

Turning Point St Lukes

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 2 March 2016. This was an announced inspection and we telephoned 48 hours' prior to our inspection in order to arrange to meet with people who use the service. At our last inspection in November 2014, the service was rated as good overall. However, we asked the provider to make improvements to ensure people were involved in reviewing their care and support. We also asked the provider to improve the systems they used to gather feedback on the quality of the service, including the recording of complaints.

St Luke's Court is a supported living scheme that provides care and support to five people with a learning disability. On the day of the inspection, there were five people living at the service.

There was a registered manager 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.

Staff understood their responsibilities to keep people safe from the risk of abuse. There were systems and processes in place to protect people from the risk of harm. Staff received the training and support they needed to meet people's individual needs and an induction programme was in place to support new staff to understand their role. There were enough staff to meet people's needs and checks were made to confirm staff were suitable to work in a care environment. People received their medicines as prescribed.

Staff had caring relationships with people and respected their privacy and dignity. Staff welcomed people's visitors to ensure their important relationships were maintained. People's dietary needs and preferences were met and they were supported to access other health professionals to maintain good health.

People were supported to make their own decisions as much as possible, but where they lacked the capacity to do so, decisions were made in their best interests. People were supported to take part in activities both inside and outside of the home.

There was an open and inclusive atmosphere at the service. People and their relatives were supported to raise concerns and complaints. Arrangements were in place to gather people's feedback to make improvements to the service where needed. The registered manager carried out checks to ensure people received a good service. Staff felt valued and supported by the registered manager and provider.

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. There were sufficient staff to keep people safe. Staff understood how to protect people from abuse and minimise the risks of avoidable harm. Recruitment procedures were in place to ensure the staff employed were suitable to support people. People were supported to take their medicines as prescribed.

Is the service effective?

Good ●

The service was effective. People's needs were met by staff that knew them well and who were suitably skilled and supported. People's best interests were met by staff who understood the principles of the Mental Capacity Act 2005. People were supported to eat and drink enough to maintain a healthy diet. Staff monitored people's health to ensure any changing needs were met.

Is the service caring?

Good ●

The service was caring. Staff had positive, caring relationships with people and supported them to maintain their privacy and dignity. People were supported to have choice over their daily routine and to maintain relationships that were important to them.

Is the service responsive?

Good ●

The service was responsive. People received personalised care and support from staff who knew their individual needs and preferences. People were supported to take part in activities both inside and outside of the home. People felt able to raise any concerns and complaints.

Is the service well-led?

Good ●

The service was well-led. There were systems in place to monitor the quality and safety of the service to ensure improvements could be made where needed. Arrangements were in place for people to give their views on the quality of the service. Staff felt valued and supported by the registered manager and provider.

St Lukes

Detailed findings

Background to this inspection

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

This inspection took place on 2 March 2016 and was announced. We gave the provider 48 hours' notice because it is a small service and we needed to make sure someone would be at the home. The inspection team consisted of one inspector.

We checked the information we held about the service and provider. This included the Provider Information Return (PIR), statutory notifications that the provider had sent to us about incidents at the service and information we had received from the public. The PIR 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. A statutory notification is information about important events which the provider is required to send to us by law. We also spoke with commissioners, who are responsible for arranging services for people.

People living at the home were unable to speak with us to give us their views in any detail. However, we met a person who used the service and observed how staff interacted with them. We spoke with one visitor and telephoned the relatives of three people. We also telephoned professionals working with people living at the home to gain their views on the support people were receiving. We spoke with four members of the care staff team and the registered manager. We looked at two people's care records to see how their care and treatment was planned and delivered. We reviewed three staff files to see how staff were recruited, trained and supported to deliver care appropriate to meet each person's needs. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

People's relatives told us their relations were well looked after. One relative told us, "I'm always confident they are looking after [Name of person] well. I don't worry about them". Another said "I have no concerns". Risks to people's safety had been assessed and staff knew how to provide support to minimise the risks of harm to people. We saw there were risk management plans in place for people's health and wellbeing needs in the home environment and when they were out. Personal evacuation plans were also in place, which identified the support people needed in the event of an emergency, such as a fire. Discussions with staff and our observations showed that staff supported people to be as independent as they were able whilst minimising their risk of harm. For example, one person was able to spend some time alone in their flat and an alarm system was in place that alerted staff when they came out of their room. This ensured they were safe during these times. The registered manager told us each person was supported by a core group of staff and we saw that there were five staff on duty, plus the manager. We saw that some people needed the support of two staff, for example to move safely using equipment. The registered manager told us, "Some people do not have full one to one support at all times so a member of staff is available when needed. I'm not included in the rota and can act as floating support when needed". Staff we spoke with told us there were enough staff to meet people's needs and keep them safe. One member of staff, "I can't remember the last time we were short staffed and absences are covered by bank staff or agency who have usually been here before". Another said, "Staffing is good, a 'floating' member of staff is available when needed". Rotas we looked at showed that people consistently received support from a member of their core group of staff and the registered manager kept staffing levels under review to ensure they were sufficient staff to meet people's needs at all times.

People were protected from the risk of abuse. Staff told us they reported any concerns to the registered manager and were confident action would be taken. Staff knew how to report their concerns external, for example to the local safeguarding team, if they needed to. One member of staff told us, "We record our concerns and the manager decides if it is reported to the safeguarding team. If I was unhappy with their decision, I'd contact the local safeguarding team myself but I've never needed to". Another member of staff told us, "I've never been in the situation where I've felt the need to report something externally but I would take it further if necessary. I know none of the staff would ignore things if they were concerned, we all have the numbers for safeguarding and the CQC". We saw that the manager discussed any concerns with the local safeguarding team and notified us in accordance with the requirements of their registration.

Staff told us the registered manager had followed up their references and carried out a check with the Disclosure and Barring Service (DBS) before they were able to start working at the service. One member of staff said, "My checks took about two months and I couldn't start until they were completed". Records confirmed the provider carried out these checks before staff started work to ensure staff were suitable to work with people.

We saw that medicines were stored, recorded and administered correctly. Medicine administration records showed that people received their medicines as prescribed. Staff who administered medicines were trained to do so and told us they had their competence checked by the registered manager to ensure people

received their medicines safely. Staff understood people's individual needs and followed the guidance provided for people who required medicines on an 'as required' basis. This ensured people were protected from receiving too much or too little medicine.

Is the service effective?

Our findings

We found that people received care and support from a consistent staff group who knew people well and had the skills and knowledge to meet their individual needs. Relatives we spoke with told us the staff met their relation's needs and provided good care. One relative told us, "Staff are good, they understand [Name of person] needs". Another said, "I have no concerns about the care, the staff are very good". Staff told us they had received an induction and ongoing support to meet the needs of people living at the home. One member of staff told us the induction had given them the confidence they needed when they started work, "The training is the best I've had. You are supported through the induction and have one to one meetings to see how things are going. Anything additional you need is put in place. It really prepared me for the job". Staff told us they received training in a range of topics that were relevant to the care of people in the home, for example, in safe moving and handling and had their competence checked to ensure they knew how to support people properly. Staff said they had training to meet people's specialist needs, for example where people have difficulty swallowing. Discussions with staff showed they were knowledgeable about the condition and described the actions they took to minimise the risks to people. Staff had also received training in epilepsy and were able to describe the types of seizures people experienced and how they supported them. We saw this matched the guidance in people's care plans. We saw a training plan was in place and staff had regular updates to ensure they had the knowledge and skills they needed to support people effectively.

Staff told us they felt supported by senior staff and the registered manager to fulfil their role. One member of staff told us, "You can always check with your team leader or the manager if you are unsure about anything. Staff told us they received regular supervision which the registered manager, which gave them the opportunity to raise any concerns, discuss their performance and agree any training needs.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw that people's mental capacity had been assessed to reflect their ability to make decisions for themselves and where decisions were being made in people's best interests, these were documented. For example, best interest decisions were in place for administering people's medicines and managing people's finances. Staff we spoke with told us they had received training in the MCA and Deprivation of Liberty Safeguards (DoLS) and demonstrated they understood their responsibilities in supporting people to make their own decisions where possible. One member of staff told us, "We offer choice where we can, for example we get two or three things out of the wardrobe for one person and hold them so they can say which one they want to wear". A relative told us, "Staff have [Name of person] best interest at heart and always consider what they want".

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA under the DoLS. The registered manager had made applications for approvals from the local authority and assessments were awaited. This showed the registered manager and

staff were working within the principles of the legislation.

People were supported to have food that met their dietary needs and preferences. Staff told us people were involved in meal planning and shopping to ensure that their preferences were met. One person's relative told us, "They know [Name of person's] likes and dislikes. Staff make sure they eat well and get a choice. I've looked in the fridge and see there's always food that suits them. They cook for [Name of person] and make sure they eat well". Another said, "The staff are good cooks, [Name of person] would soon let them know if they weren't happy". We saw that staff followed advice from speech and language therapists and dieticians to ensure people's specialist dietary needs were met. For example, staff told us about the consistency of food for people with swallowing difficulties and the checks that were carried out to minimise the risks of choking. People's weight was monitored and referrals were made to their GP and dietician if there were any concerns.

Staff understood people's health care needs and supported them to maintain good health. We saw that people accessed health services and all appointments were recorded, for example with the GP, optician and community nurse. People had hospital passports and health action plans which provided information on how they should be supported when accessing health care services.

Is the service caring?

Our findings

Relatives we spoke with told us they were happy with the way staff cared for their relation. One relative said, "The staff are marvellous, they like [Name of person] and the feeling is mutual". Another said, "The staff are wonderful, it's like a family. We saw that staff treated people with kindness and ensured they received the support they needed. One relative told us the staff seemed to understand what their relation wanted, even though they were unable to communicate verbally. They told us, "Staff seem to understand what they want just by a look". Staff told us they enjoyed working at the home. One said, "I love my job, the staff get on well and we are like a little family".

Staff told us they gave people choice over how they spent their time. For example at weekends, people liked to have Sunday lunch together in the communal dining room. Staff told us some people chose to eat in their own flat and this was respected. We saw staff planned activities with people on a weekly basis. One person's calendar showed that they were due to go out on the day of our inspection. Staff told us the person had chosen to stay at home due to the bad weather and staff had respected their wishes. Staff told us they promoted people's independence, for example by involving them in looking after their home and planning their meals and we saw weekly chores were included on people's activity plans. We saw that staff respected people's privacy by knocking on the door or ringing the doorbell before entering their flat even though the person would not be able to answer the door. Staff told us they promoted people's dignity by encouraging people to maintain their appearance and choose clothing that met their preferences and personal style. For example, staff told us one person liked to wear a scarf every day because they liked to touch and feel the texture of it.

People were supported to maintain relationships with people who were important to them. Relatives told us they were kept informed and felt involved in their family member's care. One relative said, "I can visit at any time and they ring me and tell me if anything is the matter, communication is good". Another said, "I have an excellent relationship with the staff and I'm always invited to attend any review meetings". Staff told us they took people to visit their families if they were unable to come to the home for any reason. One member of staff told us, "We support the person's family as well and make sure they feel involved".

Is the service responsive?

Our findings

At the last inspection in November 2014, we found people were not always involved in reviewing their care and support. At this inspection, we saw that people were involved in reviewing their care on a monthly basis and relatives we spoke with confirmed they were invited to attend review meetings. We saw that people's care plans were updated if any changes had been identified. Relatives told us they were kept informed of any changes in people's needs. One relative told us, "Staff ring me if anything is wrong". Staff kept daily records about people which documented the care people received and if there were any concerns that other staff should be aware of. Information for the daily records was passed on to staff during the shift handover which ensured incoming staff were kept up to date about people's needs.

At the last inspection, we found people's complaints were not always recorded. At this inspection, we saw there had been no complaints recorded since our last inspection but the registered manager had recorded concerns raised by people's relatives. We saw that these were taken seriously and were being investigated and responded to in line with the provider's complaints procedure. There was a complaints procedure in place which was provided in an easy read format to ensure it was accessible to everyone. Relatives told us the registered manager and staff were approachable and they felt confident in raising any concerns or complaints. One told us, "If I had any concerns, I'd go straight to the manager".

People were provided with personalised care that reflected their individual needs and preferences. We saw that care plans detailed what people were able to do and how staff should support them to maintain their independence. Staff were able to tell us about how they supported people and this matched what we read in their care plans. For example, one member of staff told us about the footwear a person needed to walk for short distances. Another member of staff told us about how a person had dietary problems and needed to have their fluid intake monitored closely to maintain good health. They told us, "They sometimes go off drinks so we keep prompting". We saw this was recorded in the person's care plan.

People were supported to achieve individual goals. For example, staff supported one person to walk short distances each day. We saw that staff recorded in the person's daily log if this had been achieved. The information was shared with other staff during handover meetings so that staff coming on duty knew how the person was. Another person had the goal of brushing their teeth regularly. Staff told us the person had recently been to the dentist who had been happy with them. Staff were also supporting the person to decorate their flat and had involved the person's family in supporting the person to choose the colour scheme. One member of staff told us, "[Name of person] has poor vision so we are involving the family in choosing colours. [Name of person] likes to feel textures so we can include them in choosing the wallpaper and accessories". This showed people's views were listened to and respected as much as possible.

People were supported to take part in activities that met their individual needs and preferences. We saw that each person had an activity plan which showed that people were supported to take part in activities both in and out of the home. Each person had a car which enabled staff to support them to access specialist sensory rooms and the local leisure centre to take part in sports and leisure activities. One person's relative told us, "They do a lot with [Name of person], they go out for a meal or go to Birmingham

for the day. They go dancing in wheelchairs on a Friday. They have a better social life than me". Some of the relatives we spoke with told us that sometimes there were not enough staff who were able to drive, which meant their relation was not getting the full benefit from their vehicle. We discussed these concerns with the registered manager who told us that staffing rotas were planned to match people's activity plans to ensure there were enough drivers available to support people with their daily routine and chosen activities. The registered manager told us and relatives confirmed they discussed their individual concerns with the registered manager, who involved other professionals to ensure people's needs were being met.

People were also encouraged to maintain links with their 'neighbours' in the adjoining flats to avoid social isolation. At weekends, staff organised film nights with a take away meal in the communal lounge and in the summer people had picnics in the garden. We saw that people's birthdays were celebrated with a party and family members were encouraged to join in.

Is the service well-led?

Our findings

At the last inspection in November 2014, there were no systems in place to formally ask people for their views on the quality of the service. At this inspection, we found the provider had introduced a family forum for people and their relatives to give their views on the service. One relative confirmed they had attended the forum with other families and had met a senior manager from the provider's regional management team. The registered manager told us this had been introduced to ensure people's feedback could be gathered in a more formal way. Meetings would be held on a quarterly basis both in the week and at weekends, to ensure relatives would be able to attend. This showed the provider recognised the need to seek the views of people, relatives and staff to drive improvements at the service. Relatives told us the registered manager was approachable and they were encouraged to raise any concerns with them. One relative told us, "I'm happy to speak to them about any concerns". People and their relatives were encouraged to give their views during monthly review meetings and we saw that their views were taken into account.

Staff told us they liked working at the home and we saw there was an open and inclusive atmosphere. One member of staff said, "We are a good team, we all get on and communicate well. It's a nice place to work". Staff told us they had regular meetings with the registered manager, which gave them an opportunity to discuss any changes in the service which might affect them. Staff told us the provider encouraged them to give their views on ways the service could be improved. For example, one member of staff told us they had come up with an idea that gave a snapshot of how a person liked to be supported, for example 'This is what makes me smile'. They told us it was going to be introduced in everyone's room as a reminder for staff. Staff told us the registered manager was supportive and they felt able to raise any concerns and were confident action would be taken. Staff knew about the whistleblowing procedures at the home and said they would have no hesitation in using them if they needed to.

The registered manager had systems in place to ensure people received a good service. These included checks on medicines management, health and safety and care records. Where concerns with quality were identified, action was taken to address shortfalls. For example, we saw an action plan to address some concerns raised during a recent health and safety audit. Accidents and incidents were recorded using an electronic system which was monitored for any patterns and trends to ensure action could be taken to prevent reoccurrence.

The registered manager was fulfilling the requirements of their registration with us. Our records confirmed that they informed us promptly about important events which occurred in the home or affected the service which meant we could check that appropriate action was being taken.