Turning Point

Turning Point Roads to Recovery – Gloucester

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 15, 20 and 21 June 2017 and was announced. Turning Point Roads to Recovery - Gloucester provides personal care to 29 people living in their own homes in Gloucestershire. People live together in shared care; they have individual contracts for the levels of staff support they receive. They have their own rooms and share communal areas and gardens. This was the first inspection for Turning Point Roads to Recovery – Gloucester which was registered in December 2016.

There was 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.

People were not always safeguarded against the risk of harm or injury. Risk assessments did not consistently provide clear guidance about the hazards people faced and how these were managed. Recruitment procedures were not as effective and robust as they could be as the provider had not always checked the reason why staff, who had previously worked in social care, had left their previous employment. Quality assurance audits had failed to identify these issues. Audits, both internal and external, had identified actions to be addressed to improve the service provided. This was work in progress and the registered manager and staff were making improvements to meet the recommendations identified.

People, overall, were supported with kindness and compassion. Staff understood their needs well and anticipated their emotions and wellbeing. They knew what would upset people and effectively used distraction to help them to stay calm. People communicated in a variety of ways and staff knew how to interpret this and how to communicate with them. People responded positively to staff and enjoyed spending time in their company. People were supported by enough staff who knew them and understood their care needs. People's needs were complex and staff had received the appropriate training to help them support people. People's changing needs were responded to and they had access to health care professionals to help them to stay well. People received their medicines safely and as prescribed.

People were supported by staff who had access to training to equip them with the skills and knowledge to meet their individual needs. Individual, group and annual performance meetings assisted staff in their professional development. Team meetings were used to pass on good news, best practice and information about the service. There were enough staff to meet people's needs. Bank staff and the same agency staff were used to provide continuity of care. There were sufficient staff to ensure people had the appropriate support to access a range of community activities.

The registered manager was supported by three managers who were accessible and open. Staff were confident they would deal with any concerns they raised and the appropriate action would be taken. Staff knew how to recognise and report suspected abuse. Lessons had been learnt as a result of accidents and incidents and changes made to the systems in place. The provider closely monitored the quality of care

provided through internal audits and reviews of accidents or incidents. Relatives were kept informed and involved about people using the service and had confidence in the management team.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Staff understood how to keep people safe from harm however people's care records were not always accurate or clear. Risk assessments were not always in place to describe the actions being taken by staff to minimise risks.

Recruitment procedures were not as effective and robust as they could be as the provider had not always checked the reason why staff, who had previously worked in social care, had left their previous employment.

People's medicines were closely monitored to make sure they were administered and managed safely.

People were supported by enough staff to meet their needs.

Strategies were in place to protect people from the risks of potential abuse.

Is the service effective?

Good

The service was effective. People were supported by staff who had access to training opportunities to develop the knowledge and skills they needed.

People's capacity to consent was considered in line with the Mental Capacity Act 2005. People were supported to make choices and decisions about their day to day lives. When restrictions were in place the reason for these had been recorded.

People were supported to stay healthy and well. They had access to health care professionals and were supported to have a healthy diet.

Is the service caring?

Good

The service was mostly caring. People's experience of their care and support was inconsistent across the service. Some people were not always treated with respect and sensitivity.

All people were treated with kindness and care. Staff understood people well and anticipated their mental wellbeing supporting them to manage their emotions.

People's diversity was acknowledged and promoted.

Is the service responsive?

Good

The service was responsive. People's care reflected their changing needs and routines important to them.

People had access a range of meaningful activities based on their interests and individual preferences.

People and their relatives knew how to raise a complaint and were confident they would be listened to and action taken if needed to resolve their concerns.

Is the service well-led?

Requires Improvement

The service was mostly well-led. Quality assurance processes were not as effective and robust as they could be. Audits, both internal and external, had identified some actions to be addressed. These were being completed.

People's experience of their care and support was used to drive through improvements to the service. This included a reflection of lessons learnt in response to accident and incidents.

The registered manager was aware of the improvements which needed to take place to make sure her vision for people's potential to grow was achievable.

Turning Point Roads to Recovery – Gloucester

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.

The inspection took place on 15, 20 and 21 June 2017 and was announced. The provider was given notice because the location provides a domiciliary care service; we needed to be sure that the manager would be in. Two inspectors and an expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert's area of expertise was people with learning disabilities and autistic spectrum disorder. Before the inspection we reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law. We also had feedback from commissioners of this service.

As part of this inspection we observed the care being provided to 17 people using the service and talked with three visitors. We spoke with the registered manager, three managers and fourteen care staff. We reviewed the care records for nine people including their medicines records. We also looked at the recruitment records for five staff, staff training records, complaints, accident and incident records and quality assurance systems. We received feedback from seven relatives and two social and health care professionals.

Requires Improvement

Is the service safe?

Our findings

People's risk assessments had not always been completed for all the dangers they experienced. Although risk assessment summaries had been completed and individual risk assessments were in place for a range of hazards, we found some risks had not been fully recorded. For example, a health action plan identified a person was at risk of choking but there was no corresponding risk assessment to describe what the risks were to this person and how these could be minimised. However, staff described how they followed professional guidance to keep the person safe from the risk of choking. They made sure food was mashed to the correct consistency. They also stressed the importance of keeping food and drinks out of reach of people who were unable to eat and drink orally. One member of staff described to us a near miss when a person helped themselves to a cake cramming it into their mouth. At the time they had not reported this to the manager or other staff. The registered manager reminded the staff member to pass on this information and record it as a near miss. Failure to ensure all risks had been assessed and reported could potentially lead to injury or harm.

People's risk assessments were not always clear about the hazards or dangers or the action to be taken to prevent harm. For example, a moving and positioning risk assessment prompted staff to make sure the person was "correctly and safely positioned". There was no specific guidance about what this was.

People's care records were not being accurately maintained. Systems and processes did not monitor and manage risks safely. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some risk assessments were reviewed and amended during the inspection to make sure they provided the correct information.

People had plans in place to deal with emergencies. Each person had an individual personal evacuation plan describing how to evacuate them from their home. Fire procedures were in place which included fire drills and maintenance of fire systems. Out of normal working hours emergency support was available for staff to call for advice or help. Environmental risk assessments had been completed for people's homes to make sure they and staff had access to a safe environment. During the hot weather staff were given copies of a hot weather bulletin and information about keeping people hydrated.

When people had accidents and incidents reports had been completed and monitored to assess whether any further action needed to be taken to prevent them reoccurring. For example, after an accident risk assessments were reviewed to clarify safe moving and positioning techniques. The registered manager described how accidents and incidents were reviewed to assess whether any trends were developing. The provider also monitored the records which were kept electronically to make sure timely action had been taken in response.

People were potentially put at risk of care being provided by staff who were unfit due to gaps in the recruitment process. Most checks and information had been carried out prior to staff starting work. The

reason for leaving former employment with children or adults had not been verified for two applicants who had previously worked in social care. As a result the provider was unable to assess they reasons why staff had left this former employment potentially putting people at risk of being cared for by unsuitable staff. Proof of identity and a satisfactory Disclosure and Barring Service (DBS) check were in place for each member of staff. A DBS check lists spent and unspent convictions, cautions, reprimands, final warnings plus any additional information held locally by police forces that is reasonably considered relevant to the post applied for. The DBS information supported providers to make safe recruitment decisions. References had been requested from the last employer and to check the character of new staff. Checks had been carried out for all agency staff working with people. After the inspection the registered manager provided a copy of their recruitment procedures which confirmed the procedures to be followed were in line with our regulations. There was no evidence on the files examined, for two staff who had previously worked in social care, that all the relevant pre-employment checks had been completed.

People could potentially be at risk of harm because effective recruitment procedures were not being operated. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported by sufficient staff to meet their needs. The support people received had been commissioned on their behalf. Some people received one to one or two to one support to help them live their daily lives. For example, two staff were provided if they needed moving and positioning or for some activities. There had been significant changes in the staff team for people living together in one house. New staff joining Turning Point worked alongside staff who knew people well. Some bank staff had been employed to provide additional cover when needed. The same agency staff were used to ensure consistency and continuity. A visitor told us, "There have been some staff changes but there's usually enough (staff). They're such a good team."

People's security had been raised with the provider in relation to one house and changes had been made to the way in which visitors accessed people's home. During a visit to this home we noticed staff using mobile telephones. This practice could be abused placing people at risk of being photographed as well as being neglected whilst staff were using their telephones. The registered manager said the provider had a mobile phone policy which permitted staff with children to have access to their telephone whilst on duty. A copy of this was provided after the inspection which confirmed the personal telephones of staff should be switched off unless they were having a scheduled break. The registered manager said this would be revisited with staff.

People's rights were upheld. Relatives said people were kept "safe and secure" and they were "reassured" by the care provided. A visitor told us, "I've never seen anything to worry me. The staff are always very professional, lovely with the guys; respectful." Posters warning people about "stranger danger" had been displayed near their front doors to remind them not to let in people they did not know. People were supported by staff who had a good understanding of how to recognise and report suspected abuse. They had completed safeguarding training and described the actions they would take if they had any concerns about people's wellbeing. This included keeping robust records and informing managers. An electronic system for recording accidents, incidents and safeguarding concerns meant managers and the provider were immediately alerted to any issues and could ensure the appropriate action had been taken. Staff were confident managers would take the necessary action. Staff had access to a dedicated call line to report any concerns they might have under whistle blowing. Whistle blowing legally protects staff who report any issues of wrongdoing. They also had prompt cards with contact details of staff and organisations they could call. The registered manager had informed the Care Quality Commission (CQC) of safeguarding concerns and had also shared this information with the relevant safeguarding teams and police if needed. Records

confirmed where action needed to be taken to suspend and discipline or dismiss staff for inappropriate conduct. Safeguarding procedures for local authorities involved with people were accessible to staff.

People's medicines were closely monitored to make sure they were being administered safely. People were supported to manage their own medicines and one person had been supplied with an automatic dispensing machine which reminded them when their medicines were due. In one house there had been a complete review of medicines administration and management that had resulted in medicines being supplied by another pharmacy. This pharmacy was planning to carry out an audit to make sure medicines were being safely administered. Staff had access to medicines training, competency assessments and knowledge tests to make sure they were able to administer medicines safely. People living together in one house had very complex needs and staff had received additional training to make sure their medicines were safely managed. Protocols were in place for the use of medicines required to be given "as needed". Staff reported a reduction in the use of this type of medicine to help people to become calm.

Good

Is the service effective?

Our findings

People were supported by staff who had access to training and support to develop their skills and knowledge. New staff completed an induction which included training considered mandatory by the provider such as first aid, mental capacity, food hygiene and moving and handling. Additional training specific to people's needs was also provided when needed such as percutaneous endoscopic gastronomy tube (PEG) training for people unable to eat and drink, who need to receive their nutritional requirements through a tube into their stomach. Staff also had access to autism and epilepsy training. A mixture of face to face training and open learning was provided. Staff told us "training is amazing" and "it's really good". Relatives commented, "Staff have the skills they need." New staff said they felt supported to develop the skills they needed, working alongside staff until they felt confident. The registered manager said staff would support people individually in community activities only when they felt confident to do so. After staff had been in post for six months their knowledge and training was checked and refreshed if necessary. A training manager talked through the medicines competency assessments they were completing with staff and had observed them carrying out medicines administration. They said if they identified any issues with medicines administration these would be dealt with by the manager through individual support or further training.

All staff were provided with a copy of the "Safety first work instructions" which provided information about the standard of performance expected of staff. Staff had individual meetings with managers to talk about their roles and their training needs as well as an annual performance review. Sickness and absence monitoring was in place to monitor absences but also assess if staff needed support. The registered manager talked about how staff performance was monitored and the necessary action taken to address any issues or concerns.

People were supported to make choices and decisions about their day to day lives. Staff were observed offering people choices about what to eat, drink, activities and how to spend their time. People's capacity to make choices about their day to day care was considered in line with the Mental Capacity Act 2005 (MCA). The 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. Best interests' decisions were recorded with evidence of who had been involved and the reason for the decisions.

People had some restrictions in place to keep them safe. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The procedures for this are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications had been submitted for any restrictions to people's liberty to the local authority who then follow this up through the Court of Protection.

People were supported to eat a healthy diet and to manage their dietary needs. People had been referred to

the dietician or speech and language therapist when needed for advice around their diet and safe eating and drinking. Several people had a PEG fitted and staff supported them to manage their food and fluid intake. Monitoring records had been maintained. During a spell of hot weather staff had increased people's fluid intake by 200 – 300 mls. People had access to drinks and snacks of their choice. They were involved in choosing the meals they had and helped with preparation where able. People liked to eat out occasionally.

People's health and wellbeing was closely monitored. They had access to a range of health care professionals and were also supported to attend hospital or outpatient appointments. Each person had a health action plan which described their health needs and evidenced appointments they had attended with health care professionals such as their optician, dentist, chiropodist and GP. Hospital passports were also in place which could be taken with them in an emergency to hospital providing a summary of their health and personal needs.

Good

Is the service caring?

Our findings

People were mostly supported with kindness and care. On the whole people were supported with compassion, dignity and respect. Staff were mostly attentive and responded to people with warmth and good humour. In one house staff were observed snacking throughout our visit in front of people who were unable to eat and drink orally. This showed little understanding of the sensory impact this might have on people unable to eat food. The registered manager had also noticed this and said they had already discussed this with staff. They planned to take further action in respect of this.

People having their food and fluids supplied through a PEG had their privacy and dignity respected. Staff ensured the doors to their rooms or communal areas, where they were having their food and fluids, were closed. The registered manager had talked with staff about not using endearments such as "dear" and "darling" when people were could not indicate their preferences to be referred to in this manner. We observed staff using people's names. Staff were respectful of people's homes. Staff had discussed at team meetings the difference between a registered care home and people renting their own homes under supported living. One member of staff told us, "I love this job; every client is a unique individual and they are all so happy. Our hearts are in the right place and we are here to support them."

People were supported by staff who knew them well and other staff who were getting to know them. This mix of staff provided some consistency for people. Relatives told us, "She is looked after really well" and "All I could wish for is that he is comfortable and happy there." People's personal histories and preferences were clearly identified in their care records and individual profiles. Staff described how they supported people when they were upset and anxious, responding quickly to their changes in emotion. Staff recognised what could upset people and by anticipating this could try to divert or distract them. For example, offering a different activity, a walk or playing music. During the hot weather staff offered people wet flannels to keep them cool. A relative reflected, "He is really content now, very stable and he doesn't get uptight when going back to the home."

People's diversity with respect to age, disability, religion and gender were respected and promoted. Meaningful age appropriate activities were provided. People were supported in friendships with others. Their right to a family life was respected and people invited family to visit them in their homes as well as going for overnight stays with relatives. People were supported to follow their religious beliefs attending places of worship or having facilities in their home to pray if they wished. People's personal information was kept securely promoting confidentiality.

People and their relatives were involved in the planning of their care. Relatives confirmed, "They keep us informed", "I am kept up to date with incidents and medical issues" and "I attend reviews to talk about their care." People were given information about the service they were to receive and the costs of living in their homes with other people. They had a copy of their tenancy agreement which had been produced in an easy to read version. End of life plans were being introduced and some people had them in place describing how they would like to be supported at the end of their lives.

People were supported to be as independent as they could be. Helping around their home, with the shopping and cooking. People had their own rooms which they had chosen the furnishings for and shared communal areas with other people. People had communication passports in place describing their preferred form of communicating. Staff were observed using sign language and photographs with people. Staff described how they interpreted people's non-verbal behaviour and this reflected guidance in their care records. Accessible information had been provided producing complaints information, tenancy agreements and a support booklet. These used photographs and pictures to illustrate the text.

Good

Is the service responsive?

Our findings

People received individualised and personalised care which reflected their personal wishes, preferences and routines important to them. However, there were inconsistencies across the service which the provider was aware of and working with staff to address. People's care records were being reviewed to make sure they provided a clear overview of their current needs. This included making sure care records were specific and included the recommendations of health care professionals. We discussed with the registered manager the terminology used in some care records which was vague or used poor language. This compared with other really well written records which were person centred and respectful. The registered manager had identified this improvement was needed before our inspection and was addressing these inconsistencies as care records were reviewed.

People were supported by staff who had a good understanding of their needs. Staff were prompted to report any changes they noticed to managers. For example, they closely monitored the seizures being experienced by one person and worked with health care professionals to ensure their medicines were at the right level. The registered manager said they had reviewed the format for daily records. Staff said they liked these because they provided more information about the care and support provided to people. Monitoring records were used to evidence people's food and fluid intake when needed as well as any unexplained bruising or seizures. Records were also maintained to provide an overview of when people had become anxious or upset and what might have caused this as well as the response by staff.

People were supported to engage in activities of their choice. They were observed going out to the park and shopping, having individual sessions with a reflexologist, watching videos or listening to music and sitting outside in the garden. Entertainment was also provided by external people for music and exercise sessions. Activity schedules evidenced what people liked to do such as go to day centres, swimming, using a trampoline and visiting cafes and pubs. People volunteered at a local garden centre and were becoming involved in "time banking" whereby they gave their time to their local community such as delivering a village magazine. Staff described how one person often refused to go out but they had successfully taken them to a local park. They really enjoyed feeling the breeze in their face. People had sensory environments in their homes such as a ball pool, lights and decorations in their bedrooms and windmills and wind chimes in their gardens. Relatives confirmed, "They have one to one activity sessions" and "There are lots of activities."

People's complaints and concerns, raised by them or their relatives, were listened to and action had been taken to address any issues raised. The complaints policy and procedure was accessible to people. Relatives said they would raise any issues directly with staff or the house manager. They were confident any issues would be responded to. Complaints were fully investigated by the registered manager and monitored by the provider.

Requires Improvement

Is the service well-led?

Our findings

People were at risk of receiving inconsistent levels of care and support. Some people's care records had not yet been reviewed putting them at risk of receiving inappropriate care and support from staff who did not know them well. For example, one person had a really robust care plan and risk assessment detailing their risk of choking but another person's care records failed to identify this risk which was mentioned in their health action plan. Quality audits had not identified all of those risk assessments which needed amending and updating to provide accurate and clear information. The registered manager was aware of this and was taking action to address shortfalls identified by their own quality assurance system as well as an action plan issued by commissioners for people living in one house together. The registered manager acknowledged this was work in progress. We highlighted some areas for further action which their own quality assurance processes had not identified. She immediately amended care records for three people during the inspection and contacted human resources to clarify the issues identified with recruitment procedures.

Quality assurance processes were in place which involved inviting people and their relatives to comment on their experience of the service being received. A quarterly newsletter had been introduced as a result of feedback from relatives about the lack of communication with Turning Point. Staff were able to give feedback about the service they provided at team meetings held every four to six weeks. Managers also met together to share information. Group supervisions for staff working at one of the houses had been arranged to help them during a difficult period and also to share good news. The registered manager said they were supported through area meetings with other managers.

A range of audits were completed to assess the quality of service provided. These included health and safety, financial and medicines checks which were carried out in people's homes. Audits were also completed by the registered manager and by the provider. An internal quality audit tool had been completed in 2017 identifying actions to improve the service provided, for example introducing end of life plans. A staff restructure was also being implemented in one house in response to issues raised in audits.

The registered manager said the provider had completed a "lessons learned review" after moving and handling accidents at the services. Recommendations had included ensuring clear and consistent care planning and risk assessment was needed. They also identified risk assessments had not been reviewed after an incident. This work was on going. In response to financial concerns an external audit had been completed and a new system of managing people's finances had been introduced. This involved using an independent financial advocate associated with their bank.

The registered manager was aware of their responsibilities and had notified the Care Quality Commission of any safeguarding concerns, accidents and incidents. She was aware of her duty of candour and was open and transparent with respect to people's care and support. People's relatives confirmed they were kept "very well" informed and staff were "always responsive". Apologies had been given to people and their relatives when needed. The registered manager recognised the challenges of supporting people with complex needs and enabling staff to effectively communicate with them. She was arranging intensive interaction training to equip staff with the skills to achieve this. The registered manager described how they

"constantly find ways to support people to discover possibilities in their lives" and that "everyone has the potential to grow". Staff said they found managers extremely supportive and approachable and recognised the "passion" of the registered manager.

People were supported to develop links with their local community such as doing voluntary work, attending places of worship and using community facilities to swim and keep fit. Resources were available for new technologies to enhance people's lives such as a fingerprint sensor lock on a front door to replace a key and talking photographs to stimulate engagement.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People who use services were not protected against the risk of harm or injury. An accurate, complete and contemporaneous record had not been maintained to monitor and manage the risks relating to the health, safety and welfare of service users. Regulation 17(2)(b)(c)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed People who use services were not protected against the risks of employing unfit or improper persons. The reason for leaving former employment with children or adults had not been verified, so far as is reasonably practicable. Regulation 19(2)