

Turning Point

Turning Point - Timberlea (Dom Care)

Inspection report

Redwood Close
South Oxhey
Watford
Hertfordshire
WD19 6HW

Website: www.turning-point.co.uk

Date of inspection visit:

18 July 2019

22 August 2019

23 September 2019

26 September 2019

09 October 2019

Date of publication:

12 November 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Turning Point - Timberlea (Dom Care) provides personal care to 12 adults with learning disability and mental health needs in a supported living environment. At the time of the inspection, the service was supporting ten people.

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

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 12 people. Ten people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size.

People's experience of using this service

We received positive feedback about the service and the care people received. People and professionals commented positively about the effectiveness and responsiveness of the support people received. There was evidence that people achieved good care outcomes and their comments about the service supported this.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

Systems to ensure people were safeguarded from harm were effective. People were supported by staff who had been trained to identify and report concerns. People were safe because potential risks to their health and wellbeing had been mitigated and were being managed effectively.

Safe and effective recruitment practices were followed and there were sufficient numbers of suitable staff available at all times to meet people's individual care and support needs. Information from incidents was used to good effect in reducing identified risks and keeping people safe. People were supported to take their medicines. Staff followed effective processes to prevent the spread of infections.

The registered manager was not at work during our inspection. This post was being temporarily covered by a manager from another service. We found the manager and staff worked hard to ensure people received effective care to meet their needs. People were supported by staff who had completed the provider's

mandatory training and additional training in relevant areas. Staff practice was supported by recognised good practice guidelines. People achieved good care outcomes as a result of the support provided by the service.

Staff had respectful, caring and friendly relationships with people they supported. Staff upheld people's dignity and privacy, and they promoted their independence. People received personalised care and support which met their needs and reflected their preferences.

There was a positive and open culture. Staff roles and responsibilities were clear, and staff were supported through regular supervision from the manager. The provider's quality monitoring processes were effective and evidenced how they continually improve the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 19 October 2016).

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

Turning Point - Timberlea (Dom Care)

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector.

Service and service type

Turning Point - Timberlea (Dom Care) is a service which provides care and support to people living in two 'supported living' settings so that people can live 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 service had a manager registered with the Care Quality Commission. However, at the time of this inspection, the registered manager was not at work and the service had an interim manager in place to manage and oversee the service. The inspection report will therefore refer to the 'manager' throughout and not the registered manager.

Notice of inspection

This inspection was unannounced. Inspection activity commenced on 18 July 2019 and ended on 2 October 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from a professional who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with four people who used the service about their experience of the care and support provided by staff. We spoke with seven staff including the manager, a senior representative from the provider and care staff.

We reviewed a range of records. This included three people's care records and five medicine records. We looked at a variety of records relating to the management of the service, including policies and procedures, audits and surveys.

After the inspection

We continued to seek clarification from the provider to validate evidence we found. We looked at further training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person told us, "The staff here are very good, they have a laugh with me but also help me with going into Watford on the bus."
- The manager had worked hard to implement a more effective and robust system for reporting safeguarding's since joining the service. This meant that people were safeguarded from harm and their health and wellbeing was protected.
- A recording log of safeguarding incidents had been set up to enable a more effective and responsive way of monitoring safeguarding trends and incidents.
- Staff had received training and demonstrated a good understanding of how to support people to stay safe. One staff member said, "We have received recent training in safeguarding and I am very confident in knowing what to do if an incident occurs." Another staff member told us, "People are definitely safe here."
- Staff had access to a safeguarding policy which detailed actions to take if there were any concerns. All five care staff we spoke with knew where to find the safeguarding procedure and who to contact if they had a concern.

Assessing risk, safety monitoring and management

- Each person had a detailed risk assessment in place which identified risks they could be exposed to and what they and staff needed to do to minimise risks, which included risks associated with personal safety when accessing the local community, risk associated with choking and behaviour that may challenge. These assessments had been identified as part of the person's admissions assessment and had all been updated within the past six months.
- Staff spoke with people about their risk assessments to help them understand them. One staff member told us, "The risks here are well managed because they keep people safe but at the same time maintain their independence as much as possible. The manager and seniors review and update these but we all make sure we are up to date with any changes."
- The manager carried out regular health and safety checks to ensure the premises were safe and there were no hazards to people's health and wellbeing.

Staffing and recruitment

- Staffing levels were based on people's assessed needs. We saw from the rota that there was a minimum of four staff on duty during the day and one person sleeping in the service during the night. We also saw that additional staffing was provided to support people when they accessed the local community or to attend appointments.
- The service is currently covering permanent staff vacancies with regular agency staff which ensured

continuity of care and support to people. This consistency also helped reduce anxiety for people who find change and adjustments in their daily lives difficult. Agency staff were given a full induction and shadowing shift before they start work.

- People felt there was enough staff to support them. One person told us, "The staff are always around if I need a chat or if I am worried about anything and I have a key worker too who I meet with, which makes me feel special, yes there is always someone around if you need them. In the office, lounge or kitchen." One relative we spoke with confirmed that they always found a staff member to speak or contact if they needed to and they felt their family member was provided with the adequate staff support.

Using medicines safely

- People's medicines were kept safely either within a locked cupboard in their bedroom or if they preferred, within the main office of the service.
- The manager had a detailed and comprehensive system in place for monitoring and promoting the safe management of medicines. We found that each person received their medicines as prescribed and there was effective and safe audit system in place that alerted the manager of any omissions or errors at the earliest possible stage.
- We checked five medicines and records and found records were accurate and in order.

Preventing and controlling infection

- The manager had systems to ensure the service was clean and well maintained.
- People told us they found the environment pleasant and comfortable. One visiting professional we spoke with told us "The place always appears clean and without any unpleasant odours. I understand that people are supported to do their domestic chores with staff help when necessary and certainly it appears that this is done effectively."
- There were systems to prevent the spread of infection including guidance on how to keep different areas of the service clean. Staff had been trained in infection control.

Learning lessons when things go wrong

- The manager had a system for recording incidents and accidents, and these were reviewed to improve practice.
- Learning from incidents was shared with staff through regular team meetings and during individual staff supervision.
- The provider acted promptly to make any required improvements. For example, following a recent review of two safeguarding incidents, the manager acted promptly and effectively in addressing the failings and implemented an immediate action plan which addressed and actioned this issue. We found the manager and locality manager had improved the safeguarding process from lessons learnt.
- A daily handover meeting is held to further improve communication and alert staff to any new issues or concerns. This included discussions between the manager and the senior care staff about priority support issues and any new concerns that had been identified.
- The manager had worked hard to improve how risks were managed. The incidents of behaviour that challenged within the service had also been significantly reduced.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been fully assessed before they began living at the service. Assessments focused on people's emotional needs, preferences and their physical support needs. One relative said, "I felt involved from the beginning and was consulted every step of the way which gave me confidence in the home and the staff. Yes, I felt listened to and valued."
- The manager and staff team had a good understanding of current guidance such as person-centred care. This was evident throughout our visit.
- Care plans were devised with the person at the centre of the plan and a 'circle' of support' was created around them which included key people that they considered were important to them.

Staff support: induction, training, skills and experience

- A robust induction program was in place for new staff which included shadowing experienced staff and being observed and assessed before they worked unsupervised. We saw that all new staff were required to complete an induction work book and had a period of two weeks shadowing. We also saw that all staff had to complete a six-month probationary period.
- One staff member commented, "The induction I had when I first started was good. It gave me all the information I needed about Timberlea. I was also supported and shadowed by a more experienced member of staff before I worked on my own, which gave me the confidence I needed in doing the job."
- Staff were provided with training in all areas required for their role. The manager provided evidence that each member of staff had completed their mandatory training with the required timescales. Additional training provided included subjects such as epilepsy, managing people whose behaviour may challenge and autism.
- The manager assessed staff's skills and experience in one to one supervision sessions and annual appraisals. All five staff we spoke with considered the manager as supportive and knowledgeable in relation to the service. One staff member told us, "I find the manager we have at the moment is very supportive and knows how to do the job well and is also very professional."
- The manager showed us that refresher training had been booked for some staff whose training had recently expired.
- Staff received regular supervisions and competency checks. One staff member told us "I find supervisions very useful and discuss a range of issues, but I also use them to look at my own development and training needs. We meet with the manager or seniors at least every other month and their door is open anytime if we need a chat or just a bit of reassurance or advice about someone."

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

- People told us they enjoyed preparing and cooking their meals. During one of our visits we had the opportunity to observe several people being supported by staff to prepare and cook their own individual meals, using fresh ingredients. One person was happy to show us what they were cooking and offered us a piece of cake they had baked. The person said, "I like cooking with [staff name] they always make it fun and help me if I get mixed up with what I am doing."
- People's dietary needs were monitored, and we saw that some people had chosen to follow a healthy eating plan to reduce their weight and to live a healthier lifestyle. When required, health care professionals were referred to for guidance; for example, when people required support with reducing their weight and to promote healthy eating.
- People told us that menu choices were discussed in resident meetings and we observed that meal times were relaxed and a social occasion. People could choose where they wished to eat their meals.

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

- People were supported to see health professionals such as GP's, mental health professionals and dieticians depending on their needs. There was clear evidence of referrals being made to a range of health care professionals and their guidance was included in the planned care needs.
- One healthcare professional we spoke with told us that they always found the staff at Turning Point - Timberlea (Dom Care) professional and knowledgeable.
- Relatives told us they felt informed when healthcare advice was obtained. One relative said, "The manager always lets me know if there are any health problems and we feel that the staff would always contact us if necessary. I always like to know even if it's a minor concern. I have regular communication with the manager and I find them very helpful."

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

- The building had been suitably adapted to meet the needs of people living there. There were some areas of the service that required re-decoration. However, the manager had already addressed this issue with the maintenance provider and an action plan was in place to ensure these works were carried out as a priority.
- People's bedrooms were personalised. They had belongings that reflected their interests.
- The garden area to the rear of the property was accessible, large and well maintained. The layout of the service provided people with areas for socialising or spending time quietly on their own as they wished.
- Picture boards reflecting information for people were in place in some communal areas. People told us that they consulted and involved in choosing the colour schemes for both the communal areas of the service as well as the colour schemes of their bedrooms. We saw that hazard signage was clear which helped ensure people's safety.
- People told us the service met their needs. One person said, "I like the peace and quiet of my bedroom but also when we things going on in the lounge I can join in, like for birthday parties."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Mental capacity assessments had been carried to determine what decisions people could and could not make for themselves. We reviewed four capacity assessments and all documents were completed accurately and with detailed information. These assessments also recorded people's views about the decision being made.
- People told us that staff always asked for consent before supporting them. One person told us, "I would never enter someone's bedroom without first knocking and asking permission to enter, that's a basic human right. We also have training about consent and what needs to be done if people do not have capacity. I know that a best interest meeting has to be held."
- DoLS applications had been submitted where required. At the time of our inspection we found that applications had been made to the local authority in relation to people who lived at Turning Point - Timberlea (Dom Care) and were awaiting an outcome. These related to where people were unable to leave the service independently. We found that the appropriate capacity assessments had been completed and least restrictive measures had been recorded and implemented.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Each person we spoke with told us staff were kind and patient. They also said they were treated well and with respect. One person said, "The staff are all very good. They listen to me and are always very patient if I get in a muddle or need help with my washing."
- People told us staff were friendly and would chat with them all the time. One relative said, "It's a very good place for [Name] to be. They are safe but also supported to remain as independent as possible."
- The atmosphere in the service was calm, compassionate and inclusive. We saw warm and meaningful interactions throughout the day between staff and people which were gentle, respectful and kind. People's body language and facial expressions showed that they were fond of the staff members as they interacted, smiled and communicated with them.
- Staff respected people's diverse needs and preferences, and provided support in a way that ensured people were treated in a non-discriminatory way. We saw a range of photographs of events that celebrated diversity. For example, supporting the Watford LGBTQ Pride event and supporting people if they choose to dress in a non-confirmative way.

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

- People told us they made decisions and choices about their support. Individual care plans detailed how people liked to be supported with getting up, how they liked to spend their day, their likes and dislikes in relation to their leisure activities.
- There was information available about an independent advocacy service should people choose to contact them.
- People told us staff always had time to listen to them. One person told us, "Although the staff are busy they will always make time to sit and chat with me if I need them to."
- People told us that they liked the keyworker arrangements and that it made them feel valued and involved. One person told us, "I like having a special worker who is just for me and we get to do lots of nice things together like going shopping and also we look at my care plan to check I am happy with it."

Respecting and promoting people's privacy, dignity and independence

- People told us staff were always respectful in the way they supported them.
- Staff said they promoted people's privacy and dignity at all times by talking to them and providing support in private. Protecting people's confidentiality was an important part of the service and there were policies to guide staff on this.
- The service encouraged people to maintain close links and relationships with their family members and

friends. One relative said, "We find this manager very approachable and although there have been some challenges along the way we get on well and always respect each other's views and opinions."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff knew people's likes, dislikes and preferences. For example; details around how a person preferred to spend their leisure and social time.
- People were able to make choices and have as much control and independence as possible, which including developing care, support and treatment plans.
- People's needs were identified, which included those related to protecting people's choices and preferences.
- An individual pictorial activities programme was available. Activities included trips provided to the local cinema, trips to Watford shopping centre, bowling and pub lunch outings. People had also enjoyed opportunities to go on holidays. We saw that two people had been supported to enjoy a holiday abroad and others had enjoyed day trips to the seaside in the summer months.
- Staff were prompted within people's care records to respect people's individual choices and how people wished to be supported by them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The manager told us that information was available to people in different formats. We saw pictorial information displayed throughout the service of how to complain, safeguarding information and there was also an information board that displayed photographs of the staff team.

Improving care quality in response to complaints or concerns

- Compliments had been received and recorded by the service. For example, one compliment received since the manager has been in post stated, "I am very impressed with the changes that are happening at Timberlea. The whole place looks brighter and more welcoming. Timberlea now has a buzz about it that makes it appear a place where the clients will be encouraged to lead happy and fulfilled lives. Praise to the rest of your staff too for their patience and endless love and goodwill."
- The manager reviewed complaints on a regular basis to ensure any trends or patterns were identified at the earliest possible stage and an action plan implemented.
- We saw from the complaints log that two complaints had been received. These had been fully investigated

and resolved to the satisfaction of both parties.

- One person told us, "I never complain but sometimes have a little moan but nothing that needs reporting."

End of life care and support

- No one at the time of this inspection was receiving end of life care. However, people's end of life wishes had been recorded where people were happy to discuss this. For example, one person's wishes had been recorded in a pictorial format and included an organ donation statement, where they would like their possessions to go and if they wanted to be buried or cremated.
- Staff were trained to support people in conjunction with external health professionals when a person came to the end of their life. This was so the person had as dignified and pain free death as possible.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The manager had an effective governance system to assess and monitor all aspects of the service.
- The manager and senior staff carried out various audits which ensured the service was safe and effective, and risks to people's health, safety and wellbeing were effectively managed. They also regularly assessed staff's competence to provide safe and effective care.
- Robust records were kept showing what action had been taken to address any shortfalls they identified during their checks.
- Staff understood their roles and responsibilities, and what they needed to do to ensure they provided a consistently good service. One staff member explained to us the importance of consistent support and guidance to ensure people made progress and maintained their independence, where possible.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager and staff were committed to providing good quality and person-centred support to people who used the service. One staff member told us about how the service had improved since the current manager had arrived. They told us, "The service now feels much more proactive in supporting people to maintain and improve their independence."
- A new initiative entitled 'You said - We did' had been introduced to help empower people in having a say on how the service was run and was displayed within the main reception area of the service. Examples included where one person requested support to attend Watford Pride and another person had requested a visit to the local cemetery to pay their respects to a relative.
- People and their relatives told us they were pleased with the positive changes that the manager had implemented. They felt that the staff were more committed in improving the lives of the people they cared for. One relative told us, "I cannot fault them, it's a much more relaxed and welcoming home and I feel confident that [Name] is safe and well cared for by staff that know what they are doing." Another relative told us, "Their leadership skills are most impressive. I'd also like to mention [Staff Name] and how much I admire their patience and dedication to the wellbeing of everyone that lives in either Timberlea and Mary House."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The manager understood their responsibility to be open and honest when things go wrong. We saw

evidence of learning from the findings of recent safeguarding incidents and the improvements that have been made. We reviewed the current action plan in relation to further improving and developing the service and found that all actions had achieved their deadline date for completion.

- The manager reported relevant issues to CQC and commissioners of the services.
- The provider and manager were committed to continuous learning and improvement. They regularly engaged with professionals with expert knowledge in the support and care of people who lived with dementia.
- We received positive feedback from professionals who worked closely with the service. One healthcare professional told us, "Some people at Timberlea have complex and challenging needs and I have great admiration for the staff and manager who support these people to enjoy independent and fruitful lives."

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

- People could speak to staff about their support whenever they wanted, and the manager ensured they saw each person throughout their working day to discuss any issues or concerns they may have. We saw throughout our visits a steady flow of people popping into the office asking for support or simply to sit down and chat about their day.
- People were invited to provide feedback on the service during residents' meetings, keyworker sessions, care reviews. We saw from a recent meeting that people wanted to arrange a MacMillan coffee morning to raise funds and support the charity.
- The provider also conducted a survey to assess whether the service provided met people's needs and expectations. The results of the most recent survey showed people were happy with the quality of their care provided.
- Staff told us they could speak with the manager whenever they needed to. Staff said they also benefitted from regular team meetings, where information and learning was shared. All staff felt that they were listened to and valued by the manager.
- We reviewed the training programme and found that all staff had been provided with all the necessary training to carry out their role effectively and safely. This included additional training in epilepsy, behaviour that may challenge and person-centred care.

Working in partnership with others

- The service worked well with health and social care professionals who were involved in people's care.
- Professionals who commissioned the service felt the provider and manager had worked hard to continue to improve the service. One professional told us, "The current manager understands the service very well and is striving to make improvements to people's well-being and quality of life, especially in supporting people with complex mental health needs."