

# Turning Point St Lukes

## Inspection report

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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?

Requires Improvement 

Is the service well-led?

Good 

### Overall summary

This inspection took place on the 27 November 2014 and was unannounced.

St Lukes Court is a supported living scheme that provides care and support to five people with a learning disability.

The service requires a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. At the time of our inspection the manager was in the process of registering with us (CQC).

At our previous inspection we found that there were insufficient staff to keep people safe. We found that people's care plans were not always followed and this meant that people did not always receive the care they required. We had found the provider did not have effective quality monitoring systems in place. At this

# Summary of findings

inspection we found staffing numbers had been increased, care was being delivered which met people's assessed needs and the provider's quality monitoring systems had been effective.

People who used the service were unable to tell us if the care they received was good. The relatives we spoke with had a mixture of views about the care their relative received.

The provider had systems in place to keep people safe. The manager and staff knew what constituted abuse and reported any incidents of suspected abuse appropriately.

Staff were assessed as competent before administering any medication. Records showed that people had their medication at the prescribed times.

Staff were well trained and supported to fulfil their role. The provider had robust recruitment process in place. Arrangements were in place to ensure that newly employed staff received an induction and opportunities for training. Records also showed that staff received regular supervision.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Deprivation of Liberty Safeguards are for people who cannot make a decision about the way they are being

treated or cared for and where other people are having to make this decision for them. The manager told us that they had raised several DoLS referrals with the local authority.

People's health care needs were met through close monitoring and with support from external agencies. When people's needs changed this was quickly noticed and the relevant support was gained.

When people had specific nutritional needs these were met by competently trained staff.

The provider supported people to be as independent as they were able and to maintain and make friendships.

Care was planned and personalised. Records, observations and discussions with staff demonstrated that people using the service were at the centre of the care being delivered. Regular reviews took place to ensure that where people's preferences had changed this was identified, however we could not see how the person themselves or their representative had been involved.

The provider told us that they had responded to people's complaints and concerns in line with the complaints procedure, however there was no clear audit trail of complaints raised and the outcome.

Staff told us that the new manager was approachable and supportive. Quality monitoring systems were in place to ensure continuous improvements were identified and made.

# 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 had received training in how to safeguard adults. The manager made referrals to the local authority when they suspected abuse.

There were sufficient numbers of staff available to keep people safe.

There was a robust recruitment process in place to make sure that suitable staff were recruited to provide people's care.

Good



### Is the service effective?

The service was effective.

Staff were trained effectively to deliver good quality care.

People were supported to have their healthcare needs met. Where required they received specialist health care treatment.

The provider assessed people's nutritional needs and ensured people were supported by appropriately trained staff to eat and drink.

Good



### Is the service caring?

The service was caring.

Staff we spoke with were knowledgeable about the people they cared for and spoke about them in a respectful manner.

We observed that staff were kind and caring in their approach to people.

People's privacy and dignity was respected.

Good



### Is the service responsive?

The service was not consistently responsive.

There were regular meetings for people who used the service where their care was reviewed, however we could not see that the person themselves or their representative had been involved.

Complaints were not always recorded and some people did not always feel listened to.

There were no systems in place to ask people who used the service or their representatives about their care.

Requires Improvement



### Is the service well-led?

The service was well led.

There was a manager in place who was in the process of registering with us (CQC).

Good



## Summary of findings

The provider had an internal quality monitoring system. Staff and relatives told us that they felt that the service had improved.

Staff told us they felt supported and empowered to fulfil their role.

# St Lukes

## 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.

This inspection took place on the 27 November and was unannounced.

The inspection team consisted of one inspector.

Prior to the inspection we contacted the commissioners of the service and a health and social care professional. We looked at the information we hold about the service. This includes notifications of significant events that the manager had sent us, safeguarding concerns and previous inspection reports.

During the inspection we spoke with the manager, a project worker, five members of staff, two relatives and met two people who used the service. People who used the service were unable to talk with us due to their communication needs. We looked at two people's care records, staff rosters, the staff training records, two staff recruitment files and the provider's quality monitoring audits.

# Is the service safe?

## Our findings

At our previous inspection we found that the provider did not employ sufficient staff to keep people who used the service safe. This was a breach of Regulation 22 of The Health and Social Care Act 2008 (Regulated Activities) 2010. We had met with the provider and commissioners of the service who had assured us that more staffing hours would be allocated. At this inspection we found that there had been an increase in staffing levels and that there was sufficient staff to meet people's needs. We found that there were five staff on duty, one for each person who used the service, a project worker and the manager. We looked back at the staff rosters and saw that this had been the allocated staff for many months. We discussed with the manager that some people required two people for support with their mobility and other care tasks. The manager informed us that when two staff were required the project worker or manager would support the staff. On the occasions the project worker and manager were not on duty a member of staff was rostered on duty to ensure adequate staff cover. Both relatives we spoke with told us that there were still occasions when they felt that there was insufficient staff, however this was not the case on the day of the inspection.

The management and staff knew how to keep people safe and what to do if they suspected someone had been abused. Care staff told us they would report any concerns they had to a senior member of staff or the manager. The manager and project worker followed the guidance of the safeguarding procedures and raised safeguarding referrals to the local authority for them to investigate if they suspected abuse. We saw that the safeguarding procedures and contact numbers were clearly visible for staff in the office area.

People's finances were managed either through a representative of the local authority or by their relatives.

We saw that when staff supported people to spend their money, there was a clear audit trail of when and where the money was spent. Two staff signed for each transaction and receipts were kept for auditing purposes.

People had a risk management plan. The plans supported people to be as independent as they were able whilst minimising the risk of harm. Two people who did not require staff at all times had risk assessments which enabled them to spend short periods of time alone in their flats. We saw that people's environments were risk assessed to ensure that people were safe during these times.

New staff we spoke with told us they had a period of induction before commencing their employment. We saw evidence of completed application forms and formal interviews. There was evidence of pre-employment checks being completed including references from previous employers and disclosure and barring (DBS) checks. The DBS check includes a criminal records check as well as a check on the register of people unsuitable to work with vulnerable adults. This meant that the provider was making appropriate checks to make sure that staff were suitable to work.

We looked to see if people's medicines were managed safely. We were told that each person's medicines were kept in locked cupboard within their own flat. Medication came in a blister pack which supported staff to be able to administer the correct dose at the correct times. All staff had been trained to administer each person's medicine. The training was individual to each person's specific needs. All staff had to be observed three times administering each person's medication before being deemed competent to complete this alone, this was confirmed by staff we spoke with. We saw a medication administration record and saw that there were no gaps in the recordings.

# Is the service effective?

## Our findings

Some people using the service had 'dysphagia'. People with dysphagia have problems swallowing certain foods or liquids, while others cannot swallow at all. At our previous inspection we found that people's care plans in relation to dysphagia were not always followed. This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) 2010. At this inspection we saw that all staff had received training in 'dysphagia'. All the staff we spoke with were knowledgeable about the condition and the risks associated with it. They told us they followed the guidance of the speech and language therapist. Staff were able to tell us the consistency of the food each person who used the service required. Prior to each person being given their meal a second dysphagia trained member of staff would be called to check the consistency of the food as an added precaution. We saw records of staff signatures to show the food had been double checked for its consistency.

At our previous inspection we saw that one person's specific health interventions had not been recorded on the daily log. This meant that there was no evidence of the intervention having taken place. At this inspection we looked at the care records of two people who used the service in detail and sampled information from one other person's records. We found that people's health needs were clearly recorded and there were good instructions for staff about how to meet those needs. We saw evidence that people's health care needs were met and specific health action plans were followed. Several people had 'epilepsy'. There was an action plan in place for these people which clearly informed staff how to support the person when there was any epileptic activity. We saw an example of when staff had followed a person's plan by administering their prescribed epilepsy medication at the required time

and when this was not effective they had called the paramedics for support. Staff we spoke with demonstrated knowledge of how they would respond in the event of a person experiencing epileptic activity.

New staff had a period of induction before working alone with people. The induction included core training and working with a more experienced member of staff until competent to work alone. All the staff we spoke with confirmed they had undertaken an induction prior to starting work. The staff training records reflected that staff had received training specific to their role. One member of care staff told us: "The training is amazing".

There were staff 'core teams'. The core teams were responsible for working with one specific person to ensure continuity in care. We saw that the core teams met regularly to discuss the needs of the individual they cared for. This meant that care being provided was consistent.

Staff we spoke with had knowledge of the Mental Capacity Act 2005 (MCA). We saw training records that showed that most staff had received training in the MCA and Deprivation of Liberty Safeguards (DoLS). We saw that people's mental capacity had been assessed to reflect their capacity to make decision for themselves. The manager told us that they had made referrals to the DoLS team for people who had been identified at risk of having their liberty deprived. While they were waiting for approval from the Court of Protection the manager had implemented individual risk assessments to ensure that any deprivation of a person's liberty was at a minimum and in their best interests.

There was evidence of other health professionals input. We saw that people were supported to attend health appointments with their GP, consultants, dentists and opticians. People who used the service were supported by a community learning disability nurse who offered advice and support to the staff. A relative told us: "The care staff are very good, they look after my [relative] pretty well".

# Is the service caring?

## Our findings

People who used the service had complex needs and limited communication skills. We were unable to gain their views on the service they received at St Lukes. Relatives we spoke with told us that they felt the staff cared for their relatives.

People had a risk assessment to minimise the risk of social isolation. People were supported to attend social events and maintain relationships within the community. One person attended a day service and others attended a regular dance. People had attended these events prior to being at St Lukes and they knew lots of people at them.

We met two people who were being supported to access the community. We observed that people looked well cared for and dressed appropriately for the weather. Staff interacted with people in a kind and caring manner and knew people well, chatting and smiling with them.

The staff arranged social events in the main communal area. There was a take away at the weekend and a communal Sunday lunch. There had been a recent Halloween party which had been enjoyed by everyone. We

were told that if someone appeared not to be enjoying the company of the others they would be supported to do something else of their choosing. This meant that staff were respecting people's individual preferences.

We saw that meetings took place for people who used the service. There were tenants meetings and core team meetings. When people had no relative's to support them, we saw that the service had involved an 'Independent Mental Capacity Advocate' (IMCA). An IMCA represents people who lack capacity to make important decisions about serious medical treatment and change of accommodation where they have no family and friends available for consultation about those decisions.

Relatives we spoke with told us that they were kept fully informed of their relative's care. Staff knew relatives well and had built good relationships with them. One member of staff told us: "It's like a big family here".

We saw that people's dignity was respected. Staff rang people's doorbell before entering their flat even though the person would not be able to respond due to their communication needs. People were supported in a discreet manner. We did not see anything during the day that compromised a person's dignity and staff interacted with people in a kind and caring manner.

# Is the service responsive?

## Our findings

Each person had their own flat within St Lukes. There were individual personal care plans for everyone which were clear and comprehensive. People's care plans were written in such a way that they reflected people's individual needs. Staff were able to respond and care for the person effectively with the information contained within them. We observed that staff responded to people appropriately. Staff knew people well and offered them choices and communicated with them in a way in which they would understand.

Individual, realistic and achievable goals were set for people. One person had a goal of washing their hands and passing the staff their fork after eating. We saw that staff recorded on their daily notes whether the goal had been achieved that day. The goals were reviewed regularly by staff.

Tenants meetings and individual people's core staff team meetings took place. There were minutes of the core team meetings but it was not evident if the person themselves or a relative had been involved in these meetings. The minutes only showed that staff members had been present at these meetings and their contribution to the discussions. There were no systems in place to formally ask people about the quality of care being provided. A relative told us that the provider had considered a 'focus group' for relatives to attend but as yet this had not happened.

The provider had a complaints procedure. This was available in an 'easy read' format within each person's care plan. There were no recent recorded complaints although one relative informed us of a recent complaint that they felt had not been handled appropriately. We discussed this with the manager who confirmed that there had been a complaint made and a subsequent investigation, but there was no record of the complaint or the outcome.

# Is the service well-led?

## Our findings

The manager had been in post since June 2014 and was in the process of registering with us. At our previous inspection we found that there were three breaches of the Health and Social Care Act 2008. Since the new manager had been in post improvements had been made. Staffing had been increased to meet the needs of people who used the service and care was being delivered according to people's assessed needs.

All the staff we spoke with told us that they felt the manager was open and approachable and that things had improved. One staff member told us: "She has empowered me" and another staff member told us: "She has helped us grow". A relative told us: "Things are a little better".

Regular staff support and supervision was offered to all staff. Staff told us that they felt supported and effectively trained to fulfil their role competently. Senior staff supported staff on a day to day basis. A member of the care staff told us: "The manager actually listens and supports us".

The provider had a quality monitoring system in place called 'The Internal Quality Assessment Tool' (IQAT). We saw that this was regularly undertaken; however the provider was in the process of changing the system to reflect our new methodology. The manager used the previous IQAT to identify areas for improvements and there was a plan in place to make the improvements. One area identified had been the need to implement 'person centred care training' for all staff. We saw that nine staff members had attended this training and the rest of the team were scheduled to attend.

All the staff we spoke with told us that if they had any concerns about a colleagues practices that they would report it to a senior member of staff. One staff member told us: "I would always report something that didn't seem right". This meant that people would be protected from the risk of harm and abuse.

Incidents and accidents were input onto a software system and the information gained from these was analysed at senior management level. The manager told us that they looked for trends and planned to learn from all incidents.