

Turning Point

Turning Point - Brickfields Cottage

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

This inspection took place on 28 November 2017 and was unannounced. When we last inspected the service in January 2017 we found that the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and the service received an overall, rating of Good. At this inspection we found the service remained Good.

Turning Point - Brickfield Cottage is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Turning Point – Brickfield Cottage accommodates six people who have a learning disability in one adapted building and on the day of this inspection there were six people living there. The service is not registered to provide nursing care.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was 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.

People's relatives told us that they were confident that people were safe living at Brickfield Cottage. Risks to people were appropriately assessed, planned for and managed. There were sufficient competent and experienced staff to provide people with appropriate support when they needed it.

Staff had received training, support and development to enable them to carry out their role effectively. The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLs). 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 supported this practice. People received appropriate support to maintain healthy nutrition and hydration.

People were treated with kindness by staff who respected their privacy and upheld their dignity. People's relatives were encouraged to be involved with people's lives where appropriate, to provide feedback on the service and their views were acted upon.

People received personalised care that met their individual needs. People were given appropriate support and encouragement to access meaningful activities and follow their individual interests. People's relatives told us they knew how to complain but had not had occasion to do so. They said they were confident they would be listened to if they wished to make a complaint.

The registered manager worked hard to create an open, transparent and inclusive atmosphere within the service. People's relatives, staff and external health professionals were invited to take part in discussions around shaping the future of the service. There was a robust quality assurance system in place and shortfalls identified were promptly acted on to improve the service.

Further information is in the detailed findings below.

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 ●

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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.

This comprehensive inspection was carried out by one inspector on 28 November 2017 and was unannounced.

The provider completed a Provider Information Return (PIR) and submitted this to us on 16 January 2017. 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 reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

People who used the service were not able to share their views with us. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. Subsequent to this inspection we contacted relatives of four people who used the service by telephone to obtain their views on the service provided.

During the course of the inspection we spoke with two support staff, a team leader, the registered manager and a visiting healthcare professional shared positive feedback with us.

We reviewed two people's care records, two staff personnel files and records relating to the management of the service.

Is the service safe?

Our findings

Relatives of people who used the service at Brickfield Cottage told us that they felt people were safe. One relative said, "I do feel that [relative] is safe living at Brickfields Cottage. There have been events recently which have the potential to impact on [person's] safety and as a result they have arranged for sensor pads so that they can help to keep them safe." Another relative told us, "I feel that people are safe in the house because it is secure and whenever I see them out in public they have always staff with them to help keep them safe."

Our observations were that people felt safe and secure. People were clearly comfortable in the presence of staff and showed no anxiety or distress. Staff demonstrated to us that they understood how to keep people in their care safe. This included how to recognise and report abuse.

Risks to people's safety and wellbeing were identified across all aspects of their lives and control measures were in place to reduce these risks. For example, we noted that risks had been assessed and were managed in relation to such areas as the use of the garden, falls from bed, the use of a foot spa, going to the cinema and the risk of fire. Fire risk assessments included the differing risks dependent on the time of day.

We observed that there were enough staff to meet people's needs. The home was calm and people had their needs met when they wanted and needed. A staff member told us, "There are always enough staff, because of that we always have time to do activities with people." A relative told us, "There always seems to be enough staff around when we are there."

The provider operated safe recruitment practices. Records showed that appropriate checks had been undertaken before staff began to work at Brickfields Cottage which included satisfactory references and criminal records checks.

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff. We checked a random sample of boxed medicines and found that the amount of medicines in stock agreed with records held. Staff confirmed to us that their competency to safely administer people's medicines was regularly assessed.

The home was clean; staff had received training in infection control procedures and were able to demonstrate their competency in this area.

Management and staff demonstrated that they understood their responsibilities to raise concerns and to record and report safety incidents. The management team made themselves available out of hours to support the staff and people who used the service in the event of any concerns and the provider had out of hours support arrangements in place. The registered manager was clear about the arrangements for reviewing and investigating safety and safeguarding incidents and how any learning from these were shared throughout the staff team to help reduce the chance of recurrence.

Is the service effective?

Our findings

People were supported by appropriately skilled and knowledgeable staff. Staff told us that they had the training and support they needed to carry out their roles effectively. Staff and records confirmed that they received the appropriate training to help them support people with specific health needs. Staff told us they received appropriate supervision and appraisal, and that these covered many areas including their personal stress levels, key worker responsibilities, competencies and any external factors that may affect their performance. Staff also told us that they were offered the opportunity to request training and discuss career progression.

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 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People who used the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. DoLS applications had been made to the local authority and some were pending authorisation at this time.

Discussions with staff and our observations demonstrated they understood MCA and DoLS and how this applied to the people they supported. Staff supported people to make decisions independently as much as they were able based on their ability. Where people were unable to communicate verbally, we observed staff using other methods to enable them to make decisions. This included observing non-verbal cues and providing visual choices for people to indicate their preferences.

The support people required to maintain healthy nutrition and hydration was set out in detail within their care records. Our observations confirmed that people were given the practical support they needed to eat. For example, some people experienced difficulty when chewing or swallowing and were provided with softened food to enable them to eat.

Staff and the registered manager told us that they had good working relationships with external health professionals such as GPs and district nurses. Records demonstrated that they were proactive in obtaining advice or support from health professionals when they had concerns about a person's well-being. An external health professional told us, "I think the service is lovely, they know people very well and always give people re-assurance they need while we are here." They went on to tell us that the requests for healthcare support were appropriate and that the staff team were supportive of the healthcare team and responsive to instruction given.

The premises were appropriate to support the needs of people. The environment was homely and in good repair, the communal lounge area was being decorated at the time of this inspection. Bedrooms were personalised and reflected the personality of the individuals.

Is the service caring?

Our findings

People's relatives told us that staff were kind and caring towards the people who used the service. One relative said about the staff, "Staff are very perceptive and very considerate towards [person]." Another relative told us, "The staff are always kind and caring towards people, and to us relatives too!"

We observed staff interacting with people in a thoughtful and considerate way. For example, comforting people with a reassuring touch if they demonstrated any anxiety. Staff demonstrated an interest in the people they supported and we noted that people were comforted by the presence of staff.

Where people were unable to participate in the planning of their care, their relatives and health and social care professionals were involved in making best interest decisions appropriately on their behalf. The registered manager gave us an example where external advocacy had been secured to support a person with some important decisions that they did not have the capacity to make for themselves.

People's privacy was respected by staff members. People's personal care was delivered in the privacy of their own room and staff spoke about people with respect and discretion. There were facilities for the safe and confidential storage of people's personal and private information.

The people who used the service were all of the same gender and the support staff team was mixed gender. We discussed with the registered manager how they assured themselves that people were comfortable receiving their personal care from a person of the opposite gender. They explained how people responded to staff and said that all people were able to demonstrate their likes and dislike in this important area. The registered manager said they were confident that people were happy with the staff that provided their care and that a mixed gender staff team was reflective of life in the community and created a healthy balance in the home.

Visitors were encouraged at the home and one relative told us, "I am able to visit at any time I want or need to."

Is the service responsive?

Our findings

Staff members clearly knew people well and understood their individual needs and preferences. People's care records started with information about what they could do for themselves and how to maximise people's independence. This was followed with clear and detailed guidance to enable staff to deliver people's care in accordance with their specific wishes. The care plans were kept under regular review to help ensure that they continued to meet people's needs.

People's care records contained personalised information about them, such as their preferences and life history. This information enabled staff to support people to engage in a variety of meaningful activity they enjoyed to help avoid the risk of under stimulation. Records showed that people were supported to take part in household activities such as baking, some cleaning tasks and to update the photo board indicating which staff were on duty. People were supported to engage in community activities such as going to the cinema, go out for meals, to go for picnics, to go bowling and to go to the pub.

People's relatives told us they felt able to feedback their views on the service and were encouraged to do so. Staff and relatives told us of various social events that had been created to help facilitate opportunities to share information including barbecues and garden parties. One relative told us, "They are always on the ball and they keep me informed."

People's relatives told us they knew how to make a complaint and that they would feel comfortable doing so but had not had occasion to do so. The provider had policies and procedures in place to help ensure that people's concerns would be managed appropriately. One relative said, "I have never had to make a complaint but I would be very confident to phone [Registered manager's name] and would be completely satisfied that any concerns would be immediately dealt with." Another relative told us, "I did raise an issue some time ago and it was sorted immediately and has not resurfaced since." This showed that the registered manager responded to people's concerns appropriately.

People had care plans in place to indicate their preferences in relation to their end of life care. We discussed with the registered manager that the population of the home was ageing and they shared their plans to source end of life care training and bereavement training for the staff team.

Is the service well-led?

Our findings

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 registered manager and provider actively sought the feedback from people who used the service, their relatives, staff and external health professionals. A staff member told us, "The management team are really supportive, I have learned so much here." A relative told us, "They are doing a splendid job there." Another relative said, "I think the service is very well managed. In the past [person] has had very bad experiences in care services but I have been incredibly relieved with the care that they are getting at Brickfields Cottage." A further relative commented, "They have an excellent life at Brickfield Cottage. I never wanted my relatives to go into care but I couldn't have picked a better place for them."

There were regular meetings held for the management to meet with the staff team to share information and plans for improvement. For example, topics discussed at a meeting held in November 2017 included thanks to staff for pulling together as a team when the service was short staffed and an update on progress with recruitment, key worker responsibilities, changing needs of people who used the service and activities.

The provider had an effective programme of audits to assess the quality of the service. These included such areas as medicines management, fire checks, checks of people's personal monies and the safety of the environment. Where shortfalls were identified, records demonstrated that these were acted upon promptly. For example, during a routine fire check it was noted that a fire door was not closing properly. We noted that this matter had been reported immediately by the service and acted upon by an external contractor. This demonstrated to us that the registered manager and provider were committed to continual improvement and safety for the benefit of the people who used the service.

There was an open culture at the service. This was clearly demonstrated by the competence of the management team and the openness and responsiveness of the support staff. There was a person centred culture that permeated throughout the team for the benefit for the people who used the service.