

Turning Point

Turning Point - Masons Road

Inspection report

145 - 147 Masons Road
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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

We conducted an unannounced inspection of Mason's Road on 5 October 2015. The service provides care and support for up to four people with learning disabilities. There were two gentlemen using the service when we visited. Each person had their own flat with bedroom, lounge and kitchen.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During the day there were two members of staff on duty which meant people received one to one support. Staff told us the staffing levels enabled them to spend time with people and respond to requests for assistance without delay.

Staff had received training in safeguarding adults and were able to explain the correct procedure to follow if

Summary of findings

they had concerns. All necessary checks had been completed before new staff started work at the home to make sure, as far as possible, they were safe to work with the people who lived there. Risk assessments around the provision of care and support had been carried out and action taken to reduce any identified risks. There were systems to ensure that medicines were stored and administered safely.

New staff completed a thorough induction programme when they started work. Staff received training and had regular supervision and appraisal meetings in which their performance and development was discussed.

The provider understood their responsibilities under the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS) to ensure people were looked after in a way that did not inappropriately restrict their freedom. The provider had made applications to the local authority in accordance with the DoLS and at the time of our visit was awaiting the outcome of those applications.

People were encouraged to eat a varied diet that took account of their preferences and where necessary, their nutritional needs were monitored. People were supported effectively with their health needs and had access to a range of healthcare professionals.

People were supported in a range of activities, both together and on an individual basis. Activities outside the home enabled people to be part of their local community.

Staff were caring and encouraged people to work towards goals that helped them retain their independence. People were supported to make decisions about their flats and had been involved in choosing how they were decorated.

Each person had a care and support plan with detailed information and guidance personal to them. Care plans included information on maintaining the person's health, their daily routines and preferences.

Staff told us they felt supported by the management team and by each other. Both staff and people were given opportunities to make suggestions on how the service was run. The service carried out regular audits to monitor the quality of the service and to plan improvements. Where concerns were identified, action plans were put in place to rectify these.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff knew the procedures to follow if they suspected abuse had occurred. Staff identified risks to people who used the service and took appropriate action to manage these and keep people safe. Staff had been recruited safely and there were enough staff available to meet people's needs.

Good



Is the service effective?

The service was effective.

Staff received induction and training that supported them to meet the needs of people effectively. People were supported to access healthcare services to maintain and promote their health and wellbeing. The provider was meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Good



Is the service caring?

The service was caring.

Staff were friendly and people appeared comfortable in their company. Relatives spoke positively about the care and support received by their family member. People were supported to maintain relationships that were important to them.

Good



Is the service responsive?

The service was responsive.

People were encouraged to take part in activities and follow their interests. Care plans provided staff with the information they needed to respond to people's physical and emotional needs. Relatives were involved in the development of care plans.

Good



Is the service well-led?

The service was well led.

Staff had a good understanding of the aims of the service and were positive about the support they received from management and the staff team. There were informal systems in place, so people who lived in the home could share their views about how the home was run. Checks were carried out to ensure the quality of the service was maintained.

Good



Turning Point - Masons 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 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 5 October 2015 and was unannounced. The inspection was undertaken by one inspector.

As part of our inspection we asked the provider to complete a Provider Information Return (PIR). The PIR 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. Our inspection visit confirmed the information contained within the PIR.

We reviewed the information we held about the service. We looked at information received from external bodies and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We spoke with both people who lived in the home and spent time observing how they were cared for and how staff interacted with them so we could get a view of the care they received. We also spoke with two relatives.

We spoke with the registered manager and four staff members. We reviewed one person's care plans and daily records to see how their support was planned and delivered. We reviewed records of the checks the staff and management team made to assure themselves people received a quality service.

Is the service safe?

Our findings

There was a relaxed and calm atmosphere in the home and the relationship between people and the staff who cared for them was friendly. People did not hesitate to go to staff when they wanted support and assistance. This indicated they felt safe around staff members. A relative we spoke with told us, "They (staff) are very friendly and always seem to be on the look out for any safety matters." Although people had limited communication, they confirmed they felt safe when we asked them.

There were enough staff to meet people's care and welfare needs and provide the supervision and support they needed to keep them safe at home and in the community. During the day there were two members of staff on duty which meant people received one to one support. Staff told us the staffing levels enabled them to spend time with people and respond to requests for assistance without delay. One staff member told us, "You can give them more of your time. I find it rewarding because you can give them one to one attention and you are not fighting against the clock all the time."

The registered manager told us they had been through a period when they were reliant on agency staff to cover shifts due to the number of staff vacancies in the home. This was a challenge as the people who lived in the home benefited from a stable and consistent staff team. We were told that after a recruitment drive, all the vacancies had been filled and the provider would no longer need to use agency staff. People were supported by staff who understood their needs and how to keep people safe.

Staff had received training in keeping people safe and understood their obligations to report any concerns they had about people's physical or emotional wellbeing. When describing the different forms that abuse could take, one staff member told us, "It could be verbal, physical, shouting or swearing at a service user or even being disrespectful to them." We gave staff various scenarios involving abusive behaviour and asked how they would respond. A typical response was, "First thing I would do is make sure the service user was safe and then it would be reported to the manager, the safeguarding team and the police if necessary." Another staff member told us they would feel confident to report any concerns and said, "I have reported a safeguarding issue before and wouldn't have a problem doing it again." During our visit we identified an incident

which could have amounted to a safeguarding issue. The registered manager told us they had referred this to the local authority and taken action to ensure people's wellbeing was maintained. Although the actions taken to manage the situation were appropriate, we had not been informed. The registered manager assured us they would comply with their obligations and notify us of all safeguarding concerns in the future.

The provider had recruitment procedures to ensure staff who worked at the home were of a suitable character to work with people who lived there. Newly recruited staff told us they had to have their Disclosure and Barring Service (DBS) checks and references in place before they started. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. Records confirmed what staff had told us.

There were risk assessments to identify any potential risks to people for different environments and occasions. Risk management plans informed staff how those risks should be managed to keep people safe. Risk assessments around the completion of everyday tasks such as personal care, ensured that people were encouraged to maintain as much independence as they wanted. Staff received training in risk assessing and one staff member explained, "It (risk) is very clearly laid out in risk assessments. We know the individuals we support so we fill in the risk assessments to minimise the risk of harm to them and others." Staff confirmed they referred to the information in risk assessments and care records to manage any risks to people. We were given consistent, detailed information by all staff members on the risks facing individuals.

Some people could put themselves or others at risk of harm if they became anxious or upset. There was information for staff to follow to manage those behaviours so they did not have to use physical intervention. The registered manager explained, "Our policy is never to use restraint. A lot of things would be put in place before we got to restraint." Staff told us they felt confident to manage situations because, "There are guidelines in their folders telling us how to deal with it if behaviours escalate." One staff member explained, "Sometimes, the best thing to do is to just step away and get someone else to talk to them. A

Is the service safe?

different voice can sometimes make a difference.” A family member was confident staff managed situations well and told us, “I think they are brilliant, they make sure (person) is safe, they leave them to it and they just calm down.”

Medicines were stored safely and securely and there were checks in place to ensure they were kept in accordance with manufacturer’s instructions and remained effective. Administration records showed people received their medicines as prescribed. Some people required medicines to be administered on an “as required” basis. There were detailed protocols for the administration of these medicines to make sure they were given safely and consistently. Daily medication audits made sure medicines were managed safely and people received their prescribed medicine.

Staff completed training before they were able to administer medicines and had regular checks to ensure they remained competent to do so. This ensured staff continued to manage medicines to the required standards.

The provider had systems to minimise risks in the environment, such as regular safety checks. Emergency plans were in place if the building had to be evacuated, for example in the event of a fire. There was a service continuity plan should people be unable to return to the home which made sure they continued to receive safe, consistent care.

Is the service effective?

Our findings

People could not tell us themselves whether they believed the staff who cared for and supported them had the right skills to do so. However, we saw that staff communicated with people effectively and understood their individual needs. One relative told us, “They (staff) seem capable.”

New staff received induction and training that met people’s needs when they started work at the home. The induction was linked to the new Care Certificate which provides staff with the fundamental skills they need to provide quality care. Existing staff were also working through some modules of the Care Certificate that had not been covered when they were inducted to the home. One member of staff was going through their induction at the time of our visit. They told us they had spent a week shadowing and observing an experienced member of staff in the home and explained, “I learnt a lot about the people. I read through their care plans.” They then spent a second week receiving all the training considered essential to meeting the needs of the people who lived in the home effectively. This included moving and handling, communication, support planning and learning disabilities.

There was a programme of training available to staff and staff told us they received the necessary training to meet people’s needs. Staff were mostly up to date with their required training and refresher courses had been identified to make sure they continued to develop their skills and knowledge. One staff member told us, “It (training) is good. It has improved a lot. It is more in depth and you can learn a lot more from it.” Another said, “When we have it, it is good. We have struggled a bit because we have had difficulties with the rota.” The registered manager confirmed, “It has been difficult because of the problems with staff vacancies.” They assured us that now the home was fully staffed, staff would be able to access training as required.

Staff told us they had regular supervision meetings with the registered manager where they were able to discuss their performance and identify any training required to improve this. They also participated in yearly appraisal meetings where they were set objectives for the following 12 months and their development plans were discussed. Staff told us

they found supervision helpful with one staff member explaining, “I find it beneficial because you can get your point of view across. It is an informal chat where we can express our feelings.”

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected. This includes decisions about depriving people of their liberty so they get the care and treatment they need where there is no less restrictive way of achieving this. DoLS require providers to submit applications to a ‘Supervisory Body’, the appropriate local authority, for authority to do so.

We found that the service had complied with the requirements of the MCA and DoLS. Where required, mental capacity assessments had been undertaken for specific decisions that needed to be made. Best interest meetings had been held which involved the person, their family and staff from the home. Staff told us people were supported specifically to enable them to lead as independent a life as possible and make their own decisions for everyday living. One member of staff explained, “It depends on the situation. They can decide when they want to make a cup of tea or when they have something to eat. For bigger decisions, such as hospital treatment, we have assessed this and they don’t have the capacity to make that decision on their own. We do a best interests meeting with outside professionals and family.” Where necessary, DoLS applications had been submitted to the local authority and the provider was waiting for the outcome of those applications at the time of our visit.

People had access to food and drink throughout the day and staff supported them when required. People were able to choose what they wanted to eat, although staff encouraged people to follow balanced diets. The registered manager explained, “We do encourage a healthy eating plan. If they had pizza, chips and a pint one night, they would compensate for it the following night.” We saw in one person’s support plan that they needed to have their fluid intake monitored to ensure they had enough to drink. We saw records were maintained of how much they had to drink, so staff could identify when they needed to prompt

Is the service effective?

the person to drink more. One person had a sandwich for lunch which they told us they had enjoyed. Another person told us, "I get chicken." When we asked if that was their favourite food they responded, "Yes."

Each person had a health action plan that identified their health needs and the support they required to maintain

their emotional and physical well-being. This helped staff ensure that people had access to the relevant health and social care professionals. Records showed people had regular health checks with their GP throughout the year and were referred to other healthcare professionals when a change in their health was identified.

Is the service caring?

Our findings

Relatives spoke positively about the care and support received by their family member. When we asked whether staff were caring, responses included, “[Person] seems very happy there,” “I do, very caring, they are lovely. They always make sure I am happy as well,” and “I think so, definitely.”

People had been encouraged to make their rooms at the home their own personal space. There were ornaments and photographs of family and friends, personal furniture and their own pictures on the walls. Both people had recently had areas of their flats decorated. They had been involved in choosing the colour schemes, decoration and furniture. The registered manager and staff had completed the work in one person’s room while they were on holiday. The registered manager told us, “I just wanted to see his face when he came back. Just to see his face was lovely.”

We asked staff whether they thought the home provided a caring environment for people. All the staff told us they thought it was caring with one explaining, “Yes, because the person is always put first and their needs are put first. They (staff) work to the way people want to live.” We observed the interaction between the staff members and the people for whom they provided care and support. We saw staff treated people in a kind and respectful way and they knew the people they cared for well. Both people seemed content and one staff member said, “The two gentlemen we support are happy and the staff team appear to be happy.” We observed one person cheerfully greeted a member of staff with a handshake when they arrived for their shift.

Staff told us they involved people as much as possible in making daily choices and decisions. This included what they would like to wear, what food and drink they wanted

and what activities they would like to take part in. One staff member explained, “I’m not here to tell them what they should and shouldn’t do. I’m here to support them. The choice is theirs. I’m not here to control these people but to support them.” Another said, “They have their own flat, they pretty much do what they want. We verbally offer them things through the day, but they will do what they want. They have a voice and will tell you if they don’t want to do something.”

People were involved in domestic tasks and encouraged to help around the home to maintain their levels of independence and social skills. When we arrived one person was mopping their bathroom floor. They told us they enjoyed cleaning and said, “I clean the kitchen up and polish all round.” Where possible, staff encouraged and supported people to prepare their own meals and drinks. The registered manager explained that each person had goals “to keep their skills and give them skills to equip them in life.” These were assessed regularly to check where people were achieving goals and what assistance they needed in completing tasks.

People had access to areas where they could meet their family in private or spend time alone. One person required close supervision and staff explained how they managed this so the person could have their privacy when they chose to.

Staff supported people to maintain relationships with those closest to them and celebrate family events. On the day of our visit one person was taken to visit a relative while staff had accompanied the other person on a holiday with family members. Relatives confirmed they could visit when they wished to and always felt welcomed into the home.

Is the service responsive?

Our findings

People were encouraged to participate in activities outside the home. People were supported to go shopping, go out for meals in local restaurants and participate in activities in the community. The registered manager explained that while both people in the home benefited from going on some outings together, staff also ensured they did some activities individually. “They love going out for meals and going to the pub. They do things together but we also think they need to do their own thing.” For example, one person enjoyed going to a day centre three times a week. They also attended a weekly health club where they had talks about maintaining their health and healthy eating.

People were encouraged and supported to go out on day trips and to have an annual holiday. The registered manager told us, “They go to the theatre sometimes, they always go to the pantomime.” Relatives we spoke with were happy with the level of activities available to their family member. One relative said, “I think [person] has a better social life than I have.” Another relative said, “I know he goes out. He seems happy.” One person showed us their CD collection and told us they enjoyed listening and dancing to music. Staff supported this person to visit a local disco so they could join others who had the same interests. Both people were supported to attend church regularly.

Each person had a care and support plan with detailed information and guidance personal to them. Care plans included information on maintaining the person’s health, their daily routines and preferences. The plans also identified how staff should support people emotionally, particularly if they became anxious or agitated. This information meant staff had the necessary knowledge to ensure the person was at the centre of the care and support they received. People’s care plans were reviewed

regularly and each month there was a review of what the person had done and achieved over the previous four weeks. Relatives told us they were involved in making decisions about their family member’s care and how support was to be delivered. One relative explained, “It is yearly I go in and they go through it with me.” Another said, “If I need to know anything, I can always get in touch.”

There were systems in place for staff to share information through a handover at the start of each shift and a handover and communication book. This ensured staff had the information they needed so they could respond to changes in people’s physical and emotional needs.

People had information in an easy read format in their care records about who they could talk to if they had a complaint or were worried. We asked one person what they would do if they were unhappy or had any concerns. They responded, “Tell [staff member] about it.” Relatives told us they would not hesitate to raise any concerns. One relative told us, “I would automatically speak to a carer and if it was important enough, I would go to [senior staff member], but I haven’t had an occasion yet.” Another said, “I would go to [senior staff member] now but I haven’t got any complaints, everything is fine.” One relative told us they had previously raised a concern directly with head office and were satisfied with how it had been managed.

Staff told us they would support people to share any concerns they had. One staff member told us, “I would ask what they were unhappy about, write it all down and then hand it over to [registered manager].” Another said, “I would try to speak to them to find out what was concerning them, speak to other staff and the manager and speak to family to have a best interest meeting to ascertain why they were so unhappy.” There had not been any complaints since our last inspection.

Is the service well-led?

Our findings

We asked one person if they enjoyed living at the home. They responded, “It is great here.” Both relatives told us they thought the home was well managed.

The service had a registered manager in post. The four staff members we spoke with told us the registered manager was approachable and they felt well supported. One staff member said, “She [registered manager] supports us with whatever we need. If we have any issues or concerns, she will get us the information or have a meeting with us to discuss any issues that arise.” Another told us, “If I have any problems I have no concerns about going to [registered manager] to get the support I need.”

Staff demonstrated a good understanding of what the service was trying to achieve for people. They understood the importance of treating people as individuals, giving them choice and encouraging independence. Staff told us they enjoyed working in the home and spoke positively about the staff team and the support the team provided for each other. One staff member told us, “All the staff are very hard working and present a person centred approach.” A new member of staff described the support as, “Excellent. If I need to know anything, they are there to support me. They are lovely people, very helpful and always there.” Another said, “This is probably the most enjoyable job I have had in my life.”

Staff also told us they also felt supported by the provider with one staff member explaining, “Turning Point do their utmost to maintain the health and safety of all their employees and to give them the training and knowledge they require.” Staff told us they had regular staff meetings and felt able to make suggestions to improve the service provided.

The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised.

There were systems in place so people who lived in the home could share their views about how the home was managed. For example, people took part in regular meetings where they were able to discuss what activities they would like to take part in and what food they would like. We looked at the minutes of some of the recent meetings. People had asked to have their rooms redecorated and this had been done. One person had asked for a bigger television. We saw this in place when they invited us into their home.

There was a system of internal audits and checks completed within the home to ensure the safety and quality of service was maintained. For example, regular audits in medicines management and health and safety. The registered manager recorded incidents and accidents and submitted these to the provider. These were analysed to identify any patterns or trends so appropriate action could be taken. The provider also carried out periodic audits throughout the year from which action plans had been generated where a need for improvement had been identified. These checks ensured the service continuously improved.

The registered manager told us they received support from their immediate line manager and was able to share good practice and improvements with other registered managers from homes within the provider group.