Turning Point

Dove Lane

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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Dove Lane provides accommodation and personal care for up to six adults who may have a range of care needs, including learning disabilities, physical disabilities and dementia. It is situated in a rural area, just outside of Bedford. On the day of our visit, there were five people living in the service.

Our inspection took place on 5 February 2016. At the last inspection in June 2014, 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 (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.

Staff worked hard to ensure people were kept safe and secure. Staff had been trained in safeguarding people and understood how to protect them from harm and abuse. They were aware of the actions to take to report suspected abuse. Individual risks to people had been identified and were managed appropriately with detailed control measures in place to minimise the potential for future risk to occur.

There were sufficient numbers of consistent staff on duty to meet people's needs. The service had a robust recruitment process which ensured that the staff employed were suitable to work with people. There were safe systems in place for the administration, disposal, storage and recording of medicines.

Staff received an induction which was based upon the fundamental standards of care and which determined their competency in a variety of subjects. They also had on-going training and formal supervision, to help them to deliver safe and appropriate care to people.

Staff ensured they worked in a way which recognised and respected people's rights. They understood and complied with the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS.)

People had appropriate amounts of nutritious food which was based upon their specific dietary requirements. They were supported by staff to access a range of healthcare professionals so as to maintain their health and general well-being.

People were encouraged to be as independent as possible and were supported by staff that were knowledgeable about how to meet their needs. Staff understood how people preferred to be supported on a daily basis and were skilled in communicating with people in order that they could make as many decisions for themselves as possible.

People were treated with dignity and respect by staff who understood how to promote and protect people's

rights and maintain their privacy. People had access to advocacy services when required. Relationships with family members were valued and people were supported by staff to maintain these.

People received person-centred care, based on their likes, dislikes and individual preferences. They were involved in their daily care and were helped to maintain any spiritual and emotional needs they had. People were given the opportunity to participate in a variety of activities, both individually and on a group basis.

People and their relatives were aware of how to complain if they needed to and were encouraged to contribute to the development of the service by raising any issues or concerns. This feedback was used to help identify areas for development in the future.

The service had a registered manager in place, who led a stable and consistent group of staff. The service had an open and transparent culture with staff who shared a common vision and values. Staff were constantly looking at ways they could improve the delivery of service and were encouraged to contribute to its development. The provider had robust audit systems in place, to monitor quality assurance and safety and to drive future improvements.

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 was safe.

Staff understood their responsibility to keep people safe and to report any suspected abuse or neglect.

Risk had been identified and managed to ensure that people were kept as safe as possible.

Staffing levels were sufficient to meet people's needs. Staff had been recruited using a robust recruitment process.

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

Is the service effective?

Good

The service was effective.

Staff had received a comprehensive induction, a wide range of training and supervision to support them to carry out 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 received appropriate nutritional based upon their preferences and any specific dietary requirements.

Is the service caring?

Good

The service was caring.

People and staff shared warm and friendly relationships and were supported with gentle and positive encouragement in all aspects of care.

Staff treated people with dignity and respect.

Staff used a variety of communication methods to ensure that people understood as much as possible about their care and

support.

Is the service responsive?

Good

The service was responsive.

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

People were supported to undertake a range of activities, based upon their preferences.

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

Is the service well-led?

Good

The service was well led.

The registered manager knew people well and was fully involved in their care.

The service had an open and positive culture and valued any feedback that it received from people, relatives or staff.

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

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

Dove Lane

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 5 February 2016, and was unannounced. The inspection was undertaken by one inspector.

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.

Due to people's complex needs we were unable to communicate verbally with them. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed how staff interacted and engaged with people during individual tasks and activities.

In order to gain some additional feedback we spoke with two relatives, the registered manager, and three care staff.

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.

Good

Is the service safe?

Our findings

Relatives told us they were happy with the safety of their loved ones in the service. One relative told us, "I have no worries at all; I know they look after him." Another relative said, "The staff that are there will always let you know about things. I know they would speak out if they needed to about anything." We were also told, "I have no concerns about safety at all, the doors are all safe and staff always know where [Name of Person] is." Although people were unable to confirm they felt safe, we observed that they appeared relaxed in the presence of the staff that supported them.

People were kept safe from abuse and neglect by staff that were trained to recognise and report any concerns. Through our conversations with staff, we found they understood their responsibilities in respect of protecting the people in their care. They described the signs and symptoms of abuse and explained how they would deal with a safeguarding issue. One staff member said, "I would make sure the person was safe, document everything and then report it to the team leader or manager." Another staff member told us, "We work hard to keep people safe, if things happen we learn from them to make improvements. We all know what to do if something happened." Training records confirmed that staff received regular safeguarding training. We also found that staff had accessible information in respect of how to raise concerns. Staff worked hard to ensure people's safety and to protect them.

Potential risks to people's safety had been identified within detailed risk assessments. Staff told us these informed them how risks should be managed to keep people safe, both in the service and outside, in the community. The registered manager told us, and records confirmed that risk assessments were updated on a regular basis. We found they identified specific risks which an individual might encounter, for example, epilepsy, financial or manual handling. Risk assessments were linked to care plans and provided staff with guidance on how to minimise potential risks.

The registered manager and staff discussed the recording of any accidents and incidents within the service. These were monitored electronically, although paper copies were available if they were required. Managers from across the provider organisation could access these records which allowed for a robust record of any investigations to be maintained. Records were overviewed to ensure that when appropriate, incidents were raised as a safeguarding matter.

General risk assessments had also been completed in respect of the service. The registered manager told us, and records confirmed that health and safety risk assessments were completed on a regular basis. We found that the service had a business continuity plan in place in the event of an emergency situation arising.

People were supported by staff that had been recruited safely. There was a consistent group of staff in place, which meant that people had some stability in their daily routines. The registered manager told us they had attended a recent recruitment fayre to seek new staff across the provider organisation. We found that staff files contained evidence of completed application forms and interview records. The recruitment policy was for all staff to have a Disclosure and Barring Service (DBS) check along with two appropriate references in place before they commenced employment. This meant the provider had recruitment processes in place

which ensured staff were of a suitable character to work with people in the service.

Staff told us there was enough staff on duty to enable the safe delivery of care. One staff member said, "It would always be nice to have more staff, but there are enough of us. [Name of Person] has one to one care which helps; it would be nice if everyone could have one to one care but we get everything done that we need to." Rotas showed there was a staff ratio of 3 or 4 on each shift. One of these staff undertook a sleepover shift each night and there was also one member of night staff on duty from 21.30pm to 7.30am Staff were supported by the registered manager, and deputy manager, both of whom had allocated management and care time. Any shortfalls in staffing were covered by bank staff or consistent agency staff. We found that there were sufficient numbers of staff on duty to meet people's needs safely.

People were supported to take their medication safely. We observed that people received their medications at the prescribed times. Staff were confident in administering medication because they had received training and had their competency assessed. Records confirmed this. One staff member said, "I have had training and think we have a safe system. One staff member will administer the medication and sign for it; it is then checked and signed by another member of staff." The registered manager told us all medication errors were investigated thoroughly to minimise the risk of reoccurrence. Although these were not frequent in nature, records confirmed that when they did, investigations took place to establish the cause and identify required actions to reduce future risk.

We found that there were guidelines in place for administration of medication and for when medication was needed 'as required.' Specific instructions were in place for staff to follow. Medication administration records were legible, with no gaps or omissions. Medication was stored safely and room temperatures checked to ensure no adverse reactions occurred. We found that medicines were stored correctly and audited weekly. There was a system in place to return unused medicines to the pharmacy. People's medicines were administered safely and as prescribed and by staff that had been trained and assessed as competent to do so.

Good

Is the service effective?

Our findings

People could not tell us if they thought staff were well trained but relatives considered that staff had the necessary skills and knowledge to perform their roles. One relative told us, "They all know what to do." Another relative said, "They know just what [Name of Person] needs are."

Staff told us that they were well inducted to the service when they commenced employment. They felt that the induction process supported them to spend time shadowing more experienced staff, so as to gain the confidence they needed to deliver care independently. One staff member said, "It's good to be able to use more senior staff's experience and relate it to things practically." The registered 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.

A programme of training was available to all staff to enable them to carry out their roles and responsibilities to a good standard. One staff member said, "We get lots of training. It's fun and lots comes out of it. It makes you think and keeps us updated." Another staff member said, "We have enough training, lots of face to face training and we also have e-learning courses as well." 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, fire safety and medication. Staff training was monitored in order to remind staff when refresher training was due. Staff received the necessary training to update and maintain their skills to care for people competently.

Staff told us they felt well supported by the registered manager. One member of staff told us, "The manager and deputy manager are always there to support us." Another member of staff told us, "Although we have one to ones, we don't have to wait until then to discuss any issues we have. The manager is really very approachable and very, very supportive." 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 any support or intervention. Staff told us that they always asked people what they wanted before doing something to ensure they were in agreement. One staff member said, "It is so important that people have a choice about everything." We observed staff asking people if they were happy to move from one room to another or to undertake an activity and they showed by their body language or expression that they were happy to do as suggested.

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 and staff told us, and records confirmed that they 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 all people in the service, as staff considered that their liberty may have been restricted. These actions showed that staff and the registered manager understood their responsibilities under DoLS arrangements.

People had sufficient amounts to eat and drink. 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 eye contact with a particular item, they knew this was the right choice. We found that menus were well balanced and included fresh fruit and vegetables, reflecting people's individual tastes and specific dietary requirements. 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 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.

Staff had a good understanding of people's dietary preferences and understood how to keep people safe by following specific dietary instructions based upon dietician or speech and language therapist guidance. 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, dietician or dentist. A relative told us, "They always keep us updated with any changes. Communication about things like that is very good." Staff told us that they supported people to attend required appointments 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. Records confirmed that staff shared the information with each other and relevant professionals to ensure people's needs were met. People had access to healthcare services to support their general health and well- being.

Good

Is the service caring?

Our findings

Relatives told us they were very happy with the care and support their loved ones received. One relative said, "I cannot fault it at all. The staff are all lovely. I have nothing bad to say." Another relative told us, "They work hard to make sure people have the best possible care." Within the service, we found there was a relaxed atmosphere and observed that staff prompted and supported people instinctively. During our inspection we observed warm and friendly relationships between people and staff. People were relaxed with the staff that supported them and made gestures that they felt comfortable. People reached for the hands of staff for reassurance and touched their face for comfort. It was evident that people trusted in the staff that supported them.

Staff told us they worked hard to ensure people were happy and had a good quality of life. One staff member told us, "I love it here, I really do." Another staff member said, "I look forward to coming into work and seeing people, helping them and making them happy." Staff told us they were happy in their roles and worked hard to ensure that people received the care they needed.

We observed that staff communicated with people on a regular basis, as they entered a room or passed by someone; they always sought to ensure the person was comfortable and had everything they required. Our observations confirmed that staff interacted very positively 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 so that people understood what was being said to them.

It was evident from our conversations with staff that they 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 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 told us that staff listened to them and that they were able to contribute towards ideas for the service. One relative said, "I really do feel involved in the planning of care. They will ring me if there is anything to say or any changes. Communication is always good." The registered manager explained that people were involved in their care planning as much as possible, and that this would be done through the use of pictorial images or other appropriate methods of communication. Records confirmed that care 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. Even though people could not verbally express their needs, staff intuitively

knew what people's non-verbal cues meant and addressed their requirements for personal care in a timely manner. 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. One staff member told us, "We do respect people and try and ensure their dignity is maintained. We close doors during personal care and respond to people when they need something." Staff had participated in a recent dignity day run by the local authority. This had highlighted the importance of this amongst the staff team and had given them the opportunity to see what relatives considered were important aspect of maintaining people's privacy and dignity. 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. Information was provided to people in a variety of formats in accordance with their needs. Accessible versions of information about the service and other external agencies were provided for people if required.

People were supported to maintain relationships with people who were important to them. Relatives were welcomed into the service and there were no restrictions on times of the visits. One relative told us, "I am always welcomed in and made to feel at home." Through our conversations with relatives we found that good relationships had been developed between them and staff.

Good

Is the service responsive?

Our findings

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. We were told that some recent pre admission assessments had been carried out for the remaining vacancy within the service and that had taken into account whether any new admission would be able to be cared for appropriately by staff and whether they would fit in with the other people already living in the service.

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. 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. 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.

Staff told us that care plans enabled them to understand people's care needs and to deliver them appropriately. One staff member said, "There is a lot of useful information in them." We looked at care plans and saw they contained detailed information about people's health and social care needs. The plans were individualised and relevant to each person, 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.

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. Monthly well-being checks were made by staff and took into account people's activity preferences, any changes within their condition and any other issues there were. These often recorded any progress made towards a person's goals and aspirations made in the month. 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.

People were encouraged to follow their interests and hobbies and attended a variety of events and accessed local services including shops, restaurants and cafes. One relative told us how their loved one really enjoyed going horse riding and that they showed how much they loved it by smiling whenever it was spoken about. Staff worked hard to make sure that people were kept occupied and stimulated in accordance with their preferences. During our inspection, we observed that those people, who wanted to, were taken out for a walk on a one to one basis. Other people were involved in a game of snake and ladders

and bingo. Staff worked really hard to support people to throw the dice or move their counter so that they were kept involved. When people lost interest, another activity was provided for those who wanted to join in. The service tried to ensure that people were supported to undertake activities of their preference.

Relatives told us they attended stakeholder meetings, which gave them the opportunity to discuss issues and concerns and to be kept updated about any changes within the provider organisation. 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.

The registered manager told us that they were due to send out a quality assurance questionnaire in the very near future. This had been completed in other years by the provider and we saw evidence to confirm that the results had been analysed so that lessons could be learnt and any issues or ideas for improvement could be acted upon.

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 "haven't got any complaints at all but I know that if I did, I could talk to the manager." Relatives were aware of the formal complaints 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. Action was taken to address issues raised and to learn lessons so that the level of service could be improved.

Good

Is the service well-led?

Our findings

Although people could not express to us that they knew the registered manager as being the manager, we observed that they identified well with them and recognised them as being someone who would help and support them. Relatives were very positive about the registered manager and how amenable to feedback they were and how approachable they were. One relative said, "The manager is great, I can talk to him about anything and I always get a response. He really does care."

We found that there was positive leadership in place at the service which enabled staff to fully understand 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. One staff member told us how the registered manager had supported them through a period of ill health. They said, "[Name of registered manager] is the best manager I have had." The positive management structure in place enabled staff to feel valued. As a result of this ethos, we found staff to be well motivated, caring and trained to an appropriate standard, to meet the needs of people using the service.

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.

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.

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.