induction prior to starting work at the service.

Good

Is the service effective?

Our findings

Relatives we spoke with told us that they felt that staff were effective in their roles. One relative told us: “The staff are great with [person’s name] and know just how they like things done”. A member of staff we spoke with told us they felt supported in their role and had received sufficient training to fulfil their role. We saw there was an on-going programme of training specific to the needs of people who used the service. Regular supervision and competency checks were undertaken by the manager and senior staff to ensure that staff maintained a high standard of care delivery. A staff member said, “[staff member’s name] does my one to one’s every three months. I think they are helpful”.

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. All of the people who used the service had significant communication difficulties and required a significant degree of support to make decisions and to consent to their care and treatment. We saw how a staff member supported a person who was unable to communicate fully but could make small decisions. The staff member asked them, “[Person’s name] would you like a cup of tea? The person indicated that they would like one by walking into the kitchen. The staff member then made the person a cup of tea which they enjoyed. The level of understanding and communication between this staff member and the person was clear to see. We saw that where the person was unable to make more significant decisions, there had been core team meetings held to discuss suggestions. The last one had been held to discuss what the person would like for Christmas. Most people were unable to sign their own care plans consenting to their care and treatment and had been supported by their relatives or representatives to consent.

People who used the service had been referred to the local authority for a Deprivation of Liberty Safeguards (DoLS) authorisation as they were at times being restricted of their liberty. The registered manager informed us that these referrals had been in place before she joined the service 18 months previously and were currently being reviewed. These had been completed by people's Social Workers and remained current as the people's needs had not changed. For example; people not being able to access the community alone. The Deprivation of Liberty Safeguards is part of the Mental Capacity Act 2005. The legislation sets out requirements to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. We saw the process had been followed correctly.

We saw how people were supported to choose what they wanted to eat and helped plan the menus. Some people helped the staff member to prepare and cook some meals in their own flats. We saw that a person was on a diabetic diet and their blood sugar levels were recorded regularly to ensure the diet remained effective. Staff encouraged people to maintain a healthy choice; however people’s choice was respected. For example, one person enjoyed a takeaway meal on a Saturday night. We saw how most people required a degree of assistance to eat their meals and we saw staff supporting people to eat.

People were supported to attend health care appointments with professionals such as their GP, opticians and community nurses. The registered manager and staff worked closely with other health agencies to ensure people's health care needs were met. We saw that people had access to a wide range of health care facilities. When people became unwell we saw that action was taken to seek the appropriate medical advice. We saw one person was being supported to attend an appointment with their GP when we arrived at the service. The person said, “I am going to see the doctor”.

Good

Is the service caring?

Our findings

People who used the service could not tell us what they thought about the staff because of their difficulties with communication. However, we observed kind and caring interactions between staff and people they were supporting. We observed that staff interacted with people in a respectful manner, talking to people at a level and pace they understood. Some staff had cared for the people who used the service for many years previously when they lived in a different care setting. One person was able to talk to us and told us they were happy and felt well looked after by the staff. They said “The staff are very nice they look after me well. They are very kind with me”. We saw how this person interacted with two staff members and hugged and kissed them. The person told a staff member, “I really love you”. All of the relatives we spoke with thought that staff were kind and caring. One relative said, “The staff are lovely with [person’s name], we couldn’t ask for better”.

We saw that people were encouraged to be as independent as possible and achieve personal goals. A relative said, “Staff have really taken the time to engage with [person’s name] and his family to understand his complex needs”. The relative was also pleased that staff had “learned to respect [person’s name’s] intelligence to allow him more control in his life”. The relative said that “[person’s name] has been able to have his own flat of which he has total control over the decoration and upkeep. One very special moment for [person’s name] was to have his own Christmas tree and decorations, of which has never done before, a magical moment!”

The registered manager explained that relatives are given the opportunity to be involved in care plan reviews and there is a relative’s communication record in place. Everyone had a plan of care which was kept securely. People's confidential information was respected and only available to people who were required to see it. We saw where people’s relatives had signed care plans as they had been involved in care planning meetings.

Staff treated people with dignity and respect. People received care and support in their own flats and most people received one to one care. We heard and saw other staff knocked on people’s doors and called out before entering people’s flats. We saw a staff member was mindful of privacy and dignity issues whilst supporting the person in their flat, closing the door when the person used the bathroom. The staff member said, “I always do this, it is habit”. Records relating to support plans contained information on how staff must ensure privacy, dignity and respect for people throughout all aspects of their daily life.

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Good

Is the service responsive?

Our findings

People received care and support based on their individual needs, likes, dislikes and preferences. We saw people and/or relatives were involved in drawing up their own personal development plans. One relative said, "The staff don't change anything without us having a discussion first about it. We are very much involved". People's support plans reflected what they liked and how they liked their support to be delivered. They contained how the person liked support morning, afternoon, evening and nightime. This included what time they liked to get up and go to bed. Personal diaries were completed with the activities each person preferred on each day.

We saw staff had core staff team meetings to discuss people's needs, preferences and any changes with people's support plans. At one meeting staff discussed what a person might like for Christmas. These suggestions included purchasing a new DVD player so the person could watch their favourite rock concerts and lights for their bedroom for sensory sessions. Another staff member explained how a person was afraid of the dark. "[Person's name] doesn't like the dark so any way we can we are thinking of ways to help them with this. We can't just put lamps up because of these being knocked over so we are going to look at placing some fairy lights in their room. I think this will really help".

People were supported and encouraged to participate in a wide range of hobbies and community activities that they enjoyed. For example staff supported a person to attend football matches with their relative as they both enjoyed supporting their local team. The registered manager told us what a difference this had made to the quality of the person's life and how this had helped to involve the relative doing something they both enjoyed. A staff member told us about a person they were supporting. They said, "[person's name] is out every day, down to the shops or bowling or the cinema. Another person went to the theatre to see the Sound Of Music which they really enjoyed. We always put a lot of thought into what people do". A staff member explained how much a person liked birds and that they were going to buy a bird table and put it outside for them to watch through their window. When we visited one person with their care support worker we saw that they had been enjoying a one to one beauty therapy session.

Relatives told us that they could raise concerns and/or suggestions about anything and they would be addressed. They told us that they felt confident that if they had any concerns that they would be dealt with. One relative told us: "I would speak with the manager and it would be sorted, but I could speak with any of the staff". The provider had a complaints procedure. We saw that people, their family and representatives were reminded about the complaints procedure every twelve months through a questionnaire. There had been no recent complaints.

Good

Is the service well-led?

Our findings

There was a registered manager in post, team leaders and senior care staff. There were clear lines of accountability. A relative told us: “If I had any concerns I would speak to [Person’s name] team leader, first as they know them best”.

Staff we spoke with told us that they felt that the registered manager and senior care staff were supportive and approachable. A member of staff told us: “This is a great staff team. Everyone is so supportive”. Staff knew that the provider had a whistle blowing policy and they told us that they felt confident that if they used it they would be protected and it would be acted upon.

Regular meetings took place with people who used the service and staff. Records confirmed that people's views were sought at every opportunity. We saw records that confirmed that when people had requested items or any kind of action, there was a clear audit trail of what action had been taken. The manager told us that they sent out questionnaires to relatives and health and social care professionals to gain their views on the service. Information from the questionnaires was then analysed and action taken to improve if any areas of concern had been identified.

The manager kept themselves up to date with current legislation. They told us that they attended provider forums and CQC events and always looked for new and innovative ways of providing care.

Systems were in place to monitor the quality of the service. This included doing weekly checks of some services such as medication. Staff performance was regularly reviewed and staff training was kept up to date.

People's health care needs were monitored and people's care was regularly reviewed with them. There was an effective system in place to ensure that mental capacity assessments were in date and regularly reviewed. This meant that the provider was maintaining and looking to improve the quality of service provided.