

# 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 7 March 2018. St Lukes provides care and support for five people living in a 'supported living' setting, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The people who live at St Lukes have learning disabilities and 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. At the time of the inspection, there were two people living there.

At our last inspection on 2 March 2016, we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to receive safe care. Staff had a good understanding of what constituted abuse and knew what actions to take if they had any concerns about people's safety? Risks associated with people's care were assessed and managed. Incidents and accidents were investigated thoroughly to ensure lessons were learnt and improvements made to minimise the risk of reoccurrence. There were systems in place to ensure people were protected by the prevention and control of infection. People received their medicines when needed and there were suitable arrangements in place in relation to the safe administration, recording and storage of medicines. There were sufficient, suitably recruited staff to meet people's needs.

People continued to be cared for effectively. People were supported to enjoy their meals and their dietary needs and preferences were met. Staff were supported and trained to ensure people received care and support in line with best practice. People were supported to access healthcare professionals to help maintain their day to day health needs. The home was adapted and decorated to meet people's individual needs and preferences. 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 the service supported this practice.

The care people received remained good. Staff had formed positive, caring relationships with people. People's privacy and dignity was promoted at all times.

The service remained responsive. People received personalised care that met their individual needs. Staff understood people's diverse needs and supported people to follow their interests and engage in activities they enjoyed. People and their relatives were able to raise any concerns or complaints and were confident

these would be acted on.

The service remained well led. Staff felt supported and valued by the management team. There were suitable systems in place to continuously assess, monitor and improve the quality and safety of the service. The provider encouraged people, their relatives and staff to give feedback on how the service could be improved to make improvements where needed.

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?

Good ●

The service remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# 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 28 March 2018 and was announced. We announced it and gave the provider one days' notice. This was to ensure that we could visit people in their home at a convenient time and to make sure staff were available to speak with us. The inspection team consisted of one inspector.

We used information we held about the service and the provider to assist us to plan the inspection. This included notifications the provider had sent to us about significant events at the service. We also used information the provider sent us in the Provider Information Return. 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.

People living at the home were unable to speak with us to give us their views in any detail. We met two people who used the service and observed how staff interacted with them. We also spoke with a relative of a person who used the service. We spoke with two members of the care staff team, the service manager and the registered manager.

We looked at two people's care records to check they were accurate and up to date. We also looked at records relating to the management of the service including quality checks of medicines, infection control and safety of the premises.

# Is the service safe?

## Our findings

People were safe and protected from the risk of abuse. A relative we spoke with was confident that their family member was safe and well cared for. They said, "I have no concerns, [Name of person] is safe, they are always treated as a priority". Staff we spoke with were aware of the signs to look out for that might mean a person was at risk of harm or abuse. Staff were confident the manager would take action and knew how to report their concerns externally if they needed to. We saw that safeguarding concerns were recorded and referred to the local safeguarding team for investigation when required.

Risks associated with people's care had been assessed and staff knew how to provide support to reduce the risk of harm to them. 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. Staff had information and were aware of the arrangements to keep people safe in the event of an emergency such as a fire. Staff knew people well and how to support them to manage any behaviour that may challenge themselves and others. Staff told us and records confirmed that when incidents associated with people's challenging behaviour occurred, staff documented what had happened to try and identify what had caused the incident to minimise the risk of reoccurrence.

Accidents and incidents were reviewed by the staff team and monitored by the provider to reduce the possibility of reoccurrence. This showed us the provider had systems in place to review when things go wrong to ensure that lessons were learnt

People received their medicines when needed. We saw that medicines were administered as prescribed and stored and disposed of securely. Staff were trained and monitored to ensure they followed safe practice. When people received their medicines on an 'as required' basis, staff had clear guidance on when they were needed. Staff told us and we saw that medicine records were monitored on a daily and weekly basis to ensure people received their medicines as prescribed.

There were sufficient staff to keep people safe and to support them to live full, active lives. Staff rosters showed that people received consistent support from a core group of staff and discussions showed the registered manager kept staffing levels under review to ensure they met people's changing needs. The provider had suitable systems in place to ensure staff were suitable to work with people. These included verifying references and carrying out checks and the Disclosure and Barring Service, a national agency that keeps records of criminal convictions.

People were protected by the prevention and control of infection. We saw that personal protective equipment was available for staff to use when needed. We saw the staff had received training and followed clear policies and procedures to maintain good standards of cleanliness and hygiene.

# Is the service effective?

## Our findings

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 or 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. 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. The application procedures for this in supported living are under an Order from the Court of Protection.

We checked that the service was working within the principles of the MCA. Staff had received training in MCA and knew what actions they should take to make sure care decisions were taken in people's best interest when required. Staff told us they always involved people when making day to day decisions in their best interest. For example, one member of staff told us, "I always ask even when I know they won't answer". We saw that mental capacity assessments had been carried out where needed and records showed how decisions had been reached in people's best interest. Where people were being deprived of their liberty in their best interests, the appropriate approvals had been applied for. This showed us people's rights were being upheld.

Staff were trained and supported to fulfil their role. A relative told us, "Turning Point do a good job training their staff". Staff had an induction and completed a range of training relevant to the needs of the people using the service. For example, staff received training in epilepsy and dysphagia, which is when people have difficulty swallowing. We saw this was updated on a regular basis to ensure staff had up to date skills and knowledge to provide people's care in line with nationally recognised best practice. Staff were supported in their role through regular one to one supervision, which gave them an opportunity to review their performance and agree any training needs.

Staff understood people's health care needs and supported them to attend regular health appointments and check-ups. People had health passports which provided important information for hospital staff on their individual needs and how they communicated. This showed us people were supported to maintain their day-to-day health needs.

People were supported to enjoy meals that met their dietary needs and preferences. People's nutritional needs were assessed and met. Some people had specialist needs, for example one person had their food pureed to minimise the risk of choking. People's weights were monitored when needed and staff sought advice sought from the GP, dietician or speech and language therapist if they had any concerns.

People's individual needs were reflected in how the home was adapted and decorated. One person's room had a range of sensory items such as lighting, which helped them to relax and settle for bed. Staff told us how they involved people in decisions about the décor, for example the wallpaper. They said, "I showed [Name of person] all the different ones and went on their reaction, for example they clung to the one I

chose". People had access to outside space which had been made safe to promote their independence.



## Is the service caring?

### Our findings

We observed positive and caring relationships between people using the service and the staff. A relative told us, "I do feel staff have empathy, they definitely care". Staff understood how to communicate with people and we saw they made eye contact and monitored their body language at all times. One member of staff told us, "You soon learn what people want, for example [Name of person] will push you away if they are not happy about something". One member of staff told us they formed a close bond with people having worked with them for many years, "Two people are in hospital at the moment. I've been up to visit them; I've known them for a long time; I'm very fond of them".

People were given as much choice as possible over how they spent their time. One person was able to move freely between their flat and the communal areas of the home. A member of staff told us, "There is an alarm on the door to let us know when they are out of the flat. They wouldn't be safe in the kitchen so it's locked but the door is hinged so we can open it and they love to stand and watch us making their meals".

Staff treated people as individuals and respected their preferences. One member of staff told us, "If I go shopping with [Name of person] I hold up different clothes for them to pick from; it's very much their choice". The staff member added that they respected people's choice to wear jewellery and use products such as perfumes or aftershave. This showed staff understood and respected people's diverse needs.

People's privacy and dignity was promoted at all times. We saw staff rang people's doorbells and called out to identify themselves. Staff told us how they maintained people's dignity when they supported them with personal care. One member of staff said, "I always explain what I'm doing and always ensure the person is partly covered with a towel when they are undressed".

People were supported to maintain important relationships and have visitors whenever they wished. We saw that staff had a good relationship with people's family members. A relative told us, "I've just popped in to catch up with staff; I always feel I can talk to them".

# Is the service responsive?

## Our findings

People were involved in making decisions about how they were supported as much as possible. Care plans were personalised and in a pictorial format to support people to understand the content as much as possible. The provider had also worked with the community nurse to support a person to understand the implications of not taking their medicines. This showed us people were provided with information to help them understand their care in a way that was accessible and meaningful to them. There was a keyworker system in place. This enabled people to have a named member of staff they met with regularly to review all aspects of their care, such as activities they had taken part in, their health and wellbeing and important relationships. People were encouraged to set life goals, for example social events they wanted to attend. We saw that support plans were regularly reviewed and updated if any changes had been identified. Relatives were invited to attend people's annual care review meetings and were kept informed about people's changing needs.

People were supported to follow their interests and take part in social activities that met their individual needs and preferences. On the day of our inspection, staff were attending an induction to enable them to support people to use a sensory facility at the local leisure centre. Staff told us the induction informed them how to use the equipment effectively to ensure people had a positive experience that met their individual needs. We saw each person had an individual activity planner which showed they took part in a range of activities included trampoline sessions, going ten pin bowling and going out for a meal. People were also supported to take part in forums run by the provider, such as the 'People's Parliament', which aims to give people the opportunity to have a say over things happening in their local community. We saw that a person had been supported to develop an agenda for the last meeting, which had looked at how people accessed social activities in the local community. People's religious beliefs were considered and staff supported people to follow their faith as needed.

People were encouraged to maintain friendships with other people living at the service. Staff told us a Sunday roast was held each weekend, with each person being supported to host the meal in the communal lounge. On a Friday night, people chose a take-away meal and arrangements were made to ensure people with specialist dietary needs were able to join in. A member of staff told us, "[Name of person] loves her take-aways; the meat is pureed and we cut up the chips small for them". This helped to promote people's inclusion and participation in home life and the local community.

People were supported to raise any concerns and complaints in sessions with their key worker or during resident's meetings. A relative told us they would be happy raising any concerns or complaints and were confident they would be acted on. There was a procedure in place for this and we saw that any complaints were recorded and responded to appropriately.

At the time of our inspection, the provider was not supporting people with end of life care. Therefore, we have not reported on this.

## Is the service well-led?

### Our findings

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. There was a clear management structure in place and staff understood their roles and responsibilities. We saw the management team worked closely with other professionals and relevant agencies to ensure people received effective, joined up care.

There were clear and effective governance arrangements at the service. The registered manager carried out a range of monthly checks to ensure the safety and quality of the service. These included checks of medicines, care plans and health and safety of the environment. Accidents and incidents were monitored for any trends or patterns, to ensure the risk of reoccurrence was minimised. All checks were monitored by the provider to ensure any improvements needed were actioned. This showed us there were systems in place to continuously review, drive and sustain improvements at the service.

There was an open and inclusive atmosphere at the service. People were encouraged to give their views on how the service could be improved. This included at monthly keyworker meetings and by an annual 'My views' survey carried out by the provider. We saw the last survey was positive and no improvements were needed. The management team had an open door policy and people and their relatives were encouraged to raise any concerns and complaints. A relative told us, "This is a good home; I am always able to resolve things with one of the managers". Staff told us they enjoyed working at the service and there was a good team ethos which focused on providing the best care for people. One member of staff said, "There is a big sense of duty of care among the staff". Staff told us they felt supported by the management team and their views were listened to. One member of staff said, "We have the opportunity to say what we think – we don't suffer in silence". Staff knew about the whistleblowing procedures at the home and said they would have no hesitation in using this to raise any concerns about people's care if they needed to.

The registered manager understood the requirements of their registration. They reported significant events to us, such as safety incidents, in accordance with the requirements of registration. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and on their web site where a care rating has been given. This is so people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed this.