

Turning Point Grafton Road

Inspection report

Flats 1-8 Grafton Road, Longton, Stoke-On-Trent,
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 30 September 2015 and was unannounced.

Grafton Road provides care and support to eight people who live in their own homes. People who used the service had a learning disability and required different degrees of help and support. People who used the service were unable to answer our questions so we spoke with some of their relatives.

Our previous inspection on 4 June 2014 identified that the provider was meeting the standards relating to the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2010. Some relatives of people who used the service felt that there was a need for better communication. At this inspection we found that this had improved.

There was a registered manager in post 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. The registered manager of the home was on annual leave at the time of the inspection.

Summary of findings

We found that there were enough suitably qualified staff provided to meet people's care and support needs. Staff were trained to carry out their role and were provided with appropriate training. The provider had safe recruitment procedures that ensured people were supported by suitable staff.

People's risks were assessed in a way that kept them safe from the risk of harm. People's rights to be as independent as possible were respected and promoted.

People who used the service received their medicines safely. Systems were in place that ensured people were protected from risks associated with medicines management.

People who used the service lived in their own homes and were not restricted of their liberty. All of the people who used the service had reduced capacity to make decisions and everyone had undergone a Mental Capacity Assessment. Staff understood how to support people to make decisions. This meant that the provider was adhering to the Mental Capacity Act 2005.

People were supported to eat a healthy well-balanced diet whilst also maintaining their independence and choice in relation to meals. People's health care needs were monitored and people were enabled to access health care professionals.

Staff were kind and caring and treated people with respect. People's privacy and dignity were maintained and people's rights upheld.

People received person centred care and were regularly supported with hobbies and interests that were important to them. People were assisted to maintain close links with family and friends.

People and/or their representatives were regularly involved in the planning and reviewing of their care.

The provider had a complaints procedure available for people who used the service and complaints were appropriately managed.

Staff told us they were supported in their role and the registered manager led the team well. Staff received supervision of their practice and had opportunities to meet regularly as teams.

The provider had systems in place to monitor the service. We saw, since our last inspection on 4 June 2014, the provider had continued to monitor and improve the services provided to people. Relatives of people who used the service felt that improvements had been made and communication was good.

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.

Good



Staff were recruited safely and there were sufficient numbers of staff to keep people safe. Risks to individuals, including medicines were managed effectively. Staff knew people's individual and specific needs and how to keep people safe. Staff knew how to recognise and raise concerns in relation to abuse and poor practice and told us they would do so if required.

Is the service effective?

The service was effective.

Good



Staff were trained and supported and had the skills to meet people's needs. Consent for care and treatment was obtained in line with the Mental Capacity Act 2005. People were supported to have enough to eat and drink. People were supported to maintain good health and had access to health care services.

Is the service caring?

The service was caring.

Good



Positive caring relationships had been developed between staff and people who used the service. People and their families/representatives were supported to be involved in making choices about their care. People's privacy and dignity were respected and promoted.

Is the service responsive?

The service was responsive.

Good



People received personalised care that was responsive to their needs and were enabled to contribute to their care. People's preferences and choices and rights were upheld. People were supported to maintain hobbies and interests. People were able to raise concerns and complaints knowing that they would be listened to and their concerns would be addressed.

Is the service well-led?

The service was well led.

Good



There was good management and leadership at the home and a positive open culture. The provision of services was monitored and there was a system for making improvements. Since our previous inspection on 4 June 2014 the provider had made improvements to how they communicated with families.

Grafton Road

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.

The unannounced inspection was carried out by one inspector on 30 September 2015.

The provider had kept us updated of events by sending us relevant notifications. Notifications are reports of accidents, incidents and deaths of service users. We reviewed the information we held about the service. We also reviewed the information we received from other agencies that had an interest in the service, such as the local authority.

The registered manager was on annual leave and we met with two senior support workers and three support workers. We also met with the regional manager.

We met two people who used the service and visited their homes with the permission of their representatives. People who used the service were unable to answer our questions and communicate with us due to their learning disability. To obtain people's views we spoke with four relatives about the care and support their relatives received. We met with one family who were visiting and spoke with three other relatives over the telephone. We observed how people's needs were met by the staff who worked at the service including how staff interacted with people. We looked at four people's care plans, their daily care records and records relating to their medication.

We looked at the provider's staff training plan and record of staff training and we spoke with two senior support workers and two other support workers.

We looked at records relating to quality monitoring including internal and external audits. We looked at the log of complaints and compliments.

Is the service safe?

Our findings

Relatives and representatives of people who used the service felt people were safe and well cared for. A relative said, “[Person’s name] comes to see me regularly but always wants to go back and is very happy with the staff who support them. That says it all to me”. Another relative said, “I have complete faith in the staff to keep [person’s name] safe”. Relatives felt there was enough staff to give care and support to people.

There were sufficient staff provided with suitable skills to keep people safe. People had their own small dedicated staff team to support them consisting of three regular staff members. A staff member said, “It works really well because the person only receives care from staff they know. Sometimes you have to help out to support another person but you know them and they know you”. This ensured the person received continuity of care. A relative said, “It is important for [person’s name] to have the same staff members looking after them”. A staff member explained how sometimes two staff members were required to accompany a person on outings and social events. We saw that this was documented in the person’s care plan and risk assessments were in place to support staff. The provider assessed people’s dependency needs regularly and staff were provided accordingly. A senior staff member showed us how this was worked out to ensure there were enough staff provided to meet people’s needs and keep people safe.

There was a thorough staff recruitment procedure in place which ensured that relevant checks were carried out on staff before they were offered employment at the home. This included obtaining the staff member’s previous employment history, written references, identification and eligibility to work in the country and criminal records (CRB) and Disclosure and Barring checks (DBS). This helped ensure that staff were suitable to work with people who used the service.

The provider had systems in place to protect people from harm or abuse. Staff knew how to recognise and report poor practice and abuse. A staff member said, “We have had training about this and I would report it straight away to the manager.” New staff received instructions and

training on how to recognise and report abuse and poor practice. A staff member said, “I did this training as part of my induction and I know what to do”. The staff member went on to tell us the different types of abuse they might come across. They said, “This could be physical, psychological, financial or sexual abuse”. There were contact details and procedures clearly displayed in the office for staff to follow in the event of a safeguarding referral arising.

People’s risks were assessed and people were enabled to be as independent as possible whilst remaining safe. Risk assessments were in place, which were regularly reviewed and updated to ensure they remained effective. A staff member said, “I have regular meetings with [the person] and the other two staff members in our team. We meet in [the person’s] flat and hold review meetings. This is where we discuss safety and any changes to risk assessments amongst other things including risks in their environment”. People had procedures in place for dealing with individual emergencies that may arise. For example, we saw a person who was at risk of a medical emergency occurring had a risk assessment in place and correct instructions in place for staff to follow. A staff member said they were aware of what to do if this situation arose.

Relatives of people who used the service felt that their relative received their medication safely and according to their prescription. A relative told us, “I know that [person’s name] has their medication on time and in the way they want because I have seen staff help them with this”. We saw that each person had their own medication stored securely in their own home. Staff knew how each person preferred to take their medication. For one person a staff member said, “[Person’s name]’s medication is in tablet form and they like it off a spoon. They will usually chew their tablets before swallowing them with a glass of water”. We saw this documented in the person’s care plan. Medicines, were administered, stored and disposed of correctly and in accordance with guidelines. We looked at how medication was stored and records maintained in people’s homes. Records confirmed people had received the right medication at the right time and how they wanted it. The GP carried out regular reviews of people’s medication to ensure that medication was safe and effective.

Is the service effective?

Our findings

Staff understood people's needs and had received specific training to support them in their roles. People who used the service could not tell us about this but their relatives spoke with us. A relative said, "The staff who look after [person's name] are very good. They know what [person's name] wants. In fact they probably know [person's name] better than I do". Staff thought that their training needs were met very well and felt supported in their roles. A staff member said, "The training is very good here". Another staff member told us, "It was the best induction training I have ever had". We saw records of how a staff member had received induction training and the provider had carried out checks to ensure they had the skills and knowledge for their job role. There was a staff training and development programme in place. This helped to ensure that staff received on going support with essential training. Staff told us that they could access other training which they may be interested in. A senior staff member told us about a training course which staff were completing entitled 'Positive Behaviour Management'. They said "This helps staff understand and communicate better with people who use the service".

Where people's ability to consent to care and treatment was limited, detailed mental capacity assessments had been carried out. People were supported to make everyday decisions. For example; a person could make decisions about what to wear, what to eat and where to go out to, but was unable to make more important decisions. A relative told us that meetings took place involving the person's family and other relevant professionals when an important decision had to be made. They said, "They always invite me to attend best interest meetings for [person's name]. Care plans contained detailed information about people's

capacity to consent to support and activities and there was information for staff on how to support the person with this. This meant that the provider was meeting the requirements of the Mental capacity Act 2005

People had their meals in their own homes and chose what they wanted to eat and drink. A staff member explained how they helped a person to go shopping for food. She said, "I try and encourage [person's name] to eat healthily but they put other things in the shopping trolley which they fancy. At the end of the day it is their choice. [Person's name] likes curries and Angel Delight". We saw, in a person's home, a weekly meal menu displayed. The staff member said, "[person's name] helped to plan their meals. Sometimes they like to help me make the meal and sometimes they just like to watch me". Staff also supported people to go for meals out or have their friends round to share a takeaway meal. Where people required advice about any special diets they had been supported to access this and had been referred to a dietician.

People's health care needs were monitored by staff. Staff knew each person well and knew when the person was not feeling well. A staff member said, "I know [person's name] really well and if they look off colour I will make an appointment for them to see their GP. Staff told us and we saw that people were taken to the GP and/or practice nurse for appointments by the staff. A staff member said, "[person's name] goes to the doctors and for health checks. They also go to the dentist. If [person's name] had to go to hospital myself or another staff member who knew them would go with them, if a family member could not be there". Care plan records confirmed that people received regular checks of their physical and mental health and well being and were referred to relevant health care professionals where required. For example; we saw where staff had referred a person for orthotic treatment and how this had made improvements to the person's mobility.

Is the service caring?

Our findings

All of the relatives spoke highly of the staff and thought that staff were kind and caring. A relative said, “I see how well the staff interact with [person’s name]. They are very kind and patient with [person’s name], I think they are wonderful”. We saw positive and caring interactions between staff and people who used the service. Staff demonstrated kindness and compassion. Staff listened to people and talked to them appropriately.

We saw how well a staff member interacted with the person they were supporting. A staff member said, “You have to build up trust between you and the person”. We saw how a person had difficulty hearing and communicating and the staff member was using hand gestures to communicate with them. This worked really well and the person interacted very positively with the staff member. We saw that the person’s care plan contained detailed instructions about their communication needs.

People were supported to express their views in different ways. A staff member said, “[person’s name] can’t actually say what they would like to drink but when I ask them they point to the coffee or the tea so I know”. The person’s care plan stated that the person communicated through “Makaton signs and facial gestures”. A relative said, “I don’t really have to suggest how [person’s name] would like things done because the staff know them better than I do now”. We saw and staff told us that they knew how to communicate with each person and gave people choices. A

staff member said, “When [person’s name] goes into the kitchen I will ask them if they want a drink and then they will point to the tea or the coffee”. Most people were unable to express their views and relatives had been consulted and information gathered about the person’s preferences. People’s care plans contained detailed information about the person’s preferences and how they liked their support needs met. For example a section was dedicated to, “How I would like you to support me.” This theme ran throughout the person’s care plan. Where people did not have relatives to support them then an advocate was allocated to ensure their rights were upheld.

People received personal care and support within the privacy of their own home. Nobody could visit the person’s home without a prior appointment and consent from either the person or their representative. Staff were observed to treat people with dignity and respect. A staff member said, “Even though we are in the person’s own house you make sure you maintain their privacy and dignity just like you do in your own home”. Information for staff on how to promote privacy, dignity and respect for the person was contained in the person’s care plan. For example “This is what I like to be called” and “This is how I like you to support me with having a bath “This is the support I need to help me get dressed.” The staff member explained that [person’s name] liked to have a bath but they could let them wash themselves to maintain their dignity. The staff member said, “When [person’s name] is using the toilet I close the door to but I am outside the bathroom if they need me”.

Is the service responsive?

Our findings

People's relatives felt very involved. A relative told us, "The staff always ring me up and inform me of any changes and discuss things with me. They often ask 'Do you think there is anything [person's name] needs?'. I think they are very good at keeping us informed and involved". One meeting had suggested a sponsored dog walk as some of the people who used the service loved dogs and a staff member said they 'would enjoy this'. This was in the process of being arranged by the staff member.

People's family representatives told us how good staff were at responding to the needs of people who used the service. A relative described how a staff member had developed a scrap book with a person in order to keep pictures which were significant to them. This included pictures to record outings and activities the person had taken part in. The relative said, "What a good idea this was" and "[Person's name] really likes the scrap book and can relate to it". Staff supported and enabled people to maintain their hobbies and interests and promoted people's independence. The staff member showed us this scrap book in the person's home with the relative's consent.

We saw that some people were supported to attend an training local centre where they learned new skills. People enjoyed a varied social life including swimming, shopping, pub meals, discos, bowling and visits to the theatre. Staff also supported people to go on holidays of their choice in small groups or on their own with their keyworker. A relative said, "In December [person's name] is going on a holiday in a log cabin. They will be delighted with this".

People received care and support in a person centred way within their own homes. Staff knew exactly how much support people needed and how they liked and preferred this. A staff member said [person's name] likes a bath every day, I shave [person's name] and wash their hair but they are able to other things for themselves". They said, "[Person's name is very independent really considering

their disability. [Person's name] can put their shoes on but I have to do up their laces and they can put their trousers on but can't do manage the buttons. It's all about helping them to keep their independence".

The staff told us that regular meetings were held with people who used the service in their own homes. These meetings were attended by the core staff team. A staff member said, "These meetings help us to discuss any changes the person would like to make either to their support needs or their environment such as changes to the décor. The staff member said, we then talk to the person's relative about it".

Staff had supported people to attend the 'People's Parliament'. The People's Parliament was set up so that people who used the service could get together and say what they want. People who used the service meet up at a local venue with other people who use services. The meeting involved having discussions and talking about their dreams and aspirations. Also suggestions for changes to the local community can be discussed. At the last meeting discussions around disabled access on local transport (buses) was discussed with the local MP advocate for people with learning disabilities. A staff member said, "These meetings go well. It gives people who use the service a voice. It is a relaxed atmosphere and people can participate as much or as little as they want to".

There was a formal complaints procedure in place which was displayed and copies were also contained in the support folders within people's homes. Relatives told us that they knew how to raise concerns and would have no hesitation in approaching the registered manager or any other staff member. Regular meetings and contact with families were held where people and/or their representatives were able to raise any concerns they had and make suggestions for improvement. Relatives felt that the service had improved significantly . A relative told us, "Communication is much better now and concerns are dealt with promptly, which is much better than it was".

Is the service well-led?

Our findings

At our previous inspection on June 2014 relatives told us that there was a lack of communication and that improvements were needed. At this inspection relatives confirmed that these improvements had taken place. One relative said, “There has been improvements at the home since this manager has taken over”. Another relative said, “It is much improved. I feel very informed and involved in the care of [person’s name] now”.

People told us that management of the home was good and that there was a positive atmosphere. A staff member said, “Management is really good here, there is an open door policy and the manager is approachable”.

There was a quality monitoring programme in place and there was evidence of improvements based upon the outcomes of the checks the provider had carried out. For example, improvements had been made to care plans and medication. Senior staff carried out regular checks on medication to ensure that medication procedures were being followed. A staff member said, “We do this at every shift change and this has helped stop medication errors”. Once staff had undertaken medication training senior staff carried out several observation checks before staff were allowed to administer medication unsupervised. Then senior staff carried out regular spot checks to ensure staff remained competent. We saw that senior staff carried out regular checks to ensure the safety and welfare of people

who used the service. These included safety checks in people’s homes. Staff were also issued with a “Service Guidance” which described the expected standards staff must adhere to.

The manager assessed and monitored staff learning and development needs through regular meetings, supervision and appraisals. Staff said they received regular supervision and felt supported. The provider maintained detailed records of staff training, supervision and monitoring. New staff received regular checks to ensure they were progressing with their job role and to ensure they were competent. Where there were concerns or areas for improvement this was discussed with staff and further training was given where required. Staff meetings were held where staff could raise concerns and suggestions. Staff felt they would be listened to and any suggestions they had would be taken on board. A staff member said, “You can make any suggestions and know that the manager would listen”. Another staff member said, “The manager is here a lot and that is good”.

Relatives told us that they were often asked for their opinions suggestions and feedback about the services provided to their relative. A relative said, “They asked me only this morning if there was anything else I could think of which [person’s name] needed. They are very good like that”. The provider obtained feedback from families by sending out surveys.

The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.