

## Turning Point

# Turning Point - 1-2 Cuthberts Close

### Inspection report

1-2 Cuthberts Close  
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24 April 2019

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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

### About the service

Turning Point 1-2 Cuthberts Close provides accommodation, nursing and personal care for up to 12 people who have a learning disability in two adjacent bungalows. There were six people using the service on the day of our inspection.

Before the inspection the provider had applied to the Care Quality Commission to de-register this service as a care home and applied for it to be registered as a supported living service. On 22 May 2019 this service was de-registered as a care home and is now registered as a supported living service as part of Turning Point – Bradford.

### People's experience of using this service

People appeared relaxed and comfortable with staff. Relatives we spoke with said they felt their family members were safe and well cared for. Medicines were managed safely. Staff followed infection prevention and control guidelines. Potential risks to people were assessed and managed appropriately. There were enough staff to meet people's needs. Safe recruitment procedures were in place.

Staff sought people's consent before providing care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. We have made a recommendation regarding Mental Capacity Act 2005 documentation. Staff training in key areas was up to date.

Staff respected people's privacy and dignity and people were supported to be as independent as possible. Staff treated people with kindness and respect. Relatives told us staff were caring.

People received personalised care that was responsive to their needs and preferences. It was clear from our conversations with staff they knew people's needs well.

The provider had effective systems in place to monitor the quality of the care provided and generate improvements. A comprehensive audit carried out in February 2019 identified a significant number of areas where improvements were needed. All actions had been completed or were being addressed at the time of our inspection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: Requires Improvement (report published 1 May 2018).

### Why we inspected

This was a scheduled inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Turning Point - 1-2 Cuthberts Close

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

Turning Point 1-2 Cuthberts Close 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 on this inspection.

The service had a manager registered with the Care Quality Commission, but they were absent when we visited. The provider's locality manager and area manager were managing the home when we visited. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

## Notice of inspection

We gave the service 24 hours' notice of the inspection visit because people who use the service are often out during the day, so we needed to be sure someone would be in.

## What we did

Before the inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the commissioners of the service to gain their views.

The provider had 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 any improvements they plan to make. We used all this information to plan how the inspection should be conducted.

Some of the people who used the service had complex needs which limited their communication. This meant they could not always tell us their views of the service so we sought the views of two relatives by telephone. During the visit we observed how people were supported in communal areas and spoke with three people who used the service. We spoke with the provider's locality manager, the area manager, one agency nurse and three support workers.

We looked at care records for two people, medicine records for four people, recruitment records for two staff and other records relating to the management and quality monitoring of the service.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Relatives said people were safe because they were well cared for. One relative told us, "I've never had any qualms about [family member's] safety."
- Appropriate safeguarding processes were in place. Staff were aware of how to recognise abuse and protect people from potential harm. They felt confident raising any concerns with managers and were aware of the whistle-blowing policy.
- Where safeguarding concerns had been raised, investigations had taken place and appropriate action was taken.

Assessing risk, safety monitoring and management

- People had individual risk assessments which were regularly reviewed. Where risks were identified, plans were in place for staff to reduce these risks.
- Risk assessments relating to the environment and other hazards, such as fire and food safety were carried out and reviewed regularly.
- Regular maintenance checks, risk assessments and repairs were carried out to keep the home and equipment safe. The service was maintained to a reasonable standard. An environmental action plan was underway to improve areas of the service which needed repairing or replacing due to wear and tear.

Staffing and recruitment

- A thorough recruitment and selection process was in place which included references from previous employers and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions by reducing the risk of unsuitable people working with vulnerable people.
- There were enough staff to meet people's needs quickly and keep them safe.

Using medicines safely

- Medicines were administered safely and effectively. People received their medicines when they needed them and in an appropriate way to their individual needs.
- Medicine administration records we viewed had been completed accurately.

Preventing and controlling infection

- There were effective systems in place for reducing the risk and spread of infection. Staff had completed training in infection prevention and control and food hygiene. Staff used personal protective equipment, such as gloves and aprons, to protect themselves and people from the risk of infection.
- The service was clean, tidy and odour-free.

### Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to look for any patterns or trends to minimise the risk of further incidents, although no trends had been identified.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Comprehensive assessments of each person's needs were completed before a care placement was agreed or put in place. This was to ensure the service could meet people's needs.
- Following the initial assessment, all risk assessments and individual support plans were developed with the person and their representative where appropriate.

Staff support: induction, training, skills and experience

- Staff training in key areas was up to date. Staff said they received plenty of training and felt supported in their job roles.
- New staff completed a comprehensive induction which covered key information such as health and safety and record keeping.

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

- People were supported to have enough to eat and drink. At the previous inspection we found fluid charts had not been fully completed. At this inspection we found the recording on fluid charts had improved. There were enough staff to support people to eat safely.
- Where people were at risk of poor nutrition, plans were in place to monitor their needs closely and professionals were involved where required. Where people required their food to be prepared differently because of problems with swallowing, for example, this was catered for. Staff had a good understanding of people's nutritional needs.

Adapting service, design, decoration to meet people's needs

- People's bedrooms were personalised. Communal lounges and dining areas were comfortable and spacious, with a homely feel.
- People had access to a garden, which was in the process of being tidied up so people could enjoy it as the weather was improving.

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

- People were supported to access appointments with healthcare professionals such as the GP, occupational therapist and community nurse. Referrals to the dietician, speech and language therapist and other health care professionals were made appropriately and care plans reflected the advice and guidance provided.
- Staff understood people's healthcare needs and acted appropriately when they recognised changes in people's health.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- DoLS applications had been made appropriately and authorised for the people who needed them. Where decisions had been made in people's best interest these were not always recorded appropriately or in enough detail.

We recommend the provider considers current guidance regarding the recording of best interest decisions to ensure full compliance with the Mental Capacity Act.

- Staff knew the importance of gaining a person's consent before providing any care and support. Staff told us they would seek advice if they had any concerns about people's ability to understand decisions. Where people did not have capacity to make decisions in particular areas of their life, they were supported to make their choices known wherever possible.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- The atmosphere at the home was relaxed and friendly. There was a positive rapport between people and staff. People were respected as individuals with different strengths and interests.
- We saw people appeared comfortable in the company of staff and how people and staff enjoyed a laugh and a joke together.
- Relatives said staff were kind and caring. One relative said, "The care is absolutely brilliant. The staff are very caring and know exactly what [family member] wants and how to communicate with him."
- Staff treated people with respect and dignity. Staff knew people's needs well and told us how important it was to support people in the way they liked and needed.
- People's care plans contained information about their social backgrounds so staff could use this to get to know people and build positive relationships with them.
- People's communication needs were clearly identified in care records and staff knew people's needs in this area well.

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

- People were involved in decisions about their care where capabilities allowed. Care plans were reviewed and updated on a regular basis to ensure people's care needs and preferences were up to date.
- Where necessary, staff supported people to access the assistance of an advocate. An advocate is someone who represents and acts on a person's behalf and helps them make decisions. Staff supported people to access these services when needed.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence without unnecessary risks to their safety.
- Staff understood their responsibilities for keeping personal information about people confidential.
- Staff supported people with personal care respectfully and discreetly.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- A provider audit conducted in February 2019 identified that people's care plans and notes were disorganised and sometimes contained gaps. Since then, people's care plans had been reorganised to make them easier for staff to follow and recording had improved.
- Care plans were person centred, up to date and reviewed regularly. People's care needs were clearly set out and included guidance for staff about how to support people with their specific needs, such as mobility, personal care and medicines. Each person had a 'one-page profile' which provided a person-centred snapshot about the individual for staff to refer to.
- Care plans were well written and contained detailed information about people's daily routines and specific care and support needs. Care plans guided staff to focus on all aspects of the person's wellbeing, including their social and emotional needs.
- Staff supported people to access the community and to do the things they enjoyed.
- Where people required information in an alternative format, such as easy read, this was available. For example, information about the service becoming a supported living service was available in easy read format. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.
- Staff were responsive when people's needs changed. For example, during our visit staff noticed an issue which could have affected the person's mobility. Staff sought appropriate medical advice without delay.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place, although no complaints had been received since the last inspection.
- Staff told us people and family members were encouraged to share any minor concerns straight away, so issues could be resolved quickly.
- Relatives said they knew how to raise a complaint. Nobody we spoke with had any concerns. One relative told us, "I've never had any complaints whatsoever."

End of life care and support

- No one using the service was receiving end of life care at the time of inspection. Staff had conversations with people and their relatives about end of life plans and some people had these plans in place.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Audits were effective in identifying and generating improvements in the service. A comprehensive audit in February 2019 identified a significant number of areas where improvements were needed. An action plan was in place to address these areas with target dates for completion. All actions had been completed or were being addressed.
- Staff told us they felt listened to and that the management team were approachable. Staff told us they worked as a team to deliver high standards for the benefit of people using the service.

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

- The provider's locality manager and area manager were overseeing the service as the registered manager and deputy manager were absent on the day of inspection. Staff told us they found the senior managers very approachable. Staff at all levels understood their roles, responsibilities and accountability. They were held to account for their performance where required.
- CQC were notified of incidents and events as required.

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

- The views of people who used the service and their relatives were continually sought both on a formal and informal basis. Feedback was positive.
- Regular staff meetings were held to discuss relevant information and policy updates.
- Staff told us they valued these meetings and felt able to approach the management team at any time. Staff told us they had plenty of opportunities to provide feedback about the service.

Continuous learning and improving care

- When an incident occurred, this was investigated thoroughly and lessons learnt where appropriate.

Working in partnership with others

- People were encouraged to be active citizens within their local community by using local services regularly with support.
- We received positive feedback from health and social care professionals who worked with the service. A healthcare professional said, "This care home is amazing. There had been some issues with records but we've worked together to address that."

