

Turning Point Houghtons

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

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

Summary of findings

Overall summary

Houghtons is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Houghtons can accommodate up to six people living with a learning disability or autistic spectrum disorder. The accommodation is single storey and is accessible for people who may also have a physical disability. At the time of this inspection there were six people living at the service.

At the last inspection in January 2016, the service was rated Good. During this inspection, which took place on 6 September 2018, we identified some areas requiring improvement. Consequently, we have changed the rating from Good to Requires Improvement. This is the first time the service has been rated Requires Improvement.

Why we rated the service Requires Improvement:

We found some anomalies with medicines and how medicine records were being maintained. Although there was no evidence that people were not receiving their medicines as prescribed, there was also no clear audit trail to explain some of the concerns we found, such as gaps in Medicine Administration Records (MAR) and tablets taken from the wrong day in medicine packaging.

Systems were in place to make sure people's consent was sought in line with legislation and guidance, but these needed strengthening. This included the processes for gaining people's consent to care and support, and for managing people's finances where they lacked capacity to manage their own money.

The provider had systems in place to monitor the quality of service provision, to drive continuous improvement. Quality audits had identified several areas where improvements were needed, and a new management team was working to make the required changes. As stated above we also identified some areas requiring action, for the service to become fully compliant with legal requirements (regulations). The registered manager took swift action to address our inspection findings and provided evidence soon afterwards that improvements had already begun to take place. There was still more work to be done, but some good progress was being made to improve the service for the people living there.

We did find that the service continued to provide a good service in other areas that we checked. For example, people were protected from abuse and avoidable harm. Staff had been trained to recognise signs of potential abuse and knew how to keep people safe. Processes were also in place to ensure risks to people were managed safely and they were protected by the prevention and control of infection.

Arrangements were in place to make sure there were enough staff, with the right training and support, to meet people's needs and help them to stay safe. The provider carried out checks on new staff to make sure

they were suitable and safe to work at the service.

The service responded in an open and transparent way when things went wrong, so that lessons could be learnt and improvements made.

People received care and support that promoted a good quality of life and was delivered in line with current legislation and standards.

People were supported to eat and drink enough. Risks to people with complex eating needs were being managed appropriately.

Staff worked with other external teams and services to ensure people received effective care and treatment. People had access to healthcare services, and received appropriate support with their on-going healthcare needs.

The building provided people with sufficient accessible space, including a garden, to meet their needs. The service operated in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.

Staff provided care and support in a kind and compassionate way. People were enabled to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's privacy, dignity, and independence was respected and promoted. They received personalised care and were given opportunities to take part in activities, both in and out of the service.

Systems were in place for people to raise any concerns or complaints they might have about the service. Feedback was responded to in a positive way, to improve the quality of service provided.

Arrangements were in place to support people at the end of their life to have a comfortable, dignified and pain free death, if the need arose.

There was strong leadership at the service which promoted a positive culture that was person centred and open. Arrangements were in place to involve people in developing the service and seek their feedback.

Opportunities for the service to learn and improve were welcomed and acted upon, and the service worked in partnership with other agencies for the benefit of the people living there.

Further information can be found in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Improvements were needed to ensure accurate records were maintained for all prescribed medicines, to demonstrate that people consistently received their medicines in a safe way.

People were protected from abuse. Arrangements were also in place to mitigate identified risks to people.

There were enough staff to keep people safe and meet their needs. The provider checked to make sure staff were safe to work at the service.

Staff used good hygiene practices to protect people from the risk of infection.

Lessons were learnt in order to improve the service when things went wrong.

Requires Improvement ●

Is the service effective?

The service was not always effective.

More work was needed to make sure people's consent was always sought in line with legislation and guidance.

Arrangements were in place to ensure staff had the right support and training to carry out their roles. However, some staff needed to refresh their training in line with the provider's policies and procedures.

People were supported to eat and drink enough to maintain a balanced diet.

Staff worked with other organisations and relevant external professionals to promote people's day to day health and wellbeing.

People's needs were met by the design and decoration of the premises.

Requires Improvement ●

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion.

Staff supported people to express their views and be involved in making decisions about their care and support as much as possible.

People's privacy and dignity was respected and promoted.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs.

There were regular opportunities for people to take part in activities, social outings and holidays.

Systems were in place to ensure people's concerns and complaints were listened and responded to.

Arrangements were in place to support people at the end their life, if the need arose.

Is the service well-led?

Requires Improvement ●

The service had not always been well led.

Systems were in place to monitor the quality of service provision, in order to drive continuous improvement. As a result, a new management team was already making good progress with their action plan to improve the service for the people living there.

The service was person centred, open and inclusive.

A registered manager was in post who understood their legal responsibilities.

Arrangements were in place to engage with people and involve them in developing the service.

The service worked in partnership with other agencies for the benefit of the people using it.

Houghtons

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 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection was unannounced and was carried out on 6 September 2018, by one inspector.

Before the inspection we checked the information, we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us by law.

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 also asked for feedback from the local authority who have a quality monitoring and commissioning role with the service.

During the inspection we used different methods to help us understand the experiences of people living at the service, because some people had complex needs which meant they were not able to communicate with us using words. We observed the care and support being provided to four people during different points of the day, including breakfast and an activity session. We also spoke with the team leader, area manager, the provider's head of operations for the south, a relative and four members of care staff. The registered manager was on leave on the day of the inspection, so we spoke with them on their return.

We looked at various records, including records for three people, as well as other records relating to the running of the service. These included staff records, medicine records, audits and meeting minutes; so that we could corroborate our findings and ensure the care and support being provided to people was appropriate for them.

Is the service safe?

Our findings

Systems were in place to ensure people continued to receive their medicines when they needed them and in a safe way. However, these were not always consistently followed. We found anomalies with the records used by staff to record when medicines were administered. For example, we found gaps on the Medicine Administration Records (MAR) where staff had not signed to say if they had applied a prescribed cream to someone, or used a prescribed thickener in their drinks. We saw tablets that had been taken from the wrong day in people's medicine packaging, and that different staff used different methods to record when someone had taken their medicines out of the house, on a social outing. There was nothing on the MARs we looked at to explain these anomalies but staff were able to provide a reasonable explanation in most cases. We did not find any evidence that people had not received their medicines as prescribed, but we did raise our findings with the registered manager. The registered manager advised that a staff meeting had been planned to discuss all these issues with staff, and to reinforce the organisation's policies and procedures regarding the safe management of medicines. They also provided evidence after the inspection that improvements had already been made, such as the quality of recording on MARs.

The provider continued to have systems in place to safeguard people from abuse. Although people were unable to tell us if they felt safe because of their complex needs, our observations found they were comfortable in the presence of staff and showed no signs of distress when approached by them. Information had been provided to guide staff on what to do in the event of potential abuse taking place and records showed that the staff team had followed local safeguarding processes when needed. One staff member told us, "I would report any safeguarding concerns to a line manager and if necessary the Care Quality Commission (CQC)." This staff member was also very clear on how to whistle blow if they needed to too. A whistle blower is someone who discloses information which relates to suspected wrongdoing or dangers at work.

Staff spoke to us about how risks to people were assessed to ensure their safety and protect them from harm. They described the processes used to manage identifiable risks to individuals such as seizures, choking, pressure ulcers and infections. This information had been recorded in people's support plans, providing a clear record of how the risks were being managed in order to keep them safe. Notices were also seen on display reminding staff of the importance of ensuring people had appropriate sun protection in the hot weather, to keep them safe.

The premises and equipment was still managed in a way that ensured the safety of people, staff and visitors. We saw that checks of the building were carried out routinely, and servicing of equipment and utilities had also taken place on a regular basis to ensure people's safety. We saw written feedback from a senior manager that commended staff on checking who they were before they had been allowed to enter the building. This demonstrated that good security measures were in place too, to keep people safe.

Staff told us that sufficient numbers of staff were planned to keep people safe and meet their needs, and we observed this to be the case during the inspection. The area manager told us that the service had been through a difficult period with staff shortages however, new staff had been recruited or had transferred from

another service run by the same provider. This meant that staffing for the home had stabilised and the use of agency staff had decreased; providing more consistency of care and support for people living at the service. The team leader told us that even despite the staffing shortages, they had still managed to support people to go on holiday and to provide daily support for someone when they had been admitted into hospital. This was a positive achievement that had minimised any disruption to people's plans and ensured their individual needs had been met.

The team leader outlined the processes to ensure that safe recruitment practices were being followed; to confirm new staff were suitable to work with people using the service. We found that the required checks were in place. Where the provider had not been able to obtain an employment reference for a staff member, they had kept records to demonstrate the attempts made. Risk assessments had also been put in place when this had happened, to show that any potential risks had been considered and to record any risk reduction measures, such as extra supervision for the new staff member; until such time that the provider was confident that they were safe to work with people at the service.

Staff demonstrated a good understanding of their roles and responsibilities regarding infection control and hygiene. They were aware about the importance of preventing germs from spreading and avoiding contamination, in terms of washing hands or using protective equipment such as gloves when providing personal care and cooking. We saw good supplies of gloves and hand gel around the service.

The team leader showed us cleaning schedules that were in place for both day and night staff, covering all areas of the building and equipment such as wheelchairs. We observed the service to be clean and tidy, with no offensive odours detected. Records also showed that staff responsible for preparing and handling food had completed food hygiene training.

The service took positive action to ensure that lessons were learned and improvements made when things went wrong. The team leader showed us a number of changes that had been made to monitor one person's health and minimise the risk of infection, following a significant and life changing event for them. Staff had not been found to be at fault in this matter, but they had acted as a result of an investigation that had taken place, to prevent a similar occurrence from happening again.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We found that systems were in place to assess peoples' capacity to make decisions about their care and DoLS applications had also been completed where appropriate.

Some people living at the service had been assessed as not having capacity to manage their finances, so staff managed day to day financial transactions on their behalf. For example, buying toiletries, clothes and paying for leisure activities. Clear records were being maintained of all financial transactions, supported by receipts. However, we found that one person had paid for an item that was necessary to maintain their personal care and therefore should have been paid for by the service. In addition, people were regularly covering the cost of staff food and drinks during social outings. Staff showed us a policy written by the provider which specified the agreed amount people should pay on these outings, to ensure they did not pay too much and protect them from potential financial abuse. Despite this, records we saw lacked clarity about whether people had actually agreed to pay these costs, or that a decision had been made to agree that these purchases were being made in their best interests. It was clear from speaking with staff that these arrangements had been in place for a long time and that they were acting in good faith. There was no indication of financial abuse. Soon after the inspection the registered manager provided evidence that the person who had paid for the personal care item had been refunded. In addition, they showed us that work had already begun to ensure clearer records were maintained in future regarding peoples' finances. This would include details about what they were responsible for paying for, with best interest records maintained where someone did not have capacity to agree to this.

Furthermore, we found that a staff member had signed a consent form on behalf of someone who did not have capacity to make decisions about their own care and support. In this case the staff member had signed a form that had been developed by the provider to gain people's consent for their personal information to be accessed by people authorised to do so. Although this was well intended, if a person lacks capacity to consent, then nobody should sign a consent form unless they have specific legal powers to do so. This is known as a Lasting Power of Attorney or a Deputy who is appointed by the Court of Protection. The Court of Protection makes decisions on financial or welfare matters for people who lack the mental capacity to make decisions at the time they need to be made. The registered manager acknowledged that in this case the provider's form was not right for this particular service. They acted quickly to provide an alternative confidently statement to be included in people's records. The new statement documented the need for staff to consistently follow MCA processes, where someone lacked capacity to make their own decisions.

Arrangements were in place to ensure staff had the right skills and knowledge to support and care for people. A health care professional had complimented one staff member's skills and experience in writing.

They had described an occasion when the staff member had needed to deal with several tasks all at once and had written, '(The staff member was) calm and organised throughout. What an asset to the team!'

Training records were being maintained to enable the management team to review completed staff training and to see when updates or refresher training was due. We noted that a number of staff now needed to complete training including refresher training, but the management team was aware of this and had a plan in place to address this. The team leader told us they had been trained to cascade face to face training in a number of areas, which enabled training to be cascaded to staff in a flexible and on an 'as needed' basis. In addition, staff were able to complete training through a computer, sometimes known as 'e-learning' (electronic learning), either at home or at the service. A member of staff was seen completing some e-learning training during the inspection. The team leader showed us that work had also started to check staff competency in a number of key areas such as safeguarding, person centred planning, medicines, infection control and epilepsy.

Other records showed that staff meetings were being held as well as individual staff supervision; providing the staff team with additional support to carry out their roles and responsibilities. One staff member told us they received good support from line managers and from the out of hours on call service too.

People experienced a good quality of life because the care and support they received was based on current legislation, standards and evidence based guidance. The registered manager told us that senior managers cascaded good practice information and staff took part in local and national initiatives, which supported them to keep up to date with changes in legislation and good practice. Systems were in place to check that people's needs were individually assessed, and their care and support provided, in line with current guidance.

People were still supported to eat and drink enough to maintain a balanced diet. Staff demonstrated that they understood how to support people with complex needs in terms of eating and drinking. They were knowledgeable about who was at risk of choking and used soft food or thickened drinks, to aid swallowing and minimise the risk. One person had been identified as being at risk of malnutrition following a period of illness. Staff had sought advice from a dietician and explained that they used full fat milk and milk powder to fortify the person's food, which would provide them with the additional calories required. Information about people's eating and drinking preferences and requirements had been included in their care records, to guide staff on how to meet these. Staff confirmed that if someone did not like a meal that was offered, then an alternative would be provided.

People were seen to eat well and staff assisted when required, in a discreet and relaxed way. We saw that food was prepared to suit each person's needs. At breakfast for example, staff provided one person with their own tea pot of milky tea. The person clearly enjoyed this as we saw them prompting staff at regular intervals to refill their cup.

People were supported to have access to healthcare services and receive ongoing healthcare support. Staff told us that people living at the service had some complex needs, which required regular access to a variety of medical and healthcare professionals. They confirmed that the service had developed some very positive working relationships with external services and organisations to deliver effective care, support and treatment for people.

Each person had their own health plan which contained information about their healthcare needs, and demonstrated that they had regular access to an extensive range of healthcare professionals, who supported them in monitoring and managing long and short-term health conditions. The team leader talked

about one person who had needed hospital treatment. They said there had been a lot of planning before the event with the person's family and hospital staff, to ensure the right care and support for the person during their stay and described the hospital liaison nurse as, "Fantastic." This joined up approach had resulted in a positive outcome for the person who was making good progress with their recovery. Records we looked at showed that people's relatives were regularly involved and updated in terms of people's health care needs. Other records showed that important 'need to know' information had been developed for each person in the event of them having to go into hospital. This would provide important information to assist hospital staff in understanding each person's needs, and how best to meet these.

People's needs were being met by the adaptation, design and decoration of the premises. All the people living at the service used a wheelchair to mobilise. There was sufficient space for people to access communal and individual areas within the building, as well as a spacious garden. We observed one person independently moving about the building with ease. Staff also showed us that modifications had been made to provide equipment such as overhead hoist tracking where needed; to meet people's specific needs and promote their independence as far as possible. People's bedrooms had been decorated and personalised to reflect their individuality and preferences too.

This demonstrated that the service worked in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion; enabling people with learning disabilities and autism to live as ordinary a life as any citizen.

Is the service caring?

Our findings

Staff continued to treat people with kindness and compassion. They showed people respect and ensured they felt included. One member of staff had been allocated to work with someone on a one to one basis, but we heard them speaking with other people too in passing, so they didn't feel left out. The same member of staff was very clear that people had the right to expect the best possible care and support from them. They demonstrated great empathy and understanding when they said, "How would you feel if it was your son or daughter?"

Staff talked to us about the different ways people used to communicate their needs, where they were not able to express these verbally. They explained that they used objects of reference (these are objects that are used to communicate a meaning in the same way as words and pictures. They can be used to represent anything we want to communicate: people, places, activities and events. For example, a cup can stand for a drink), looked for facial expressions, body language, eye contact and verbal sounds, to support people's choice and involvement. We observed this happening when one person waited by an external door, to indicate that they wanted to go out. Another person smiled when staff spoke to them about going out for dinner that evening, indicating that they were happy to do this.

Each person had a 'communication passport' in place. A communication passport is a simple and practical guide to understanding and supporting a person's individual method of communication. The passports we saw provided clear, person centred information to help staff and visitors to understand and communicate more effectively with those people who could not easily speak for themselves. It was clear from the calm atmosphere that people felt relaxed and that staff understood their needs well.

The team leader showed us that information for people, such as the complaints process and a new satisfaction survey, had been designed in easier to understand formats using pictures, symbols and photographs, to make the information more accessible.

People were encouraged to retain their independence and control as far as possible. We observed staff supporting people in a patient and supportive manner, enabling them to complete tasks for themselves as far as possible. For example, at meal times people who needed it were provided with individualised equipment such as plates with a scooped edge; which allowed them to eat their meal with minimal assistance from staff.

People were encouraged to express their views and be actively involved in making decisions about their care and daily routines. Staff were seen offering people choices throughout the day, and trying to involve them in making decisions about their care as far as possible, such as when they got up or what they wanted to eat. One person chose to spend the day in their bedroom, so at meal times staff took food and drink to their room. Another person was seen getting involved with checking their finances; to ensure they were correct.

People were supported to maintain important relationships with those close to them. Staff reported that people had regular contact with their relatives and records supported this. They told us they valued the

relationships that they had developed with people's families who provided additional support, where appropriate, in terms of advocating for people. It was evident from our observations that relatives felt comfortable speaking with staff and calling in at short notice. During the inspection one person was visibly delighted when their family came to pick them up to go out.

People's privacy and dignity was respected and upheld. We observed staff offering people support with their personal care in a discreet manner. We also saw that people were helped to maintain their appearance and to feel good about themselves. We heard a member of staff for example complimenting someone's hair by saying, "You look so cool." At meal times staff were quick to provide appropriate help to protect people's clothing and to maintain their hygiene and dignity. We heard one staff member say to someone after they had finished their breakfast, "Let's take all this (cereal) away from your face." This was said in a gentle and respectful manner.

Throughout the inspection staff shared information about people with sensitivity and discretion, ensuring that their right to confidentiality was upheld. Information was on display to remind staff about the organisation's responsibilities in terms of GDPR (general data protection regulation). GDPR is a legal framework that aims to protect people's personal information.

Is the service responsive?

Our findings

People continued to receive personalised care that was responsive to their needs. Each person had a support plan that contained information about their assessed care and support needs. Plans had been written in consultation with people and their 'circle of support', which included family members, where appropriate. The plans we looked at were detailed and personalised, taking into account people's life history and preferred daily routines.

Other records showed that staff regularly spent time with people, to check they were happy with the support they received. More formal review processes were in place too, to support this approach.

People were supported to follow their interests and to participate in activities. Records showed that people had regular access to activities such as going out for a walk or drive, listening to music, family visits, visiting local facilities such as parks and shops, watching cars and going out for meals. During the inspection two people went out for dinner, supported by staff. It was raining at the time, but staff ensured people were not limited by the weather by making sure they had adequate rain protection.

Another person was away on holiday on the day of the inspection. Staff told us that everyone had else had either been away or had plans to go away soon. We spoke with a relative who told us the service had made joint holiday plans with them. This would enable them to spend some time away with their family member as well as enabling the person to spend some relaxed time with staff on their own in a different setting.

'Good news stories' were on display with photographs of people participating in activities such as an outing to a country park. One person, who used a wheelchair to mobilise, had been on an adventure holiday, where they had been able to experience climbing up a big hill, a zip wire and cycling. It was evident from the photographs that people were supported to have equal access to opportunities and experiences that might ordinarily be viewed as off limits for people living with a physical disability.

Systems were in place to ensure people were listened to and to provide opportunities for lessons to be learnt from their experiences, concerns and complaints; in order to improve the service. We saw that information had been developed to explain to people how to raise concerns or make a complaint. Since the last inspection, the service had been through a difficult period and some key staff changes had taken place. This had resulted in relatives contacting the service on a regular basis, either with a query or a concern. From November 2017 a new manager had started at the service. It was clear from the records we saw and from speaking with staff, that relatives felt able to approach the current management team and voice their opinions. There was evidence too that progress had been made, through face to face meetings and written correspondence, in terms of building positive working relationships with relatives and restoring their confidence in the service provided to their loved ones. A relative had provided written feedback that confirmed this was starting to happen. They had written, 'We both feel more confident (regarding our concerns) than we have felt for some time'.

Arrangements were in place to equip staff with the right knowledge to be able to support people at the end

of their life to have a comfortable, dignified and pain free death. The team leader confirmed that no one living at the home was receiving end of life care. However, they showed us that they had been working with people's relatives, to establish their wishes and preferences, should the need arise in the future. Where people had been identified as being at high risk if they were to become unwell, some clear written information was available to guide staff on the actions they needed to take to ensure the person's comfort and wellbeing as far as possible.

Is the service well-led?

Our findings

Since our last inspection in 2016, there had been a number of changes at the service which included a change of registered manager. 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.

Systems were in place to monitor the quality of service provision to drive continuous improvement. The team leader told us about the quality monitoring systems in place to check the service was providing safe, good quality care. We saw evidence of regular and comprehensive audits taking place at both service and provider level. These covered areas such as cleanliness, money, medicines, health and safety, support plans, health, staffing and training. We saw an audit that had been undertaken at provider level around the time the new registered manager had joined the service, which had resulted in the production of an action plan which listed those areas that needed improvements. A more recent audit highlighted that progress had been made by the new management team. Although there were still areas that required more action to be fully compliant, it showed that things were moving in the right direction for the service. There was a clear plan identifying what still needed to be done and by when, in order to provide the best possible service for people. This demonstrated an open and honest approach from the provider.

During the inspection we identified further areas that needed to be strengthened, such as medicine record keeping and ensuring that people's consent was always sought in line with legislation and guidance. The management team responded positively to our findings and feedback, to improve the quality of service provided. For example, the registered manager swiftly provided evidence after the inspection to show that they had already acted to address these areas.

Staff and a relative spoke openly with us about the time leading up to the new registered manager starting and it was apparent that the service had been through a difficult period. The area manager told us that a lot of work had been done since then to promote a more positive culture that was person centred, open and inclusive. There was lots of evidence during this inspection of day to day family involvement at the service. One relative told us they were planning to help with making the garden a more enjoyable space for people.

People, relatives and staff were now actively involved in providing feedback and developing the service. The management team told us about a variety of ways in which people's feedback was sought, including meetings at both local and national level and satisfaction surveys. The team leader spoke about Turning Point's 'People's Parliament', which aimed to maximise the involvement of people and to support them in influencing what the organisation does. One person from this service had attended the last meeting. We also saw a photograph of the team leader along with a person from another local service, accepting a certificate on behalf of all the Bedford services run by Turning Point combined, as the 'National People's Parliament 2017 winner'.

The service demonstrated good management and leadership. The team leader was observed providing a

visible presence throughout; talking with people, relatives and staff and making themselves available to assist as required. A relative spoke positively about the new management team and confirmed that things were moving in the right direction. Staff we spoke with echoed this too. One staff member commented on how the registered manager and team leader had, "Really listened and helped me out." They added, "I can't fault them."

The management team were clear about their responsibilities in terms of quality performance, risks and regulatory requirements. For example, making sure that legally notifiable incidents and events were reported to us, the Care Quality Commission (CQC), in a timely way. Our records showed that this was happening as required.

Staff we spoke with were clear about their roles and responsibilities too. They were confident and motivated and interacted with people and one another collaboratively, in a caring, respectful and positive way. A relative had recognised recent improvements at the service particularly in terms of organisation and a welcoming atmosphere. They had written, 'Good result of staff working together as a team'. We saw that staff had signed the organisation's 'Involvement Charter', to show their understanding and commitment to working to this. The charter covered decision making, communication, staff, inclusion, dreams and aspirations.

Staff told us, and records confirmed, that the service worked in partnership with other key agencies and organisations such as funding authorities and external health care professionals to support care provision, service development and joined-up care in an open and positive way. The team leader told us that the service had recently changed to using a different pharmacy following input from the local authority who they described as, "Very supportive." Where required, staff also shared information with relevant people and agencies for the benefit of the people living there.