

## Turning Point

# Turning Point - Ambleside

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection was carried out on 19 September 2017 and was unannounced. At their last inspection on 18 June 2015, they were found to be meeting the standards we inspected. At this inspection we found that they had continued to meet all the standards.

Turning Point- Ambleside provides accommodation for up to six people with learning and physical disabilities. The home is not registered to provide nursing care. At the time of the inspection there were five people living there.

The service did not have a manager who was registered with the Care Quality Commission (CQC). 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 and associated Regulations about how the service is run. The registered manager had recently left the home and the team leader was providing management cover to the home with the support of an experienced registered manager and the regional manager.

People were supported by staff who knew how to recognise and respond to abuse. Relatives felt people were safe and risks were assessed with plans in place to mitigate these. People were supported by staff who were recruited safely and received training and supervision. People's medicines were managed safely.

People were supported to make choices where they could and the staff worked in accordance with the principles of the Mental Capacity Act (2005). People had a variety of foods and were supported to maintain healthy and balanced diet. There was regular access to health and social care professionals.

People were treated with dignity and respect. Relatives told us that staff were kind. People and their relatives were encouraged to be involved in planning and reviewing their care and care was provided in a person centred way. Care records were held securely.

People received care that met their needs and care plans were clear and detailed so staff were able to provide care appropriately. There were activities available that suited people's needs and people had opportunities to go out in the community and attended day centres regularly. There had been no recent complaints but relatives were comfortable to raise anything that concerned them.

There were quality assurance systems in place and these were used effectively. There were meetings for the team to share practice and changes and surveys to obtain relatives views. The home provided regular updates for people and communicated well to keep relatives informed.

## 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 remained safe.

### Is the service effective?

Good ●

The service remained effective.

### Is the service caring?

Good ●

The service remained caring.

### Is the service responsive?

Good ●

The service remained responsive.

### Is the service well-led?

Good ●

The service remained well led.

# Turning Point - Ambleside

## **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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

The inspection was unannounced and carried out by one inspector.

During the inspection we were unable to speak with people who used the service due to their complex health needs. Following the inspection we spoke with four relatives to obtain their views on the service people experienced. We spoke with two staff members, the team leader who was acting as manager and a registered manager for another of the provider's locations who was providing support in the home. We received information from service commissioners and health and social care professionals. We viewed information relating to two people's care and support. We also reviewed records relating to the management of 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 due to their complex health needs.

# Is the service safe?

## Our findings

People were unable to tell us if they felt safe living at the service. However, we observed people respond to staff and they were comfortable and happy to see them. Relatives told us that they felt people were safe. One relative told us, "Oh yes, [name] is safe. [They] are very happy there."

People were supported by staff who had a clear understanding of how to keep people safe. This included how to recognise and report abuse. This included reporting and documenting any unexplained injuries and putting control measures in place.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly. Risk assessments were in place for areas including falls, skin integrity, the use of equipment and going out. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risk. We noted that there were a low number of incidents. However, all accidents and incidents were shared with the provider's health and safety team to ensure all remedial actions had been taken.

There were regular checks of fire safety equipment and fire drills were completed. Staff knew how to respond in the event of a fire. However, there had not been a fire drill during the night time hours and there was not a log of staff who had attended a drill. Following this feedback on the day of inspection, the team leader implemented a fire drill spreadsheet showing staff who had attended a drill and scheduled a night fire drill to ensure this was current and effective.

People's relatives and staff told us that there were enough staff available to meet people's needs. However, one relative told us that there was not always someone available to drive the mini bus, mainly at weekends. Throughout the course of the inspection we noted that there was a calm atmosphere and that people received their care and support when they needed it and wanted it.

Safe and effective recruitment practices were followed to help make sure that all staff were suitable for working in a care setting. We reviewed the recruitment records for staff and found that all the required documentation was in place including written references and criminal record checks.

People's medicines were managed safely. Medicines were stored safely and administered by trained staff. We checked a random sample of boxed medicines and those in the pharmacy blister packs and found that stocks were accurate with the records. Control measures were in place to ensure these were managed safely.

## Is the service effective?

### Our findings

People's relatives told us that they felt staff were skilled and knowledgeable to support people living at the home. One relative said, "They all know what they are doing." Another relative told us, "They are all very good, even the newer ones know what they are doing." A third relative said, "We have nothing but praise and total confidence in the care that [person] has received during the past number of years."

Staff received training to support them to be able to care for people safely. This included training such as moving and handling and safeguarding as well as specific training modules such as communication and epilepsy. Staff told us that they felt supported and were able to approach the management team for additional support at any time. One staff member said, "If we want to talk about anything we just go and see [team leader]."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The team leader demonstrated a clear understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had an awareness of what steps needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful. The appropriate applications and documentation was in place.

People were provided with a variety of food and their individual likes, dislikes and dietary needs were well known by staff. Assessments had been undertaken to identify if people were at risk from not eating or drinking enough and if they were at risk of choking. We observed staff supporting people appropriately. The team leader had plans to introduce a picture menu to assist people with making choices in relation to meals.

People's day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary. For example, GP, speech and language team (SALT) and a chiropodist. One relative told us that a person had reoccurring health needs and the staff were managing this with GP input. A relative told us, "Whenever a health situation has arisen they have taken immediate action and been there with [them] every step of the way."

## Is the service caring?

### Our findings

People's relatives told us that staff were kind and caring. One relative told us, "The staff are all kind." Another relative told us, "The staff are all very nice, I can talk to them and they talk to me." They went on to say, "[Person] is very happy there too, [they] never mind me taking them back after we've been out, that's a good sign." A third relative said, "All the staff that [person] has come into contact with have been wonderful, caring, attentive and most of all loving in the care and consideration that they have given [them]."

Staff were calm and friendly with people and we observed them interact with people in a warm and caring way. Staff listened to people and gave people choices even when people's verbal communication was limited. Staff were familiar with how people communicated and what gestures people made meant. For example, when a person wanted a drink or something to eat.

Staff respected people and supported them with dignity. One staff member told us, "We treat everyone as equal, we're like a family here." They went on to say how important their relationships were to people, in particular for those who did not have family locally. We noted that people's care plans encouraged involvement. Reviews tried to include people and relatives told us that they were involved with reviews been kept informed of any issues or changes. One relative told us, "I am involved in the planning, they always invite me to reviews." Plans detailed ways in which staff could try to encourage people's involvement by offering choices and supporting them to try and complete some tasks.

People living at the service, and many of the staff supporting them, had been there for a number of years. This was evident in how people responded to staff and the awareness staff had about everyone. They were able to tell us about people's health, families and interests.

People's records were stored in a lockable office in order to promote confidentiality for people who used the service.

Relatives and friends of people who used the service were encouraged to visit at any time. We noted that on arrival a visitor on the day of inspection was welcomed by staff.

## Is the service responsive?

### Our findings

People's care plans were detailed and person centred. They included information that enabled staff to promote independence where people were able and provide care in a way people preferred. For example, one plan detailed that the person may enjoy music during personal care but the staff were to check before putting it on. We also saw that changes were made when needed. For example, one person's health needs had changed. As a result new equipment was put into place and an increased monitoring regime was implemented.

During the inspection we observed staff being prompt in supporting people and responding to their needs in a way that confirmed they knew people well. This included ensuring they had items around them that they enjoyed using and personal care at a time that suited them. A relative of a person who used the service told us, "I can't fault it, they're really good." Another relative said, "[Person] is looked after very well, the staff are all very good." A third relative said, "[person] is always clean and tidy, and everyone greets us with open arms and spend time with us and keep us up to date on all aspects of [Person's] health, and general day to day situations."

People were supported to participate in activities in and outside of the home. We saw people enjoyed trips to the seaside, walks and shopping. One person had enjoyed going to the hairdressers. Relatives told us that staff supported people to do things that they enjoyed. One relative said, "[Person] likes make up, having their hair and nails done and listening to music. They wouldn't be able to get [them] interested in anything else." We noted that this person was enjoying having their nails done, while listening to music, during our visit. Another relative told us, "[Person] enjoys [their] days at the day centre and really enjoys outings with the staff be it on holiday or just local shopping." People attended day centres and days out with family members. When at home there were opportunities for crafts and games but many people enjoyed doing their own thing. Staff knew what people enjoyed and facilitated this. There was an activity board displayed so people could see the plans for the week.

There had been no complaints received. Relatives told us that they knew how to raise concerns but had not needed to. One relative said, "I would talk to any of them (staff team) if I was worried." Another relative told us, "I would definitely go and talk to them (staff team) if I had a problem." We saw that the complaints process was in a pictorial format to help people understand how to make a complaint.



## Is the service well-led?

### Our findings

The registered manager had recently left the home and the team leader was providing management cover to the home with the support of an experienced registered manager and the regional manager. However, the team leader was an established member of the management team and was knowledgeable in all aspects of the service. This included a good awareness of people's needs, the staff team, legislation and requirements and how to ensure the smooth running of the service. The provider was working to employ a new manager but the structure in place at the time of the inspection was able to ensure the service ran effectively.

Staff were positive about the management arrangements. One staff member said, "[Team leader] as a manager is very good." Another staff member told us, "[Team leader] is really good, he's been on the floor so I know him well." Relatives were also positive about the team leader and how the service was run. One relative said, "[Team leader] is filling in. He's a very nice young man." They went on to say, "It runs smoothly." Another relative told us, "I speak to [team leader] when I go in, he's very good and I haven't noticed a difference since the manager left." A third relative said, I really can't speak highly enough of the situation at Ambleside and hope that things will remain that way in the future."

There were quality assurance systems in place. These were used consistently and appropriately. As a result any issues found were addressed. For example, making sure care plans were up to date and reflected any changes. However, we noted that there was some outstanding work needed for appliances in the kitchen.

There was a regular regional manager visit and they completed audits to ensure the home was working well. We saw that actions arising from these visits were shared with the home manager and these were dated when completed.

There had been a survey completed and we saw that the feedback on those held at the home were positive. The responses were sent to the provider were collated with all responses from all locations and the provider then produced an action plan to cover all their locations.

There were regular team meetings where the staff discussed changes to practice, any issues and plans for people they supported. This included helping a person pick a colour for their room, plans for activities and any upcoming appointments. The meetings included information to help staff remain informed about changes to the home and future plans. For example, in relation to management arrangements.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.