

Turning Point

Turning Point - Bede's Close

Inspection report

8,10, 11 Bedes Close
Thornton
Bradford
West Yorkshire
BD13 3NQ

Tel: 01274925961

Website: www.turning-point.co.uk

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13 December 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Our inspection of Bedes Close took place on 6 and 13 December 2017 and was unannounced. This was the first inspection of this service since it was taken over by Turning Point. Numbers 8, 10 and 11 Bedes Close provides accommodation for a maximum of 18 people who are living with a learning disability and who require nursing and personal care. All the accommodation is in single rooms and the service is located in the residential area of Thornton, close to Bradford City Centre. The Service is split between three, six bedroomed bungalows. At the time of our inspection, there were 16 people living at the service.

The care service has been developed and designed in line with the values that underline 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.

A new manager had commenced employment at the service approximately four months before the inspection. The manager was going through the Care Quality Commission (CQC) registration process. A registered manager is a person who has registered with the 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.

We saw there were enough staff to meet people's needs and this was confirmed in our discussions with people who used the service, staff and relatives.

Safe recruitment processes helped to ensure staff were suitable to work in the care service. Staff received the training and support they required to carry out their roles and meet people's needs.

Medicines were managed safely and people received their medicines when they needed them. We saw a system was in place to log and investigate safeguarding concerns and where appropriate, ensure action was taken to improve the safety of the service. Staff understood safeguarding procedures and how to report concerns. Staff were confident management would act on any concerns yet also felt supported to follow whistleblowing procedures if necessary.

The service was working in line with the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) which helped to make sure people's rights were protected and promoted. People's rights to choose and make decisions were supported in accordance with good practice and legislation. Staff asked people's consent before any care or support was given.

The manager acknowledged more work was required to ensure care records were kept up to date and accurately reflected people's changing needs. Accidents and incidents were analysed by the home's manager and lessons learnt shared with staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way. The policies and systems in place supported this practice. Staff organised a range of activities and events both in the home and the local community,

The premises were warm and homely and suitable for the intended purpose. People were able to personalise their rooms.

Staff supported people to access healthcare services and support was delivered to meet their needs and preferences. There were systems in place to manage complaints.

We saw the quality, quantity and choice of food was good and people appeared to enjoy their meals.

We observed staff to be kind and caring during the inspection. Staff clearly knew people well and took every opportunity to engage with them.

We did not find adequately robust governance systems in place. We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

It was noted that there was a fault on the fire alarm system that caused problems resetting the system.

Medicines management was safe and effective, which meant we could be confident people received their medicines as prescribed.

Staff recruitment and selection procedures were being followed to ensure only people suitable to work in the caring profession were employed.

Risks to people's health, safety and welfare were properly assessed.

Is the service effective?

Good 

The service was effective.

Staff were supported to meet people's needs by means of a planned programme of staff training, supervision and appraisals.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were referred to relevant healthcare professionals and people's dietary needs were met.

Is the service caring?

Good 

The service was caring.

Staff demonstrated a caring attitude to people living at the service and knew them well.

We saw people's dignity and privacy was respected and we saw evidence of an advocacy service being requested to support people.

Is the service responsive?

The service was not consistently responsive.

It was noted not all care plans had been recently reviewed and some also contained out-of-date documentation.

Complaints and concerns raised about the service were investigated appropriately and in a timely manner.

Staff were very vigilant and reacted quickly when people needed support.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

There was a manager in place that told us they were in the process of registering with CQC.

Quality assurance monitoring systems were not sufficiently robust and some audits were not in place.

Staff told us the home's manager supported them with all aspects of their work and was willing to undertake care tasks if needed.

Requires Improvement ●

Turning Point - Bede's Close

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 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 6 and 13 December 2017. The first day was unannounced; the second day was announced. On the first day the inspection was carried out by an inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day one inspector visited the service.

Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home. We also contacted the local authority commissioning and safeguarding teams, the clinical commissioning group (CCG) and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). We used information the provider sent us in the PIR. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We observed how care and support was provided to people. We spoke with two people who used the service. 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. We spoke with five care staff, the home's manager and the area manager.

We looked at five people's care records, three staff files, medicine records and the training matrix as well as records relating to the management of the service. We looked round the building and saw people's bedrooms and communal areas.

Is the service safe?

Our findings

People told us they felt safe. Comments included, "I like it here." "Yes, I feel safe." Our observation during the inspection noted positive interaction and laughter between staff and those living at the home which suggested people felt safe.

Staff we spoke with had a good understanding of how to identify and report allegations of abuse. Staff said they were confident there was no abuse taking place within the service. We saw a system was in place to log and investigate safeguarding concerns and where appropriate ensure action was taken to improve the safety of the service. Staff were confident management would act on any concerns yet also felt supported to follow whistleblowing procedures if necessary. Contact numbers for the Local Authority safeguarding unit were displayed clearly in offices for staff to refer to.

We looked at six people's medication administration records (MARs). We also looked at cream charts and the extra information (protocols) for people who were prescribed medicines to be taken only 'when required'. We saw staff carried out regular medicines audits to monitor the use of medicines and made any necessary improvements.

We watched a senior care staff member giving people their medicines and saw they administered medicines in a safe and friendly way. We looked at morning medicines in one building and found that the number of tablets left matched the record on each person's MAR. This indicated medicines were administered in the correct way. The date of opening was written on eye drops to make sure they were not used beyond their expiry date.

Controlled drugs (medicines subject to tighter controls because they are liable to misuse) were stored and recorded in the appropriate way. We checked a sample of controlled drugs and found stock balances were correct.

Medicines were kept securely. The temperatures inside medicine storage room were kept as recommended by drug manufacturers. Temperatures in fridges were recorded to ensure medicines were effective and safe to use.

We asked both the people we spoke with if they were enough staff to meet their needs. One person said yes, the other nodded their head. During our observations we saw when people requested support; staff were there to offer help. When people showed any signs of distress we saw staff were quick to respond.

We found staffing levels were appropriate for people's needs. Staff responded promptly to people and told us there were enough of them to meet people's needs. The manager told us staffing levels were kept under review and were increased according to people's dependencies and to ensure this was maintained agency staff were sometimes used. This was confirmed by the staff rota we looked at.

We saw recruitment was safely managed to ensure staff were suitable to work with vulnerable people.

Records showed all the required checks were carried out before new staff started work. This included background checks being made, requesting references and making checks with the Disclosure and Barring Service (DBS). The DBS is a national agency which holds information about people who may be barred from working with vulnerable people.

We found risks to people were generally well managed. Risk assessments were in place and reviewed monthly. Staff understood individual risks to people; such as those at risk of falls, those that needed equipment to help them walk safely, those that required a particular diet as well as anyone who would not be able to leave the home independently. It was highlighted where people were at high risk of developing pressure ulcers and related to this; there were also detailed records in place relating to their nutritional needs, a body map, any specialised equipment and information about district nurse involvement. Staff said they knew which individuals needed support with skin care and repositioning and records showed this was carried out in line with people's needs.

We saw staff were very observant of situations where people's behaviour may challenge the service or others. For example, staff intervened to distract two people who were having a disagreement preventing a potentially harmful situation. There were clear directions in people's care records for staff to follow, identifying potential triggers and the action staff should take.

Accidents and incidents were recorded and analysed monthly by the manager for any themes or trends. We found the analysis was thorough and lessons learnt were shared with staff.

The manager told us money was held in safekeeping for several people and transactions were dealt with by care staff. We checked the money and records of three people and found monies were managed safely. However, we found staff were not following the provider's policy which is ensuring two signatures were provided when any financial transaction takes place. The manager agreed to remind staff of the provider's policy.

There were effective infection control systems in place. The homes were clean and there were no noticeable odours. Staff wore personal protective equipment (PPE) such as gloves and aprons where necessary and there were plentiful supplies available. This meant the service had taken appropriate actions to prevent and control infection.

The service had Personal Emergency Evacuation Plans (PEEPs) for all people who were living in the service. There were a mixture of old and new format plans in the documentation seen; the old plans being from the previous owners of the home.

Checks on key safety systems such as the gas, electric and fire systems took place and water temperatures were monitored to ensure they remained safe. Equipment such as hoists was regularly serviced and kept in good condition.

Weekly fire alarm checks had been undertaken from 15 call points and were satisfactory. It was noted there was a fault on the fire alarm system which caused problems resetting the system on 14/11/2017, though there was no risk of a fire not being detected. This has yet to be fixed as a part is required which we were told is on order.

Due to the nature of the people that used the service no fire evacuation exercises had been undertaken, but a weekly walk through check was undertaken and was evidenced.

All portable appliances testing (PAT) was undertaken on 27/3/2017 and was evidenced throughout the service. A lamp was found to be faulty which was disposed of and also noted in the home's daily log.

The premises were well maintained. We saw the environment was clean and odour free. There were adequate areas of communal space for people to spend time and pleasant enclosed gardens available where people were encouraged to spend time. Bedrooms were well maintained and furnished to a good standard with people who used the service being encouraged to personalise their rooms.

Is the service effective?

Our findings

Staff told us they felt the training they received enabled them to work effectively and safely with people. We looked at records relating to staff support. We saw staff completed a comprehensive induction. As a part of their induction we saw new staff spent time shadowing more experienced members of staff, to help them understand how care and support was delivered. New staff did not begin working without this oversight until they and senior staff were confident in their ability to do so effectively.

We looked at staff records and the training matrix. We saw training was either completed, booked, or in the process of being signed off as completed. Staff were required to complete a number of courses including fire safety, moving and handling, infection control, safeguarding, health and safety, nutrition, dignity and respect.

A system of supervision and annual appraisals were in place although some staff told us supervision sessions had not been completed on a regular basis. We saw the manager had processes in place to increase the frequency of supervision sessions.

People told us they enjoyed the food. Comments included; "Food is wonderful"; "I like my food" "They ask me what I like and make it." We observed food served at lunch time in two of the houses and in both cases appropriate support was given to help people eat. The food looked wholesome and from the reactions of people they seemed happy with the food. Pictorial menus were in place, which showed people the choice of food available to them.

One person was fed via a gastro-nasal tube, which is a plastic tube medically inserted through the nose past the throat and down into the stomach and on all occasions appropriate checks of cleaning and hygiene were undertaken and recorded. The correct quantity of fluid was recorded and administered each day. An appropriate monthly elimination chart and the Bristol Stool Chart assessment tool were in place.

We saw appropriate nutritional assessments had been undertaken for people. Details were recorded of where people wanted to sit for their meals and we noted this was undertaken. Some people needed food thickener powder and we observed this being properly used. However, a large quantity was stored in top cupboards in the kitchen with external magnetic closures. They were not locked away as recommended in a recent Patient Safety Bulletin of which the staff with whom we spoke were aware. This was reported to the manager who stated this would be addressed.

Staff were aware of any special dietary requirements and these were catered for. Where people had differing abilities, staff enabled them to do as much for themselves as possible. For example, one person was given jam to spread on their own toast. Staff involved people well at meal times and there was a happy and sociable atmosphere.

Regular drinks and snacks were offered to people in between meals. People enjoyed snacks such as biscuits, cakes and sweets as well as hot and cold drinks.

Staff we spoke with understood where people may be at risk of weight loss and which people needed particular diets. This was also detailed in people's care records, along with reference to the dietician, speech and language therapists. People's weight and malnutrition risk assessments were clearly recorded and staff told us they knew which people needed additional reminders to eat and drink. We saw one of the care staff reminded a person to drink, but the person was reluctant, so the staff member poured a drink for themselves and they sat together chatting. This encouraged the person to drink their own drink. We looked at people's food and fluid charts and saw these were recorded for those people at risk, with target fluids outlined. The senior care staff told us these were reviewed daily and where there were concerns this was discussed with the manager.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The manager kept a record which showed when DoLS had been applied for, the authorisation date, expiry date and details of any conditions. The manager told us all the conditions had been met and this was verified in one of the care records we reviewed. There was detailed information in people's care plans about their rights, consent and capacity needs; with best interest meetings recorded showing who had been consulted in the decision-making process.

Staff had received training and understood the requirements of the MCA and DoLS. Staff knew which people may lack capacity to make decisions and said they supported people as much as possible to make routine decisions for themselves.

Needs assessments were completed by the management team before people moved into the home. This encompassed people's needs and choices and the support they required from staff, as well as any assistive technology to keep people safe and promote independence. This process helped to ensure people's needs could be met by the service.

The manager told us the service had a good working relationship with other healthcare professionals to ensure people received appropriate care and treatment. Care records we reviewed and our discussions with staff showed people were supported to access healthcare services such as GPs, dentist, opticians, chiropodists, dieticians and the community nurse.

We looked around the premises including four people's bedrooms and communal areas. There were adequate areas offering communal space in each house for people to spend time; including a dining room, lounge and conservatory. A pleasant enclosed garden was also available where people were encouraged to spend time and enjoy the plot. Bedrooms were well maintained and furnished to a high standard with people who used the service being encouraged to personalise their rooms. Equipment used to support people such as hoists was provided and each bedroom easily accommodated a wheelchair where

necessary.

Is the service caring?

Our findings

All the interactions we observed between staff and people were extremely caring, respectful and appropriate. Suitable care and encouragement was used to maintain personal hygiene and assist in eating and drinking. All interactions were completed in a relaxed manner and people remained calm.

We saw people's faces looked pleased when a staff member approached them. One person flung their arms around the staff member and gave them a kiss.

We saw staff had a very good rapport with people. We observed many instances of spontaneous affection and hugs between people and staff throughout the day. There was a caring, friendly atmosphere and staff were happy in their demeanour, smiling with people and frequently checking whether they needed anything. People were open in their interactions with staff and were observed to ask for help if required. One person was supported to play a musical instrument in their room when they expressed an interest in doing so. Another person pointed to a board game which they wanted to play and staff facilitated this. Although some communication was non-verbal, it was evident that staff were able to understand people's wishes and met their various needs and expressed wishes.

Staff spoke with people respectfully and acknowledged them consistently by name as they walked past. Staff stopped to speak with people and they actively listened to what people wanted to say. Staff were patient and communicated with people at face level; where people needed staff to repeat words or phrases, staff did so as though they were saying it for the first time, with unlimited patience.

One person told us staff always knocked and announced who they were before asking if they could come in. We saw rooms were personalised with pictures, photographs and other personal effects.

When people needed support with personal care, staff discreetly facilitated this and carried out any support in private. People were smart in their appearance and staff supported them with this.

We saw the service had policies and procedures in relation to protecting people's confidential information which showed they placed importance on ensuring people's rights to confidentiality were respected. We saw staff had received information about handling confidential information and on keeping people's personal information safe.

All confidential records and reports relating to people's care and support and the management of the service were securely stored in the offices and computers were password protected.

Staff told us people's families and friends were encouraged to visit the service at any time. For those people that did not have family involvement, advocacy groups had been accessed to support in best interest meetings.

We spoke with the manager about the Equality Act 2010 and in particular how the service ensured people

were not treated unfairly because of any characteristics that are protected under the legislation. We spoke about the protected characteristics of disability, race, religion and sexual orientation. Our discussion demonstrated the manager had a thorough understanding of how they needed to act to ensure discrimination was not a feature of the service.

Is the service responsive?

Our findings

Staff told us the communication systems were good in the service. Each person had their daily activity recorded. Staff had a daily communication sheet for information to be passed on at handover as well as a diary for any appointments made for people.

We looked at daily notes that recorded the care and support delivered to people. Overall these showed people's needs and preferences were being met. The care records we looked at contained some information about people's likes and preferences for care and support.

We saw care plans contained an assessment of people's care and support needs carried out before they began to use the service. This meant the provider had checked to make sure they could meet people's needs. From this assessment risk was assessed, and a series of care plans written.

However, we found staff did not always sign they had read people's care plans. At the front of people's care plan, it states: 'All staff to read and sign that they have read and will follow my support plan.' However, we found several staff had not signed that they had read and will follow information in people's care plan. The manager stated they had noticed this and is working with staff to get these up to date. People's care plans also contain a lot of old documentation dating back to 2014. This information may no longer be valid which in turn is not providing staff with current information to adequately meet the care needs of people.

The area manager told us end of life was discussed with people's families. However, we saw some care plans which had been reviewed did not evidence how people and their families or other representatives had been involved in the process. We found old plans being used from the previous provider which were out of date and not fully completed. Some parts of the care plans had not been reviewed monthly as stated by the home.

The manager told us they were in the process of updating care records using Turning Point's format.

These findings evidenced that the provider is in breach Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We observed how staff responded to people's needs. Staff spent time with people and responded quickly if people required any support. Staff were very vigilant and reacted quickly when a person needed support. For example, one staff member realised a person clothes needed attention; they discreetly asked them if they needed assistance and escorted them back to their bedroom. We saw some people sought constant reassurance and asked staff questions repeatedly. We saw that staff remained patient and responded appropriately.

There were activity boxes for some people and people went out of the home on occasions. We were informed by one staff member that people in each bungalow could go out on Mondays when the driver is available. The staff went on to say "For activities we try our best to get people out, we use our sensory room

when we can." Staff in another bungalow commented: "There were not enough activities, not enough stimulation for people." They went on to say two of the people for whom they cared could go out every day to external centres but only went twice a week. They said, "There should be better coordination between the driver and staff so more people could get out." It would appear there are staffing issues and a lack of communication the manager agreed to look into this.

We saw one person has an organ in their bedroom and another person likes reading. Staff informed us that an external music organisation comes in once a week and alternates between bungalows.

The provider had a complaints procedure in place. We looked at the records of complaints and concerns raised about the service and saw these were investigated appropriately. We saw records relating to investigations or communication/s which had taken place and viewed the actions completed as a result.

We looked at what the service was doing to meet the Accessible Information Standard. We saw people's communication needs were assessed and plans of care put in place to help staff meet these. During the inspection we saw staff using tailored communication techniques to ensure information was appropriately communicated to people so that they understood what was being asked of them. For example, we saw staff observing people's body language as a way of determining if they consented to care and treatment and information was provided in pictorial and easy read formats for people.

Is the service well-led?

Our findings

The manager had started working at the service a few months before the inspection and is supported by the area manager. The area manager undertook regular visits to the service in order to make their own assessment of the service, with a different focus being made on each visit. We saw this approach included spending time with people and ensure people were happy and content within the home. We saw issues were identified from these visits, for example, the need to update care plans.

Staff said they felt listened to and valued. Staff told us the home's manager and area manager worked well together providing consistent leadership and promoting high standards. One staff member told us, "The managers listen to us". Another staff member said, "The manager acts on what we suggest. If it's not a good idea they take time to explain why, they're clear about what we haven't thought through". A further staff member said, "We have staff meetings. (The manager) is very interested in what people have to say, she gets people talking". Staff said they were able to contribute to team discussions through meetings.

The manager was visible in the service and spoke with staff and people with equal regard and respect, addressing individuals by name. Staff said the manager was regularly present and took an interest in people's care and support. They told us the manager supported them with all aspects of their work and was willing to undertake care tasks if needed.

Audits were undertaken in a range of areas including health and safety, infection control, and medicines. We reviewed these audits and found while they were thorough; appropriate action had not always been taken where areas of improvement had been identified. Examples included the signing of documents, care plans not being up to date and staff not following the provider's policy in the recording of people's financial transactions. Staff supervision and appraisals had also not been kept up to date. Communication between the driver for the home and care staff could also be improved so that people could be offered more activities outside of the house where transport was required.

All staff had not signed to verify they had read the most recent PEEPs as the main site fire evacuation plan had not been signed by eight staff. The manager told us all staff were aware of the new format evacuation plan and will ensure all staff sign that they are aware of the procedure.

The manager had also started putting in place a system of audits in other areas such as care plans, fire and maintenance. However, some of these were not yet in place at the time of the inspection. Care plan audits were due to start once care plans had all been updated and reviewed. This meant there had been a lack of robust systems of quality assurance in place.

These findings evidenced that the provider is in breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Minutes from recent staff meetings showed a range of topics had been discussed and actions to implement improvements agreed.

The manager told us as part of the quality assurance monitoring process the service will be sending out annual survey questionnaires to people who used the service, their relatives as well as professionals to seek their views and opinions on the care and support provided. The manager confirmed that once received, the information obtained would be collated and an action plan formulated to address any concerns or suggestions made.

The service has established good working relationships with agencies involved in people's care and sharing good practice is continuously being developed.

Providers are required by law to notify us of certain events in the service and records showed that we had received all the required notifications in a timely manner.

All relevant risk assessments were appropriately identified and undertaken and regulatory requirements pertinent to the safety of the home were understood and well managed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>There was a lack of quality assurance and audits Regulation 17(1) (2) (a).</p> <p>There were a mixture of old and new format care plans in use. Consistency is required. Regulation 17 (2) (c).</p> <p>Not all staff had signed to confirm they had read the fire evacuation plans and in particular the main site fire evacuation plan. Regulation 17(2) (c).</p>