Turning Point

Turning Point - Hollygrove

Inspection report

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Date of inspection visit:
23 January 2018
25 January 2018

Date of publication:
22 March 2018

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

Summary of findings

Overall summary

This inspection took place on 23 and 25 January 2018 and was announced. The inspection was undertaken by one inspector.

Turning Point-Hollygrove is a 'care home'. People in care homes receive accommodation and 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.

Turning Point-Hollygrove accommodates up to nine people with a learning disability in one adapted building. At the time of our inspection there were seven people living at the home. The care service has been developed and designed in line with the values that underpin the Registering the Right Support CQC policy and other best practice guidance. These values include choice, promotion of independence and inclusion.

There was a registered manager in place. 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.

At the last inspection, the service was rated Good overall. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns.

At this inspection we found the service remained Good and improvements had been made to how the service was monitored to identify improvements. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection .

People continued to feel safe. Staff understood their roles and responsibilities to safeguard people from the risk of harm and risks to people were assessed and monitored regularly.

The premises continued to be appropriately maintained to support people to stay safe. Staff understood how to prevent and manage behaviours that the service may find challenging.

Staffing levels ensured that people's care and support needs were continued to be met safely and safe recruitment processes continued to be in place.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been made to ensure that people were only deprived of their liberty, when it had been assessed as lawful to do so. Staff understood the Mental Capacity Act 2005 and how to support people's best interest if they lacked capacity.

People's needs and choices continued to be assessed and their care provided in line with up to date guidance and best practice. They received care from staff that had received training and support to carry out their roles.

Risks continued to be assessed and recorded by staff to protect people. There were systems in place to monitor incidents and accidents. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service.

Staff continued to support people to book and attend appointments with healthcare professionals, and supported them to maintain a healthy lifestyle. The service worked with other organisations to ensure that people received coordinated and person-centred care and support.

Medicines continued to be managed safely. The processes in place ensured that the administration and handling of medicines were suitable for the people who used the service.

Staff were caring and compassionate. People were treated with dignity and respect and staff ensured their privacy was maintained. People were encouraged to make decisions about how their care was provided.

Staff had a good understanding of people's needs and preferences.

The service had an open culture which encouraged communication and learning. People, relatives and staff were encouraged to provide feedback about the service and it was used to drive improvement.

There were policies in place that ensured people would be listened to and treated fairly if they complained about the service.

Quality assurance audits were carried out to identify any shortfalls within the service and how the service could improve.

Further information is 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?

Good

The service remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

At this inspection the rating for the key question 'Is the service well led?' improved from Requires Improvement to Good.

Systems were in place to monitor the service and identify improvements.

Staff felt supported and confident to raise concerns with the registered manager who they felt would take all necessary action to address any concerns.

People, their families and staff had the opportunity to become involved in giving feedback about how the service was managed.

Turning Point - Hollygrove

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 checked 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 23 and 25 January 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location was a small care home supporting people who are often out during the day. We needed to be sure that they would be in. The inspection was undertaken by one inspector.

Prior to the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We also reviewed the information included in the 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.

During the inspection we spoke with five staff and the registered manager. During the inspection we spoke with two people and three relatives about their views on the quality of the care and support being provided. Some people using the service were unable to speak with us, therefore we observed interactions between staff and people using the service. Following the inspection we telephoned we also spoke with four health care professionals to get their views.

We looked at care documentation relating to four people, two people's records of social activities and support from staff, three people's medicines administration records, three staff personnel files, 14 members of staff training records and records relating to the management of the service including quality audits.

Good

Is the service safe?

Our findings

People's relatives told us people continued to feel safe living at Turning Point- Hollygrove. One person's relative told us their relative was "definitely safe living there [Hollygrove]". Another relative told us the staff knew how to keep their relative safe when supporting to eat and drink safely. Whilst people did not specifically tell us they felt safe, their interactions and relationships with staff were friendly and comfortable. People laughed and joked with staff and the atmosphere was relaxed. All of the healthcare professionals that we spoke with told us they did not have any concerns about how staff supported people to keep them safe. One member of staff told us, " people are safe and well looked after".

Staff safeguarded people from avoidable harm. Staff had received training in safeguarding adults. Staff recorded and reported any concerns they had, including any changes in a person's behaviour so appropriate action could be taken. Staff were aware of how to report to the local authority safeguarding team and whistleblowing procedures were in place if required. The registered manager had raised a safeguarding concern about one person's behaviour towards others and had put additional safeguards in place to manage this risk.

Staff supported people to manage and reduce any risks to their safety. This included managing risks such as eating and drinking, accessing the community, and epilepsy. Risk assessments were completed with input from health and social care professionals and promoted people's independence. For example, people were supported to eat and drink following guidelines from Speech and language Therapists. Staff were aware of these plans and risk assessments had been reviewed on a regular basis to make sure they remained up to date and reflected changes to people's circumstances. One healthcare professional told us, "They follow my advice and always contact me if things change".

Staff understood how to support people who required positive behaviour support to manage behaviours that challenge. Staff had also completed practical training in behaviours that challenge and behaviour intervention accredited by a specialist training provider and in line with best practice. This is training on how to manage behaviours that could challenge the service. This meant that staff knowledge was up to date and followed the most recent best practice guidance.

Staff were aware of the process to follow if there was an incident or accident at the service. All incident records were reviewed by the registered manager, area manager and corporate governance team. For example, for one person the analysis of a recent incident led to risk assessments being amended and additional information shared with healthcare professionals and the review of the person's support and medicine. This enabled the staff to minimise the risk of recurrence. The staff discussed any incidents to identify any learning for the individual involved or for the service as a whole.

There were sufficient staff to meet people's needs. Staffing in the home supported what activities people were participating in. All of the people using the service needed support from staff in the community and people were supported to go out with their key worker. Support was provided 24 hours a day with on call available if staff needed advice or in the event of an emergency.

Safe recruitment practices were followed. Recruitment checks included obtaining references from previous employers, checking people's eligibility to work in the UK and undertaking criminal record checks. These checks help employers make safer recruitment decisions and help to prevent unsuitable people from working with vulnerable adults.

Medicines were stored securely and at safe temperatures. Accurate records were maintained of medicines administered and we saw that people received their medicines as prescribed. Regular stock checks were undertaken, and the checks we undertook on the day of the inspection showed all medicines were accounted for. Protocols were in place instructing staff about when to give people their 'as and when required' medicines. There were systems in place to ensure safe disposal of unused medicines.

At the previous inspection we found the home to be clean and tidy. As this inspection we found this continued to be the case. Staff followed best practice to prevent and control the spread of infection. Staff had received training on infection control.

Regular environmental and health and safety checks continued to take place to ensure that the environment was safe and that equipment was fit for use. The building was appropriately maintained. There were certificates to confirm it complied with gas and electrical safety standards. Appropriate measures were in place to safeguard people from the risk of fire. Each person had a personal emergency evacuation plan (PEEP), which set out the specific requirements that each person had to ensure that they were safely evacuated from the service in the event of a fire. There was an up to date emergency procedure in place. This included details of how staff should manage different kinds of foreseeable events. During the course of our inspection there was a power cut that was anticipated to last 12 hours. The home followed put plans in place immediately to ensure people were warm and had access to hot drinks and food during this power cut. The power was restored after an hour.

Good

Is the service effective?

Our findings

People continued to receive care from staff who had the knowledge and skills to meet their needs. People's relatives and healthcare spoke well of staff, comments included; "They are absolutely excellent" and "I can't fault them." A relative told us, "The staff have a real understanding of the people that live there". All healthcare professionals that we spoke with told us they felt confident in the registered manager's judgements to effectively assess people's need and staff made referrals to them as and when needed.

People's care continued to be effectively assessed to identify the support they required. There were comprehensive needs assessments in place, detailing the support people needed with their everyday living. The assessment covered people's physical, mental health and social care preferences to enable the service to meet their diverse needs. These care plans contained clear instructions for the staff to follow so that they understood how to meet individual care needs and was based on best practice. For example, there were positive behaviour support plans in place to minimise triggers of distress. These plans had clear guidance for staff to follow with the input of external health and social care professionals.

Staff had the knowledge and skills to undertake their role. This included understanding of safeguarding adults, epilepsy, and supporting people who displayed behaviour that may challenge others . There were systems in place to support staff with completion of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

All staff told us they felt supported by the management team to carry out their role. Comments included, "I definitely feel supported" and "the training is excellent". Staff received regular supervision and an annual appraisal. Staff were given guidance about how to further improve their practice and support people using the service. One health care professional told us they had also provided training to the staff team and felt confident they were meeting people's needs.

Staff supported people to eat and drink sufficient amounts to meet their needs. People were supported to make choices about the meals they enjoyed. People's nutritional needs were reviewed and regular checks maintained on their weight and any risks, such as swallowing problems. Staff followed guidance from healthcare professionals. For example, a member of staff shared with us guidance from a dietician for one person about improving nutrition and how this was monitored.
Staff liaised with health and social care professionals to ensure effective care and support was provided to people. Healthcare professionals told us the service made referrals to them at the right time. Comments from healthcare professionals included, "I trust their decisions", "referrals are made as and when needed" and "they contact us at the right time".

Each person had a health action plan which was regularly updated outlining their healthcare support needs. Staff supported people to their health appointments followed advice provided by healthcare professionals and kept a record of any changes in behaviour. Relatives told us staff kept them up to date with any changes

in a person's health. One relative told us, "If there is a problem, they will call". One healthcare professional told us, "They are really good at outing our recommendations into practice".

The Mental Capacity Act (MCA) 2005 provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make specific decisions for themselves. We found the service continued to work within the principles of the MCA. People's consent was obtained prior to providing care. Where people did not have the capacity to consent, best interests' meetings were held with health and social care professionals involved in a person's care and their relatives. We saw an example of this regarding how he decision for one person to be supported by staff in the community to stay safe.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Applications to authorise restrictions had been made by the service for people where required but had not yet been authorised.

Staff were clear where people had the mental capacity to make their own decisions, this would be respected. Throughout the inspection we observed consent being sought on regularly for all activities such as where people wanted to spend their time, and what they wanted for their lunch. Staff were seen to respect people's choices.

The service was well maintained and decorated. There was a lounge and kitchen for people to use as and when they wish and other areas for people to spend time on their own. We observed people moving around the home independently using wheelchairs. The home had outside space that was accessible and staff told us people enjoyed using it in the good weather. People had personalised and decorated their rooms according to their choice and had access to Wi-Fi. The service was on two levels and there was a stair lift in place for the rooms upstairs.

Good

Is the service caring?

Our findings

People continued to receive good care from staff who knew them well. Staff had developed positive relationships with staff and were supported by the same staff on a regular basis. People told us they had keyworkers who spent time with them to do the things they enjoyed. Comments from relatives included, "The staff are very good" and "staff have compassion for people". Staff treated people with kindness, respect and compassion. Some people at the service had difficulties in communicating verbally. Staff were aware of people's communication methods and how they communicated their needs, wants and wishes. For example, how people communicated if they were upset. Staff were aware of what made people happy and we observed people smiling when interacting with staff.

Staff responded promptly to people's requests for assistance and regularly checked whether people were happy and comfortable and if any assistance was required. Staff respected people's need to spend time on their own and gave them the space to do so, whilst being available as and when people wanted company.

People were empowered to make choices about the care and support they received. This information was reflected in people's care plans and provided in practice. Staff knew people's individual communication skills, abilities, preferences and daily routines.

People were encouraged to maintain relationships with friends and family members. Staff regularly communicated with people's family members and always welcomed relatives to visit the service. One person had been supported to use video chat so they could see and hear their relative. Their relative told us this was working really well. Relatives told us they were kept informed by the registered manager.

Staff respected people's privacy and dignity. Staff supported people with their personal care in the privacy of their bedroom or bathroom.

The service was meeting the requirements of the Accessible Information Standard. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. Staff communicated with people in accessible ways that took into account any impairment which affected their communication. For example, staff used photos of meal options to support people to express their meal choices.

Good

Is the service responsive?

Our findings

People were able to make choices and staff respected their decisions. During our inspection we saw people chose how they spent time during the day and people told us about the social events they were planning on going to. For example, one person had tickets to watch a local football team and another person had tickets to attend a show in London. People went out shopping in the community with staff and attended events and activities they enjoyed. Staff explained that it was important for people to have choice and control over their lifestyle. Comments from relatives included, "The communication is very good" and "[The registered manager] is wonderful, very responsive".

People received personalised care. Staff were well informed about people's needs. There was a stable staff team which had enabled them to get to know people and understand their needs and how they liked to be supported. Care plans were person centred and detailed how staff should support people's individual needs, including their communication needs, health and social needs. For example, one person's care plan detailed how staff should support them to maintain friendships, supporting the person to move safely and the makaton signs they used to communicate. Care plans were reviewed on a regular basis. Throughout our inspection we observed that staff supported people in accordance with their care plans. One health care professional told us, " They are very good at adapting to people's changing needs".

Staff supported people to engage in a wide range of activities and interests. People had a busy weekly programme of activities which including regular scheduled activities as well as ad hoc sessions where people choose what they wanted to do during those times. We saw the activities included those relating to daily living skills, such as food shopping, as well as leisure activities and attendance at day centres.

A complaints process was in place. Relatives told us they could contact the registered manager of they had any concerns. Staff said they also felt comfortable speaking to the registered manager if they had any concerns or wished to raise a complaint. Staff and relatives were confident that any concerns raised would be taken seriously and appropriately dealt with. One relative told us, "If I have a query, I get an answer straight away". There were no complaints in the last year.

People's preferences and choices for their end of life care were recorded in their care plans. Where people lacked capacity to communicate their end of life wishes, families been involved in developing this plan. Staff told us they had been supported when caring for someone at the end of their life. Two healthcare professionals told us the home had looked after someone very well at the end of their life. Comments from health care professionals included, "brilliant end of life care" and "really supportive".

Good

Is the service well-led?

Our findings

Relatives and healthcare professionals spoke positively of the staff and management team. Comments from relatives included, "They are lovely" and "They do a very good job" and "They are absolutely excellent". Comments from healthcare professionals include, "Excellent manager" and "respectful with people". Staff spoke highly of the support they received from the registered manager, team leaders and area manager. Comments about the registered manager included, "She's really helpful", "approachable" and "supportive".

The provider had made improvements in how the service was monitored since our last inspection, including the audit of medicines management and care planning. The registered manager told us more checks were now carried out. There were systems in place to review, monitor and improve the quality of service delivery. This included a programme of audits and checks, reviewing incidents and interventions, quality of care records, support for staff and environmental health and safety checks. The area manager carried out regular unannounced spot checks of the service and met with staff and people to get their feedback. The provider's governance team carried out checks of how the service was meeting the fundamental standards. Action plans with timescales were in place to ensure any required improvements were made.

An inclusive positive culture had been developed at the service. Staff we spoke with felt able to express their opinions, felt their suggestions were listened to and felt able to contribute towards service delivery and development. Staff told us the senior management team from Turning point came to the home regularly to support them, check their competency and identify ways to improve the service. One member of staff told us the managing director and area manager meet with staff to get their feedback and ask, "Is there anything more we can do to support you".

People were able to provide feedback to staff about their experiences of the service. Regular resident meetings took place, where people could discuss things that were important to them or activities in the home. This included discussion in resident meetings to support people to access information to register to vote in the General Election in 2017. The registered manager told us that two people exercised their right to vote. Relatives and other health and social care professionals were asked to express their views of the service through completion of an annual satisfaction survey. Feedback included, "People's privacy respected and people are well cared for", "Staff have been very helpful and supportive" and "Staff keep me informed of [my relative's] needs".

Staff understood how to whistle-blow and told us they would raise concerns about people's practice with the registered manager or provider. All staff told us they did not have any concerns about people's current practice towards residents and were clear about their responsibilities. One member of staff told us their duties were explained during induction and told us, "I know what is expected of me".

The registered manager submitted statutory notifications as required to notify us about certain changes, events and incidents that affect their service or the people who use it.

The registered manager shared with us local and national good practice initiatives they were involved with

to improve outcomes for people. These included developing knowledge by attending a conference on supporting people with dementia, with the focus of end of life care and national initiatives from the National Development Team for Inclusion. The focus of the national initiative was to build on people's contribution to their community. The registered manager and provider worked with other agencies. The registered manager kept up to date by attending training, local meetings with commissioners and partnership groups.