

Turning Point Houghtons

Inspection report

4 Sandy Road
Bedford
MK41 9TH
Tel: 01234 351248
www.turning-point.co.uk

Date of inspection visit: 11 and 12 January 2016
Date of publication: 25/01/2016

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

Houghtons provides care and support for up to six adults with both physical disabilities and learning disabilities. It is situated in a residential part of Bedford. On the day of our visit, there were six people living in the service.

Our inspection took place on 11 and 12 January 2016. At the last inspection in October 2013, the provider was meeting the regulations we looked at.

There was 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.

The provider had robust systems in place to safeguard people from the risk of harm and to ensure staff were able to report suspected abuse. Risks to people were assessed and assessments detailed the control measures in place to minimise the potential for future risk to occur. There were sufficient numbers of staff on duty to meet people's needs and we found that robust recruitment

Summary of findings

processes had been followed to ensure that staff were suitable to work with people. Safe systems were in place for the administration, storage and recording of medicines.

Staff received an induction with on-going training and formal supervision, to help them to deliver safe and appropriate care to people. Staff understood and complied with the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS)

People were given a choice of nutritious food and drink throughout the day. People were supported to access other healthcare professionals to maintain their health and general well-being

Staff were knowledgeable about how to meet people's needs and how people preferred to be supported on a daily basis. They understood how to promote and protect people's rights and maintain their privacy and dignity.

People had access to advocacy services when this was required. Relationships with family members were considered important and staff supported people to maintain these.

People received person-centred care, based on their likes, dislikes and individual preferences. People and their relatives were encouraged to contribute to the development of the service.

This feedback was used to help identify areas for development in the future. People were aware of the provider's complaints system and information about this was available in an easy read format.

Staff were encouraged to contribute to the development of the service and understood the provider's visions and values. The service had an open, positive and forward thinking culture. There were internal and external quality control systems in place to monitor quality and safety and to drive improvements.

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 a good understanding of safeguarding procedures to enable them to keep people safe.

Risk assessments were in place and reviewed regularly to minimise the risk of harm to people.

Staffing levels were sufficient to meet people's needs. Staff had been recruited safely.

People received their medicines as prescribed and the service had systems to ensure they were managed safely.

Good



Is the service effective?

The service was effective.

Staff had received appropriate training to perform their roles.

People's consent was sought where possible before any interventions were given. The requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were met.

People were supported to access healthcare professionals as and when they needed to.

Good



Is the service caring?

The service was caring.

Staff interaction with people was caring.

People's privacy and dignity were protected.

Friends and relatives could visit at times that suited them.

Good



Is the service responsive?

The service was responsive.

People received care which was personalised and specific to their individual needs.

People were enabled to attend activities of their choice, based upon their preferences.

Information about the provider's complaints system was available in an easy read format

Good



Is the service well-led?

The service was well led.

The provider had an effective system for monitoring the quality of the service they provided.

The registered manager was supported by a robust management structure of senior people within the provider organisation.

Staff were aware of the provider's vision and values which were embedded in their practices.

Good



Houghtons

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 11 and 12 January 2016, and was unannounced. The inspection was undertaken by one inspector.

Prior to the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we had for this service and found that no recent concerns had been raised. We had received information about events that the provider was required to inform us about by law, for example, where safeguarding referrals had been made to

the local authority to investigate and for incidents of serious injuries or events that stop the service. We also spoke with the local authority to gain their feedback as to the care that people received.

During our inspection, we observed how staff interacted and engaged with people who used the service during individual tasks and activities. We interacted with five people who used the service, and spoke with two relatives, as well as the registered manager, the area manager, one team leader and two care staff. We also contacted two further relatives after the inspection to establish their views about the care that people received.

We looked at five people's care records to see if they were accurate and reflected their needs. We reviewed four staff recruitment files, four weeks of staff duty rotas and training records. We checked medicines administration records and reviewed how complaints were managed. We also looked at records relating to the management of the service, including quality audits and health and safety checks to ensure the service had robust systems in place to monitor quality assurance.

Is the service safe?

Our findings

Relatives confirmed that people were kept safe and secure within the service. One relative told us, "They do everything they can to keep [Name of person] safe." Another relative said, "They work hard to keep [Name of Person] safe. They use the right equipment and treat them right." We observed that people were relaxed and comfortable in the presence of staff and other people who lived in the service. People were safe with the support they received from staff.

Staff understood basic safeguarding principles and were able to explain how they would report any concerns should they arise. One staff member said, "I would make sure the person was safe, if the area was needed to be kept secure I would do that, I would then inform whoever was in charge." Another staff member told us, "It is important we keep people safe, we look for signs and observe for changes." Staff said that if they had any concerns they would act upon them straight away. They told us they were able to initiate the reporting process and participate in the completion of appropriate forms, so that all required information was documented. We found that safeguarding referrals had been made to the local authority when required and lessons learnt from incidents, so as to drive future improvement and prevent reoccurrence. Training records showed that staff attended safeguarding training on a regular basis to ensure their knowledge was current. People were protected from harm and abuse by staff who understood the principles of safeguarding.

Risks to people's safety had been assessed in order to try and minimise them. One relative told us, "I know they do risk assessments for people." Staff and the registered manager confirmed that people had risk assessments in line with their needs to support them whilst enabling them to be as independent as possible. We saw that there were individual and specific risk assessments for each person who lived at the home. Each assessment identified the steps in place to minimise the risk and the steps staff should take should an incident occur. We saw that where people demonstrated behaviour that put others at risk, the assessment included information on what might trigger such behaviour, and steps that staff should take to defuse the situation and keep people safe. These had been

developed with input from the individual, family and professionals where required and reviewed regularly and when circumstances had changed, so as to remain reflective of people's current needs.

Staff told us that there were formal emergency plans with a contact number available for emergencies to do with the building, such as a gas or water leak. Each person had a personal emergency evacuation plan that was reviewed regularly to ensure that the information contained within it remained current. These enabled staff to know how to keep people safe should an emergency occur. There was also a current Business Continuity Plan in place that showed how the service would continue to operate in the event of an emergency.

The registered manager told us that all accidents and incidents were recorded and monitored. We saw these had been completed correctly, in line with the provider's policies. Any learning was discussed at team meetings and shared with staff through the communication book and staff supervisions. This meant incidents were responded to appropriately and that the registered manager supported people and staff to remain safe.

Relatives expressed that there were enough staff on duty to provide people with the care they needed, but that this has only recently improved with the new registered manager coming into post. One relative said, "There are enough staff, but like anywhere, it would be nice if they had more." Another relative told us that staffing had been an issue for a long time but that they had recently noticed some changes being introduced and that they knew the registered manager was working to recruit more staff, particularly those who could drive. Staff told us they thought the staffing ratio was sufficient to keep people safe and for them to do what they needed to do.

The registered manager echoed relatives views that staffing had been an issue in the past. They confirmed that they were working hard to address this and to enhance the numbers of permanently employed staff. Until then, any gaps to be filled in shifts were covered by agency staff or staff willing to take on extra shifts. The registered manager told us, and records showed that if agency staff were used, they would be staff that had worked within the service before, to ensure consistency for people. The registered manager also confirmed that additional staff would be provided when necessary, for example if a person's needs

Is the service safe?

changed. The number of staff on duty for each shift was clearly detailed on the rota. Our observations confirmed that there was sufficient numbers of staff on duty which ensured that people received safe care.

We found safe recruitment practices had been followed. Staff told us they weren't allowed to commence work until the relevant paperwork was in place. We looked at the recruitment files for four staff that had recently started work at the home. We found that relevant checks had been completed to ensure that the applicant was suitable for their role they had started work. The provider had carried out background checks, including obtaining two employment references and criminal record checks before people commenced their employment. We saw that where a member of staff was considered to be no longer suitable for the role in which they had been employed steps had been taken to remove them from the role and notify the appropriate authority of their concerns about the suitability of the person to work in a similar role at any other service.

People were supported to take their medication safely. One person grinned when we asked them if they received their tablets when they needed them. Staff told us that it was important they took time over administering medication so that people received it safely. Staff were only allowed to administer medicines if they had completed training and competency checks to do so. We reviewed four people's Medication Administration Record (MAR). These had been completed correctly with no gaps or omissions and the correct codes used when medication was not administered. Medicines were stored correctly and audited weekly. There was a system in place to return unused medicines to the pharmacy. Protocols were in place for people to receive medicines that had been prescribed on an 'as required' basis (PRN). People's medicines were administered safely and as prescribed and by staff that had been trained and assessed as competent to do so.

Is the service effective?

Our findings

People were not able to indicate if they thought staff were well trained but relatives told us they thought that staff had the necessary skills and knowledge to perform their roles and meet people's needs. One relative told us, "I think they are very well trained, they know what they are doing." Another relative said, "I can only speak for myself, but they do know what to do and how to do it."

Staff told us that they were well inducted into the service when they started. They felt that the induction process gave them sufficient time to read people's care plans, and review policies and procedures. They also said that they were supported to spend time shadowing more experienced staff, so as to gain the confidence they needed to deliver care independently. The registered manager and area manager told us that all new staff had an induction programme that was competency based, and was in line with the requirements of the Care Certificate. Records showed that all new staff were expected to complete a robust induction programme.

Staff completed a range of training that ensured they were able to carry out their roles and responsibilities appropriately. One staff member said, "The training here is very good." Another staff member said, "It really is good training makes you think and helps with the people we support." The registered manager confirmed that staff received regular training to keep their skills up-to-date. We looked at training records and saw that staff had completed training on a range of topics, including; safeguarding, Mental Capacity Act (MCA) 2005, medication and health and safety. The registered manager monitored staff training and reminded staff when refresher training was due which enabled the provider to be sure that staff received the necessary training to update and maintain their skills to care for people safely.

Staff felt well supported by the registered manager. One member of staff told us, "The manager is always there to support us." Another member of staff told us, "We get regular supervision which is good; it helps to clarify how we are performing and what areas we can work on." We saw that staff received regular supervisions and an annual appraisal. Where appropriate, action was taken in supervisions to address performance issues either through disciplinary action or performance monitoring if required.

Consent was sought from people before they received care. For example, we observed staff asking people if they were happy to move from one room to another. Staff told us that they always asked people what they wanted before doing something to ensure they were in agreement. One staff member said, "We have a choice about what we do, so why shouldn't they?"

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager told us, and records confirmed that they and staff had received training on the requirements of the MCA. They explained they would always liaise with the local authority if they had any concerns about a person's fluctuating capacity. They were able to explain how decisions would be made in people's best interests if they lacked the ability to make decisions themselves. This included holding meetings with the person, their relatives and other professionals to decide the best action necessary to ensure that the person's needs were met.

We found that applications had been made under the MCA Deprivation of Liberty Safeguards (DoLS) for some people as staff considered that their liberty may have been restricted. These actions showed they understood their responsibilities under DoLS arrangements.

People had sufficient amounts to eat and drink. Relatives confirmed that people's specific dietary requirements were taken into account. One relative said, "They know that [Name of person] needs thickened fluids and make sure that he gets them. The staff all know what food he really likes and makes sure he gets it." We observed choices of menu option being given to people through the use of visual recognition. For example, staff showed people a choice of drink or food item, and when an appropriate response had been received, a smile or laugh, they knew that this was the item of choice.

Staff were aware of people's dietary preferences. We were told and saw that menus were planned in advance over a four week period. The staff told us a different meal was available for people every day. People were supported to choose their choice of meal with staff, through the use of

Is the service effective?

pictorial images, and we were told by staff that if a person did not want what was on offer, a range of alternatives were available. People had nutritional assessments completed to identify what food and drink they needed to keep them well. We saw that staff monitored people's weight on a regular basis and that care plans were updated when their nutritional needs changed in order to maintain an oversight of people's individual weights.

People were supported to access other services, such as the local hospital, optician or dentist. A relative told us, "They are very good at making sure that [Name of Person] gets the support they need, we often go to appointments as we like to know what happens but staff will come with

us." Staff told us that they always supported people to attend required appointments when needed and were swift to act when people's care needs changed. Each person had a health plan in which their weight, medicines reviews, annual health check and calls from healthcare professionals were recorded. They underwent annual health checks and their medicines were reviewed by their GP's. People had access to healthcare services and that care plans and health action plans contained contact details for professionals such as the dietician, chiropodist and GP. Records confirmed that staff shared the information with each other and relevant professionals to ensure people's needs were met.

Is the service caring?

Our findings

People appeared relaxed with the staff that supported them and we observed that they smiled when staff were near them or made gestures that they were comfortable. One person smiled at us and nodded when we asked them if staff were friendly towards them. Relatives told us they were happy with the care their loved ones received. One relative said, "The care is great, could not be better. The staff are all nice and make sure that [Name of Person] is content and well looked after." Another relative told us, "They do want the best for people." Within the service, we found there was a relaxed atmosphere and observed that staff prompted and supported instinctively.

Staff told us they had worked with some people in the service for a long time so they had come to consider them like family and felt close to them. They worked hard to ensure people were happy and had a good quality of life. One staff member told us, "I would say that we all want the best for people, we come to work because we enjoy it." Another staff member said, "I really do enjoy working here, we look forward to seeing people when we come to work and to making sure they get the best possible care." We observed that staff made an effort to communicate with people as they passed them by and always asked if they were alright or wanted anything. Our observations confirmed that staff had positive engagements with the people they supported. They spoke with people appropriately, using their preferred names and re-enforced their spoken words with non-verbal communication methods when necessary.

Staff were happy in their roles and worked hard to ensure that people received the care they needed. One said, "We work as a team, we all pull together." Our observations throughout the day confirmed that staff provided people with kind and compassionate care. Many of the staff had worked at the home for several years which enabled people to build meaningful and caring relationships with the people.

Staff clearly knew people's likes and dislikes and ensured their preferences for support were respected. People's records included a section headed 'About Me' which provided information for staff about people's preferences, their life histories and things that were important to them. We found that this detailed how people would like to be supported with a variety of aspects of care and support.

This information enabled staff to identify how to support people in ways that they wished. Staff were able to tell us of people's personal histories and things that were important to each person they supported.

People and their relatives had been involved in the planning of care. Relatives confirmed that staff listened to them and that they were able to contribute towards ideas for the service. They also told us that staff responded to people's needs when they changed and always made sure that care was person centred, based upon their preferences and delivered according to their needs. The registered manager explained that people were involved in their care planning as much as possible, for example, we found that one person liked to sit with the registered manager who would then talk to them about their care plans. We looked at care records and saw that planning had involved family members and people who knew each person well, such as their social workers. Records were kept of any discussions or meetings and from this, any changes were incorporated into support plans to ensure that they remained reflective of current needs.

Throughout our inspection, we observed staff treating people with dignity and respect and being discreet in relation to personal care needs. People were appropriately dressed and staff took time to ensure they looked nice and were comfortable before they went out. Staff had an understanding of the role they played to make sure dignity and privacy was respected. They knocked on people's doors before entering their bedrooms and made sure doors were shut during delivery of personal care. We found that the service had clear policies in place for staff to access, regarding respecting people and treating them with dignity.

The registered manager told us that there was access to an advocacy service if required. People and their relatives had been informed of this, but staff would remind them they could access them if they felt it was appropriate. Most people in the service had the support of relatives but systems were in place to access formal support, should this be required.

We found that people's bedrooms had been personalised and decorated with personal possessions which reflected their personal interests and hobbies. The registered manager and staff told us that plans were in place for the

Is the service caring?

refurbishment of the service and we saw that people were being given the opportunity to choose the colour scheme within both the communal areas of the service and within their bedrooms.

Is the service responsive?

Our findings

Relatives told us that people's care was personalised to meet their specific needs and preferences. They told us that they were involved in planning people's care, as well as regularly reviewing it, to ensure their care plan was current and reflective of their needs. One relative told us, "I am kept involved at every step of the way. They cater for [Name of Person] needs." Throughout our inspection, we observed that people received care and support from staff which took account of their wishes and preferences. For example, in respect of what activities people wished to do or where they had their meals.

The registered manager told us that pre-admission assessments of people's needs had been carried out prior to people being admitted to the service. Most people had lived at the service for some years but records confirmed that people or their relatives had been asked for their views about how they wanted their support to be provided. From the individual content of the care records we found that people and their relatives were involved in the assessments. This ensured that they were enabled to express their views about how they wanted their care to be provided.

Staff told us that care plans enabled them to understand people's care needs and to deliver them appropriately. One staff member said, "They make it clear what people's choices and preferences are as well as their individual skills, where they need help and so on." We looked at care plans for four people and saw they contained detailed information about people's health and social care needs. The plans were individualised and relevant to each person and were clearly set out and contained relevant information. We found clear sections on people's health needs, preferences, communication needs, mobility and personal care needs. There was clear guidance for staff on how people liked their care to be given and detailed descriptions of people's daily routines.

We saw that staff kept daily progress notes about each person which enabled them to record what people had done and meant there was an easy way to monitor their health and well-being. We found that any changes were recorded and plans of care adjusted to make sure support was arranged in line with people's up to date needs and preferences.

Staff told us that people's needs were reviewed and changes were reflected in their care records. The registered manager confirmed that communication with people and their relatives was important, as were their views about people's needs or any changes. They worked hard to ensure that all records were reflective of specific needs. Records confirmed that people's needs were regularly reviewed by staff to identify if people were being supported in the best way and if their current care plans needed to be reviewed. People received care which met their individual needs because staff worked to ensure that accurate records were maintained.

Staff were aware of the need to ensure equality and diversity for people. Records showed this was an important part of ensuring people had the support they needed in a way that was sensitive to their gender, religion or beliefs. Care plans recorded if people had a particular preference for personal care from someone of the same gender.

Relatives told us that people were supported to undertake activities within the service and in the local community. People were encouraged to follow their interests and hobbies and attended a variety of events and accessed local services including shops, restaurants and cafes. Some people had additional funding, specifically to support them to undertake a range of activities. Staff realised that the ability to participate in activities was an important part of someone's life. One said, "We try hard to get people out and about, to do what they want to do and what they enjoy." The service tried to ensure that people were supported to undertake activities of their preference.

Relatives told us they attended regular stakeholder meetings, which gave them the opportunity to discuss issues and concerns and to be kept updated about any changes within the provider organisation. One relative told us about their participation within the provider's 'People's Parliament', which they attended with their family member. They stated this gave them an opportunity to be involved and have a say in how things were run. Records confirmed that regular meetings were held to enable people to discuss any aspects of their care and support they were not happy with.

Relatives told us that staff supported them to raise concerns if they had any and that they would be confident to raise any concerns should they have them. One relative said "I can always speak with [Name of Registered Manager.]" Relatives were aware of the formal complaints

Is the service responsive?

procedure in the home. We saw there was an effective complaints system in place that enabled improvements to be made and that the registered manager responded appropriately to complaints. The complaints log showed

complaints were responded to appropriately and in a timely manner. Action was taken to address issues raised and to learn lessons so that the level of service could be improved.

Is the service well-led?

Our findings

Relatives were positive about the staff, and the impact the registered manager had had since they commenced their post. Staff said that there was an open culture, they could speak with the registered manager about anything and they would be listened to and suggestions would be acted on. People and staff were empowered and had developed trusting and mutually beneficial relationships. The registered manager had an open-door policy, both to people and staff which allowed everybody to feel part of the service and involved in ways to develop it.

We found that there was positive leadership in place at the service which meant that staff were aware of their roles and responsibilities. None of the staff we spoke with had any issues or concerns about how the service was being run and were very positive about the leadership in place, describing to us how the service had improved. We found staff to be well motivated, caring and trained to an appropriate standard, to meet the needs of people using the service.

There was a registered manager in post. People knew who she was as they greeted her with smiles and were relaxed in her presence. During our inspection we observed the registered manager chatting with staff, and people who used the service. It was obvious from our observations that the relationship between the registered manager and the staff was open and respectful.

People who used the service and their representatives were asked for their views about the quality of the service provision. An annual questionnaire was sent out by the provider and staff supported people to complete their questionnaire when required. We saw from a recent satisfaction questionnaire that relatives of people who used the service had expressed their satisfaction with the support provided and the quality of leadership at the home.

Staff told us that meetings were held regularly and we saw the minutes for a recent meeting which covered individuals and any concerns about them, training and development and ideas in respect of service improvement. Staff told us the meetings were an opportunity to raise ideas. They told us they believed their opinions were listened to and ideas

and suggestions taken into account when planning people's care and support. Staff also said they felt able to challenge ideas when they did not agree with these. They said that communication was good and they could influence the running of the service.

We saw that incidents were recorded, monitored and investigated appropriately and action was taken to reduce the risk of further incidents. It was clear that the care staff were aware of all accidents and incidents that occurred and had assured themselves that no further action needed to be taken. We found that all possible action had been taken to ensure people had medical attention if needed and to protect people from recurrence of a similar nature.

Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. The registered manager was able to tell us which events needed to be notified, and copies of these records had been kept.

We found the registered manager was proactive in monitoring people's needs and the quality of service provision and responded in a timely manner when these areas required additional input. The registered manager worked with people, supporting them and delivering personal care on a regular basis as this enabled them to understand people's needs and develop an understanding of any issues which staff might encounter. The registered manager also operated a 'hands on' approach and monitored the quality of the care provided by staff whilst assisting them. In addition the area manager carried out spot checks in the evenings and at the weekends to ensure the level of service provided at these times.

The registered manager told us that frequent audits had been completed and records confirmed that audits had been completed in areas, such as infection prevention and control, medicines administration and fire safety. Where action was required to be taken, it was so as to improve the service for people. Maintenance records confirmed that health and safety checks were carried out regularly to identify any areas for improvement. Where improvements were required, actions had been identified and completed to improve the quality of the care given.