

Turning Point

Turning Point - Hazel House

Inspection report

67 Warwick Road
London
SW5 9HB
Tel: 020 7244 7533
Website: www.turning-point.co.uk

Date of inspection visit: 28 October 2014
Date of publication: 26/02/2015

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 

Overall summary

We conducted an unannounced inspection of Hazel House on 28 October 2014. The service provides care and support for up to 10 people with mental health problems or learning disabilities. There were 10 people using the service when we visited.

At our last inspection on 18 October 2013, the service met the regulations inspected.

The service had a registered manager in post. 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.

Safeguarding adults from abuse procedures were robust and staff understood how to safeguard the people they supported. Staff had received training on safeguarding adults and were able to explain the possible signs of abuse as well as the correct procedure to follow if they had concerns.

Summary of findings

Safe practices for administering and storing medicines were followed. Records were kept when medicines were administered and a second member of staff countersigned these.

Staff were trained in the Mental Capacity Act 2005 which is a law to protect people who do not have the capacity to make decisions for themselves. Staff were also trained in the Deprivation of Liberty Safeguards which are part of the Mental Capacity Act and exist to make sure that people's freedom is not inappropriately restricted where they lack the capacity to make certain decisions. Staff demonstrated a good understanding of their responsibilities.

People and their relatives were involved in decisions about their care and how their needs were met. People had care plans in place that reflected their assessed needs.

Recruitment procedures ensured that only people who were suitable, worked within the service. There was an induction programme for new staff, which prepared them to do their role. Staff were provided with a range of

training to help them carry out their duties. Staff received regular supervision and appraisal to support them to meet people's needs. There were enough staff employed in the service to meet people's needs.

People were supported to eat a varied diet that took account of their preferences and their nutritional needs were monitored. People were supported effectively with their health needs and had access to a range of healthcare professionals. People were involved in making decisions about what kind of support they wanted.

Staff and people who used the service felt able to speak with the registered manager and provided feedback on the service. They knew how to make complaints and there was an effective complaints policy and procedure in place. We found complaints were dealt with appropriately and in accordance with the provider's policy.

The service carried out regular audits to monitor the quality of the service and to plan improvements. Where concerns were identified action plans were put in place to rectify these.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Procedures were in place to protect people from abuse. Staff knew how to identify abuse and knew the correct procedures to follow if they suspected that abuse had occurred.

Staff identified risks to people who used the service and took appropriate action to manage these and keep people safe.

Enough staff were available to meet people's needs and we found they had been recruited safely.

Medicines were managed safely and people received their medicines as prescribed.

Good



Is the service effective?

The service was effective. We found staff were meeting the requirements the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People were supported by staff who had the skills and understanding required to meet their needs. Staff received an induction and regular supervision, training and annual appraisals of their performance to carry out their role.

People were supported to eat a healthy diet and were able to choose what they wanted to eat. People were supported to maintain good health and had access to healthcare services and support when required.

Good



Is the service caring?

The service was caring. Staff understood people's needs and knew how to support them.

People were involved in decisions about their care. People were treated with respect and staff maintained people's privacy and dignity. The service understood people's diverse needs and helped them to meet these.

Good



Is the service responsive?

The service was responsive. People and their families were involved in decisions about their care. Staff understood how to respond to people's changing needs. Care records showed that staff took people's views into account in the assessment of their needs and planning of care.

People knew how to make a complaint. People were confident that their concerns would be addressed and complaints were responded to appropriately.

Good



Is the service well-led?

The service was well-led. The service had an open and transparent culture and staff reported they felt confident discussing any issues with the registered manager. Monthly 'service user meetings' took place so people could share their views, plan activities and identify any support they needed.

Systems were in place to assess and monitor the quality of the service. Audits were carried out and where improvements were required, action plans were put in place to address these.

Good



Turning Point - Hazel House

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.

We undertook an unannounced inspection of Hazel House on 28 October 2014. The inspection was carried out by a single inspector.

Prior to the inspection we reviewed the information we held about the service. The provider completed a Provider

Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed our records including previous inspection reports. We spoke with two social workers, three healthcare professionals and a representative at the local authority regarding safeguarding matters to obtain their views of service delivery.

During our inspection we spoke with four people using the service, three members of staff and the registered manager. We spent time observing care and support in communal areas. We also looked at the care records for three people who used the service, three staff records and records related to the management of the service.

Is the service safe?

Our findings

People living at Hazel House told us they felt safe living there. Comments people made included, “I feel safe here” and “It’s safe. I feel secure.” People confirmed they did not have any issues regarding their safety and told us they knew who they could speak with if they had any concerns.

Staff understood how to recognise potential abuse and how to report their concerns. Staff members gave examples of the possible signs of abuse and correctly explained the procedure to follow if they had any concerns. Staff told us, and training records confirmed, that they had completed training on safeguarding adults within the last two years, and they were aware of the provider’s policy on safeguarding.

We contacted a member of the local authority safeguarding team. They confirmed there had been no safeguarding concerns raised by staff at Hazel House and they did not have any concerns about the safety of people living there.

We spoke with the registered manager and other staff about how they protected people from the possibility of discrimination. The registered manager told us and we saw from records that people were asked questions about any cultural or other requirements they might have. Staff told us that they had access to local religious leaders where required and were aware of other services, for example, specialist food shops to meet people’s cultural and spiritual needs.

Risk assessments were based on people’s individual needs and lifestyle choices and included guidance for staff about how to reduce or prevent the risk. We found risks were managed appropriately in accordance with written guidance to help keep people safe. Risk assessments covered generic risks, which included those relating to physical health, but also specific risks relating to the individual person. We saw detailed individual mental health risk assessments that included detailed targets with timeframes, which were intended to aid the person’s recovery. These were reviewed and updated to reflect people’s changing needs.

Staff completed annual first aid training and were able to explain how they would respond to a medical emergency which included making correct records of any accidents or incidents. We saw that appropriate records were kept of any incidents with clear instructions about any further

actions to be taken and by whom. Staff told us that all accidents and incidents were discussed in team meetings to identify any further learning. The registered manager also told us that a specific department in the organisation’s head office identified any trends or lessons that could be learned to improve the service.

People told us there were enough staff available to meet their needs. Comments included, “There’s staff around all the time, there’s always someone around when I need them” and “There’s enough staff here.” Staff told us that there were enough of them available to meet people’s needs. The registered manager explained that they assessed people’s dependency when determining staffing numbers and if people’s needs changed, they would schedule extra staff. We reviewed the staffing rota for the week of our inspection and this accurately reflected the staff on duty.

Staff recruitment files showed that pre-employment checks were carried out before someone was employed to ensure they were suitable to work with people using the service. These included appropriate written references, proof of identity and criminal record checks.

Medicines were managed safely and people received their medicines as prescribed. The home used a monitored dosage system for medicines for each person. A tray of weekly medicines was pre-dispensed into sealed pots for named individuals by the local pharmacy. Medicines were stored safely in a locked cupboard. Copies of prescriptions were kept with the medicines administration record (MAR) charts to enable staff to check that the correct medicines were being given to people.

We checked the MAR charts for three people in the previous week and for the day of our inspection. We saw these had been fully completed. The person administering medicines completed daily records and we saw a second person countersigned these. We also saw records to indicate that staff counted and signed for medicines during the shift handover. We counted the medicines for three people and saw that the numbers tallied with the records kept.

The registered manager carried out weekly medicines audits. Weekly checks included a further physical count of medicines as well as other matters including whether

Is the service safe?

enough medicines were available for the next seven days, whether medicines were stored appropriately as well as a room temperature check, which was recorded and showed medicines were stored within a safe temperature range.

All staff had completed medicines administration training within the last year and this included a test of their competency. Staff were knowledgeable about how to manage medicines safely.

Is the service effective?

Our findings

People felt that staff understood how to meet their needs. Comments included "Staff are perfect" and "Staff help with cooking, shopping and cleaning. They're good." We looked at staff training records, which detailed training undertaken by staff. This showed that staff had completed training identified by the service as mandatory. This included training in safeguarding adults, medicines administration and emergency procedures training. We also saw that some staff had completed additional training, which was specific to their role. For example, some members of staff had completed training in epilepsy. Staff told us and records reflected that they had completed an induction prior to starting work with the organisation. Staff members told us they felt the induction prepared them for their role.

Staff told us they had received supervision in the last two months and we saw records to confirm this. As part of this supervision, staff were asked about any further learning or development needs. Staff told us they had received an appraisal very recently, but the registered manager told us that written records of these had not yet been completed. Staff told us that they had a personal development plan that was reviewed annually and identified areas of future training and development. Staff told us that they found this helpful in supporting them to develop their skills further so they could meet people's needs effectively.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We found that the service had policies and procedures in place that ensured staff had guidance if they needed to apply for a DoLS authorisation to restrict a person's liberty in their best interests. Senior staff had been trained to understand when an application should be made. At the time of our inspection there were no DoLS authorisations in place.

We found that Hazel House was meeting the requirements of the Mental Capacity Act 2005 (MCA). Staff had received MCA training and were able to demonstrate that they understood the issues surrounding consent and how they would support people who lacked the capacity to make specific decisions. We saw records of mental capacity assessments in people's files for specific decisions. We found that these were properly formatted in accordance with the requirements of the MCA.

We saw additional records to indicate that staff had properly obtained people's consent in matters not specifically covered by the MCA. For example, we saw a document signed by people using the service in their files to indicate that staff had asked for consent to discuss healthcare information with relevant people. We also saw records that showed that some people had their finances managed by an appointee at the Department for Work and Pensions. Staff discussed people's financial arrangements with them every month as part of a care plan review meeting to ensure they still consented to having appointee.

People's behaviour that challenged the service was managed in a way that maintained their safety and protected their rights. Staff showed they understood how to respond to people's behaviour and we saw examples of specific advice for staff within people's care records. Staff were able to demonstrate how they supported people whose behaviour challenged the service.

People were supported to eat a balanced diet that they enjoyed. People made positive comments about the quality of food provided. Comments included "[staff] make sure I'm healthy and eat good food", "The food is good," and "They know what food I like." People were encouraged to eat a healthy and balanced diet. People's records included information about their dietary requirements and appropriate advice had been obtained from their GP where required. Staff told us they helped people to shop for food and cook their meals and provided them with guidance about what was suitable to meet their dietary needs. The people we spoke with confirmed this.

Staff demonstrated detailed knowledge about people's nutritional requirements and were able to give examples of the types of food people ate. Care records showed that staff consulted dietitians when required. A multi-disciplinary team monitored people's needs and staff followed the advice of health and social care professionals.

People were supported to maintain good health and had access to healthcare services and support. Care records identified people's healthcare needs which included matters such as mental health needs and other specific health problems. Staff told us and records confirmed that the service had good links with mental health services. We also saw evidence that people's medicines were reviewed by their GP and other health practitioners, where required, to monitor appropriate use.

Is the service caring?

Our findings

People told us they were treated in a caring and respectful way by staff and were involved in decisions about their care. One person said, "Staff are nice, they care for me," and another person said, "They care." We observed staff interacting with people in a friendly manner. Interactions demonstrated that staff knew people well and were not only concerned with carrying out tasks.

Staff demonstrated a detailed understanding of people's life histories. For example, one member of staff was able to tell us about the childhood and family lives of two people living at the service. The staff member demonstrated an understanding of the significant events in these people's lives and how these had contributed to some of the difficulties they were currently facing. They were able to tell us what action had been taken to help people and showed empathy.

Staff understood people's diverse needs and supported them in a caring way. For example, one staff member showed a detailed understanding of a person's faith and was able to tell us about the food the person wanted to eat, the clothes they wore and how the person preferred to be given personal care. The person confirmed that staff supported them in accordance with their religious requirements and we saw their care records included detailed information for staff so that they understood how to meet the person's needs.

Staff knew how to respond to people's needs in a way that promoted their individual preferences and choice. Care plans recorded people's likes and dislikes and included their preferred diet, if they wished to have same gender care and their personal care support needs. We saw evidence that staff respected people's personal preferences throughout our visit.

People were involved in decisions about their care. One person said, "Staff help me with what I need," and another person said "They do what I want." We saw evidence in care

planning records that people were involved in making decisions about their own care. For example, all care planning records were written from the person's perspective with extensive comments from the person about the type of care they wanted. We saw an additional document included in people's records entitled the "Wellness Workbook" which was completed by the person using the service with the assistance of staff. The workbook included questions, which were designed to encourage the person to consider how they could promote their own well-being and understand their own conditions. For example, one section posed the question 'Why do I take this medication?' and another section considered 'Things I must do for myself every day to keep myself feeling well'.

Staff told us that people could access advocacy services if they required. The registered manager told us that members of advocacy services had visited Hazel House to give information about the service they provided so staff could contact them if they were needed. At the time of our inspection, no one at Hazel House was using an advocate.

People's privacy and dignity was respected and promoted. People told us "I have my own room. I have privacy when I want" and another person told us "they [staff] respect me".

We observed staff knocking on people's doors before they entered and people confirmed that staff did this routinely. Staff gave us examples of how they protected people's dignity. For example, one staff member gave us examples about how they delivered personal care. They told us "I always check what help they need first and do what they ask me."

People told us that staff encouraged them to maintain relationships with their friends and family and to be as independent as possible. Comments included "I can go out when I want and do what I want" and another person told us "I can do what I like. I don't have visitors, but could if I wanted." We saw details of discussions with family members recorded in people's care records.

Is the service responsive?

Our findings

People who used the service told us they were involved in decisions about their care and that staff supported them when they needed them to. Care records showed that staff took people's views into account in the assessment of their needs and planning of care. These documents were detailed with specific advice to staff about how to provide care for people. Care records had been reviewed at monthly meetings and people's objectives were reviewed at the same time. People using the service and their relatives had been involved in writing and reviewing their care plans. We saw detailed risk assessments in people's records and these determined people's skills in everyday tasks and how the service could promote these. For example, we saw assessments of people's cooking skills which included detailed instructions about what help people might need whilst simultaneously encouraging them to do as much for themselves as possible.

As part of the initial pre-admission assessment people spent time with staff to discuss their needs and had a trial period to help them decide if it was the right place for them. The registered manager told us and records confirmed that the trial period could last a period of many weeks and many factors were considered in making the transition to the service as easy as possible. For example, in one set of records we saw evidence of questions asked about how one person would like their room decorated to make it comfortable and to the person's taste. We also saw detailed notes of visits and descriptions of feedback given by the person with evidence of feedback being followed.

Care plans outlined how to meet people's needs. This included factors that might affect their emotional wellbeing and mental health. People's preferred routines were recorded and their likes and dislikes. Staff demonstrated an understanding of people's individual needs and the importance of meeting these. Each person had a keyworker who met with them to review their care plan monthly. A key worker is a care worker who is assigned to work closely with the person using the service.

People were supported to engage in a range of activities that reflected their personal interests and supported their emotional wellbeing. Care records described people's hobbies and interests and this included the music they liked listening to as well as whether they liked any particular activities. Staff monitored and recorded people's involvement in activities in their care records with specific objectives for people to help ensure their social and leisure needs were met.

People knew how to make a complaint and told us they felt confident that their concerns would be dealt with. People told us they had never had any complaints, but all gave us the name of a person they would speak to if they did. Copies of the complaints policy were available in the service in an easy read format. The registered manager told us this was available on request and we saw a copy of this. Records showed that the provider had taken action to address complaints that had been made. We were told by the registered manager that complaints were reviewed by staff at the provider's head office to look for trends or identify any further learning points.

Is the service well-led?

Our findings

The service had an open culture that encouraged people's involvement in decisions that affected them. People who used the service and staff told us the registered manager was available and listened to what they had to say. We observed the registered manager interacting with people throughout the day and conversations demonstrated that she/he knew people well and spoke to them regularly. Monthly 'service user meetings' took place so people could share their views, plan activities and identify any support they needed. After the inspection, we read the minutes of meetings held in November and December 2014. These demonstrated that relevant staff members were available to answer people's questions and we saw evidence that people used these meetings to express their views. The minutes also included evidence of planned action with timeframes for completion.

Staff told us they felt comfortable raising any issues or concerns with the management of the organisation. One member of staff told us "The manager is on the floor a lot. You would think she was a support worker. She is very flexible" and another staff member told us "The manager is good. I can talk to her if I have a problem". The registered manager told us staff meetings were held every month to discuss the running of the service and any issues. Staff told us they felt able to contribute to these meetings. We read the action plan from the last meeting held in October. These showed that many issues were discussed during staff meetings. The action plan detailed what actions needed to take place as a result of discussions and this included timeframes for completion.

The registered manager demonstrated that she/he understood her/his responsibilities to report matters to the CQC and other relevant authorities. Notifications of significant events were submitted to the CQC appropriately.

Staff gave a consistent view about the vision for the service. For example, all staff emphasised the importance of protecting people's privacy and dignity and ensuring that the care provided was the care people wanted. They confirmed that certain values were part of an ongoing discussion in team meetings and in their initial induction to the organisation. The registered manager told us that the

service was committed to delivering person centred care. They explained that the general system of having a keyworker was designed to deliver one to one, targeted care that was focussed on the individual.

The service had strong links with the local community. People using the service participated in activities at other organisations. These included group sessions at a mental health service for people from African and Caribbean backgrounds and activities provided by another mental health charity.

We saw records of complaints and accident and incident records. There was a clear process for reporting and managing these. The registered manager told us she/he reviewed complaints, accidents, and incidents to monitor trends or identify further action required.

The registered manager was visible and available for staff and people using the service on the day of our inspection. The registered manager told us she/he operated an "open door policy" where they could be approached at any time of the day to deal with concerns people had. We observed that both staff and people who used the service approached them throughout our inspection to ask questions and discuss issues.

We spoke with the registered manager and staff about the key challenges and risks facing people using the service. We were given consistent, detailed information by all staff members on the risks facing individuals. The registered manager gave us more detailed information relating to future improvement planning, particularly in relation to staffing numbers. We were told that the intention was to have key members of staff with more specific skills to improve service delivery.

The provider had systems to monitor the quality of the care and support people received. The registered manager told us about and we saw copies of annual and biannual audits. Senior staff within the organisation, not working at Hazel House conducted both sets of audits. They covered a range of issues such as health and safety monitoring, whether team meetings were taking place and whether care records and risk assessments were being reviewed. Where shortfalls were identified, an action plan was developed with deadlines for completion.

The provider worked with other organisations to ensure the service followed best practice. We saw evidence in care records that showed close working with local

Is the service well-led?

multi-disciplinary teams, which included dietitians and local social services teams. We spoke with four healthcare professionals who included two social workers and they commented positively on their working relationship with staff at Hazel House. The registered manager also told us that staff had recently participated in a study with the local

commissioning group about staff knowledge of safeguarding procedures and the MCA. We were told the results were due to be published in due course and that the service was continuing to work with the group to develop and improve their knowledge in these areas.