Turning Point

Turning Point - Avondale

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

Turning Point Avondale is registered to provide care without nursing for up to 8 people with varying degrees of learning disability. At the time of the inspection there were 8 people using the service. People had their own bedrooms and there were spacious shared areas within the home and gardens. The home is purpose built and offers only ground floor accommodation. The home was last inspected on 10 February 2015 and was rated of 'Good' overall.

The inspection took place on the 14 and 15 February 2017 and was unannounced.

There was a registered manager in post at the service. 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.

Staff had the knowledge and confidence to identify safeguarding concerns and who to report these to. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening.

Medicines were managed safely. We observed medicines being administered. Staff knew what medicines were for and explained to people what they were taking.

The ordering, storage and disposal of medicines was well managed. Stock levels were regularly checked to ensure there was sufficient medicines available to people according to what they had been prescribed.

Risk assessments had been completed and guidance on how to provide care in response to these were available in people's care records.

Staff received regular supervision and annual appraisals which staff said were helpful and productive. Actions identified during these meetings were followed up as appropriate.

The service worked within the requirements of the Mental Capacity Act 2005. Where decisions were made in people's best interests, documentation to support this was available in people's care files.

People had access to health and social care services as required. Referrals were made as appropriate in response to changes to people's needs. For example, GPs, physiotherapists, occupational therapists and speech and language therapists.

There were positive caring interactions from staff towards people using the service. Staff knew how to support people to be independent; giving them choices. People's care records had details of their

preferences, likes and dislikes. Staff were also aware of these and knew people well.

People participated in activities such as arts and crafts, puzzles and visits to day centres. People's relatives told us there was sometimes a lack of interaction and stimulation for their family members and that very little happened at weekends. The registered manager told us they were currently in the process of improving activities within the home with a particular focus on encouraging people to be engaged with more routine day to day activities as well as improving and enhancing social activities.

Staff spoke highly of the registered manager and told us they were positive about some recent improvements such as the recent recruitment of new staff.

Systems were in place to track when staff training was due and to ensure this had been completed. Where staff were due training, this had been scheduled accordingly. Quality assurance processes were in place and action plans written and responded to following identification of shortfalls or issues.

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

This service was safe.

People were protected against the risks of potential harm or abuse.

Risks assessments were in place and action plans detailed how to minimise these risks.

People's medicines were managed and administered safely.

Is the service effective?

Good

This service was effective.

Staff received training to equip them with the necessary knowledge and skills required to meet people's needs.

People were supported to maintain a healthy weight and there were positive comments about the quality of the food.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP, health or social care professionals.

Is the service caring?

Good

The service was caring.

People were supported by staff who were caring and respectful towards them.

People were treated with compassion and kindness in their day to day care.

Staff showed concern for people's well-being in a caring and meaningful way and responded to their needs.□

Is the service responsive?

Requires Improvement

The service was mostly responsive.

Feedback from people's relatives stated they would like more opportunities for their family members to have more to do. The registered manager confirmed plans were currently in place to address this.

Care and support plans were personalised and reflected people's needs and choices.

People were given information on how to raise a concern or complaint in a clear and simple format which helped them understand.

Is the service well-led?

Good

The service was well-led.

Quality assurance systems were in place to monitor and continually improve the quality of service.

People, their relatives and staff had confidence the home manager would listen to their concerns and would be dealt with appropriately.

The service had a positive culture that was person centred, open and inclusive.

Turning Point - Avondale

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 14 and 15 February 2017 and was unannounced.

One inspector and an expert by experience carried out this inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before we visited, we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. We reviewed 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.

We used a number of different methods to help us understand the experiences of people who use the service. This included talking with two people who use the service and three of their relatives about their views on the quality of the care and support being provided. During the two days of our inspection we looked around the premises, observed the how staff interacted with people and the way they supported people.

We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records, which included four care and support plans, daily records, staff training records, staff duty rosters, personnel files, policies and procedures and quality monitoring documents. We looked around the premises and observed care practices.

We spoke with the registered manager and five care staff. We received feedback from three health and social care professionals who worked alongside the service.

Good

Is the service safe?

Our findings

People were kept safe from abuse by staff who were trained to recognise any such concerns. Training records showed that all staff had received safeguarding training. Staff we spoke with were able to tell us how they would identify if someone who could not speak was being abused. They gave us examples such as looking at facial expressions, body language, change in usual vocal sounds and change in behaviour. One staff member told us safeguarding to them was "to keep the person you're supporting safe from abuse and if you notice anything untoward report it". Another staff member told us "I would report to the manager immediately or the on call if the manager was not available I would contact them to seek support".

Medicines were managed and administered safely. There were clear instructions in people's care plans and medicine administration records (MAR) to indicate how and when medicines should be administered. Each person had a medicines profile in their care records. Information in these included any known allergies, what medicines they were taking and their possible side effects and whether they were prescribed medicines to be taken 'as required' known as 'PRN' medicines. Where people were on PRN medicines, there was a clear protocol in place which gave guidance on the amount and frequency these medicines could be administered as well as their indication for use. Staff member's understanding and compliance in the administration and management of medicines was confirmed through our observations during the inspection. For example, one person required their medicine a specific time before having a meal and we saw this is what happened in practice.

The storage, ordering and disposal of medicines was managed effectively. Systems were in place to ensure there was sufficient stock available, to ensure stock rotation and to track expiry of medicines. When medicines were disposed of there was a system in place to manage and document this.

There were sufficient numbers of staff to support people in line with their needs. Staff told us they had enough time to support people and usually had four staff members working during the day; a staffing ratio of two staff to one person and two staff on duty at night. When we asked one person about the time it took staff to respond when they called for help they told us "I shout, staff come quick".

People's relatives and staff told us in recent months there had been a high turnover of staff. The registered manager said they had the authority to provide additional staff when required and this had recently meant deployment of agency staff to cover any shortfall in staff numbers. To ensure consistency and stability for people using the service, the same regular agency staff worked at the service and completed an induction when working there for the first time.

Safe recruitment and selection processes were in place. We looked at the files of four staff and found that appropriate checks were undertaken before they commenced work. The staff files included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS) and evidence of their identity had been obtained. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

Accidents and incidents were well documented. Where injuries had been sustained following an accident, details of these were available on body charts showing the area and size of the injury and advice for care and follow up following injuries was also documented.

Risks to people's safety had been assessed and actions taken to mitigate these risks. Risk assessments were available in the care records for each person using the service. These risk assessments included information on risks such as medication, bedrails, community access, mobility and transport and management of finances. Where risks had been identified, care plans contained clear guidance for staff on how to manage and mitigate these risks. Staff demonstrated a good understanding of these plans, and the actions they needed to take to keep people safe.

Good

Is the service effective?

Our findings

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.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and other staff demonstrated their understanding of consent, mental capacity and DoLS. The registered manager had submitted DoLS applications to the local authority for those people requiring 'constant supervision'. Best interests meetings were held as appropriate and records of these were available in people's care files. Staff were able to describe their understanding of the MCA 2005 and the effect of this on their daily work. They were able to tell us who had a DoLS referral with explanations to why these had been made.

Regular supervisions and spot checks were performed to assess the knowledge and capability of staff to support people with their specific needs. Spot checks were performed by managers from other services provided by Turning Point to assess staff knowledge. The registered manager told us about the last spot check and all staff had participated in a quiz to determine their knowledge around the five key principles of the Mental Capacity Act 2005 and confirmed all staff were able to respond correctly.

We talked to the staff about when they last had their supervision whether it was a productive experience and whether there were any changes to the way they worked as a result. One staff member told us "I had one (supervision) a week ago as I had been off for a couple of weeks so we discussed any changes and had a good handover. I feel the manager is approachable and I can approach her anytime I don't have to wait until next supervision."

Staff received training that equipped them with the necessary skills and knowledge required to support people in line with their needs. Staff told us the training they attended was useful and was relevant to their role. They said this included training on manual handling including use of a hoist, autism, and epilepsy, positive behaviour support, and for those who required it; training in medicines management if this was specific to their role. The registered manager had a record of all training staff had completed and when refresher training was due. We talked to one staff member about what training they had received to allow them to administer medicines. They said they received face to face training, completed an e-learning module and competency tests. When we asked one person whether they felt staff knew what they were doing and whether they provided the care they needed they replied "yes".

New staff received a comprehensive induction which included shadowing more experienced members of

staff before working independently. Mandatory training was completed during an induction period which included safeguarding, equality and human rights, fire safety, manual handling and health and safety. One staff member told us " I completed my induction several years ago and I am currently completing a refresher induction booklet". Another staff member told us "I completed an induction work book, was introduced to all individuals, read their care plans, shadowed and observed staff supporting people. I feel this was adequate for my role". The registered manager told us new staff were given policies and procedures and asked to complete a signature sheet to confirm they had read and understood these. Documents we saw during the inspection confirmed this.

The service responded well to people's dietary requirements and people were supported to maintain a healthy weight. One person who had lost weight due to being unwell had been given fortified drinks which had helped them to re-gain weight. One staff member told us "We regularly offer food and drinks throughout the day and all information is recorded in their daily notes. Individuals will also let you know if they want something. We record on weight charts which are kept in daily notes and monitor food intake. If there are any concerns we will discuss this with their doctor".

There was a varied menu which people were able to choose from. Alternatives were offered when people preferred to have something else. One staff member told us "If they choose not to eat we offer them something else or they can come into the kitchen and choose what they want". This was confirmed through our observations during the inspection when a person entered the kitchen with staff and chose what they wanted for their tea by pointing at various items. One person told us I like the food. Fish and chips are my favourite and I can choose this if I want it."

People's relatives were positive about the quality of the food. Comments included "The food is very good. The dinners look lovely and fresh cooked vegetables" and "The food is good quality. There is a varied menu and X (family member) gets enough to eat. It seems to always be home cooked and fresh".

People were supported to maintain good health and had access to health and social care services. There was clear information in people's care plans about monitoring for signs of deterioration in their condition and details of which health and social care staff to contact if required. The service made referrals as appropriate in line with people's changing needs. For example, during the inspection, a speech and language therapist visited to carry out an assessment on someone who had been identified as at risk of choking. One person had been prescribed a topical cream for a skin condition. Staff told us they had contacted this person's GP when they had monitored this and identified it was not improving. Another staff member told us all forthcoming appointments were kept in a diary and people would attend appointments with staff who knew them well. Following the appointment they said important information would be entered onto their health appointment charts.

Good

Is the service caring?

Our findings

People were supported by staff who gave them the opportunity to make their own choices and supported them to make decisions. One member of staff told us "We give choices with clothing, food, how they spend their time and when they wish to get up or go to bed and not doing stuff for them if they can do it themselves." Feedback from a health care professional stated "I have observed the staff team attempting to meet the different needs of individuals, acknowledging that some individuals wish to eat meals in different areas of their home and putting measures in place for this to be achieved".

People their relatives and healthcare professionals told us staff were kind and caring. One person told us "Yes they are caring and kind and yes they always ask me if I like a bath or shower and what clothes I would like to wear". Comments from people's relatives included "I always get a nice impression when I walk through the door. All residents are well cared for and their needs are met. There is never any need for complaints", "I am always welcomed with a cup of tea and never feel a nuisance. The staff know her (family member) well, and can anticipate her moods and signals" and "They (staff) respond to their needs very well".

We observed caring interactions from staff towards the people they were supporting. All staff were polite and positive when communicating with people and people were confident in approaching any member of staff for support. We observed one person being assisted by a hoist from the floor to their chair. The staff supporting this person explained to them what was happening and the person responded positively. Another person who had chosen to lie on the floor, indicated they wanted to play with a balloon. Staff positioned themselves on their level and interacted with them. The person responded by smiling and laughing. On our arrival on day two of the inspection, a staff member was supporting a person to get onto the minibus. They wheeled their chair onto a ramp, explaining what they were doing. They talked, sang and laughed together. The staff member explained what they were doing throughout and reassured them they were safe as they raised the ramp to the minibus.

The registered manager told us they involved people using the service in the recruitment of staff. They arranged for staff to meet them on the day of their interview and see how they interacted with them. They also asked people for their opinion on the suitability of staff prior to them being offered employment at the service.

People's bedrooms were personalised and contained pictures, ornaments and things each person wanted in their bedroom. One person said of their room "I like my bedroom and wheelchair. It fits ok".

People's privacy and dignity were respected by staff who understood how to promote this. One person told us staff always knocked on their door before entering their room and always sought their permission before doing things for them. One staff member told us "We close doors when delivering personal care, always knock before entering the room, we do not de-skill the people we support but encourage them to do as much as they possibly can to maintain their independence"

Staff knew people well; their likes, dislikes and personal preferences. Staff told us how people liked to be supported; what toiletries they preferred, the clothes they liked to wear, what sort of bedding they liked and how to spend special occasions such as birthdays and Christmas. One staff member told us "I read care plans and check they are correct, check appointments are in the diary and plan activities and outings they choose or may like. I look at their signs and gestures to ascertain whether they are enjoying something and make sure that all non-verbal communication is continuously updated in their care plans".

People were supported to contribute to decisions about their care and were involved wherever possible. Staff told us they would look at people's care plans with them and use pictures, Makaton, symbols and gestures relevant to their communication needs to help them with their input and understanding of them.

Requires Improvement

Is the service responsive?

Our findings

People's relatives told us there was sometimes a lack of interaction and stimulation for their family members and that very little happened at weekends. Comments included "Staff can be walking around, making sure people are safe, but there is very little joint interaction at any time. I would love to see more interaction", "There is no one in charge of activities. It can be the nicest weather and people are all still inside as there are not enough staff to manage both environments (people being inside and outdoors). I would like X (family member) to be supported to get out and about and do more community stuff" and "X (family member is cared for, looked after etc. but beyond that, there is very little in the way of activities and there is no real enthusiasm to take this on board. We have been told more recently though, that the service is planning to do this and that".

During the inspection, people participated in activities such as arts and crafts and puzzles. People were also supported to participate in organised external activities such as attending day centres, social clubs and places of worship. The home had a large garden. One person who told us they needed staff to support them to go into the garden said they liked the garden and enjoyed watching the squirrels. However, people were not always fully supported to take part in meaningful activities. For example, one person was given a balloon to handle. They moved around the dining area sometimes in a wheelchair and other times by walking holding onto the furniture. They did this from 10am until lunchtime. One care staff stayed with them, occasionally following them around the room but there was little in the way of interaction with this person and no different activities were offered. When we looked at their care plan, it stated "Ensure X has lots of activities to do to prevent boredom. Put together a box of different activities for X to choose from".

When we spoke to the registered manager, they told us some staff working at the service on the day of the inspection were outreach workers who were supporting people but were not directly employed by the service and they had already reported some concerns around their lack of interaction and focus. They told us they were currently in the process of improving activities with a particular focus on encouraging people to be engaged with more routine day to day activities. This included teaching people life skills at a level appropriate to them such as helping with the laundry and making their own beds as well as improving and enhancing social activities. They told us they were in the process of introducing hydrotherapy for some people as this helped them physically with their movement and flexibility. The registered manager told us they were also looking into having more staff on duty in the evenings when there was not as much happening which gave the opportunity for more activities to be implemented.

Care plans provided guidance for staff on how to care for people in line with their needs. Where risks had been identified guidance was available in their care records on what steps staff should take to mitigate those risks. Staff told us they had time to refer to people's care plans and that these provided guidance for them on how to support people. One member of staff told us "I learnt how to administer rescue medication for when one of the people we support has a seizure and all the information is in their personal care plan".

In the care plan for one person there was a risk assessment in place which stated they were at risk of choking. The care plan detailed how their food should be prepared and how to keep them safe by ensuring

they were sat in an upright position when being supported with their meals. This was confirmed through our observations during the inspection. There was a communication book which was used to prompt staff to look at specific areas of people's care plans where changes had been made regarding their health and well-being. There was also a dairy for staff to refer to which included reminders for clinic appointments, visits due from health and social care professionals and prompts for ordering supplies.

Following the internal audit for one person's care plan it had been identified the information had been too generic and specific for that individual. In response to this the service had liaised with other health care professionals to ensure their care plan gave the most up to date and clear guidance in line with this person's needs.

People were supported by staff who knew their preferences, likes and dislikes. People's care plans included how they liked to be referred to, their preferred daily routines, what sort of food they liked and how they liked it to be cooked and what sort of things they liked to do. In one person's care plan it stated they liked staff to support them with choosing and buying presents for their family and there was a diagram detailing the people who were important to them. In another care plan it stated a person was unable to form words but detailed what non-verbal actions they used to communicate how they were feeling and to tell indicate to staff what they wanted to do. This was confirmed from our observations of their interactions with staff. A monthly 'well-being' review was documented and filed in people's care plans. This included details of activities they'd had the opportunity to take part in and also their general mood and any concerns such as changes in behaviours.

People were given the opportunity participate in the development of their care plans. For example, in one person's care records it stated they had a meeting with their key worker every six months to discuss their goals and aspirations as well as new opportunities they would like to have. This person liked to go away on holidays. As part of the planning for this, holiday brochures were provided and staff supported them to look on the internet and choose holidays within their budget.

Information was provided to people in a variety of formats which suited them and their needs. Sections of their care plans were produced in simple English, photographs, pictures and symbols were included to ensure people had the best chance of understanding what was written.

People and their relatives were given the opportunity to provide their feedback on the quality of the service. In response to the service identifying that feedback sheets sent to people's relatives were not an effective method of obtaining this information, the registered manager had set up 'family forums' to enable families to share their feedback. People's relatives told us "If there are any issues these are dealt with. They (registered manager) are aware we think there is insufficient activity but for the last 12 months (referring to staff and registered manager changes) we have given them the benefit of the doubt".

People were given information on how to complain. Pictures of key staff were on display and explanations in simple English with pictures to assist people to understand this information were available. People were given a survey which was last sent out in July 2016. There was clear English, pictures and symbols which helped them understand and respond to the questions.

Minutes from the last resident meeting showed there had been a discussion about activities and people were given the opportunity to ask for things they would like to do. Other items covered were menu choices, reminding people how they could complain if they were not happy about something, and feedback on what activities, trips and holidays they had recently enjoyed.

Good

Is the service well-led?

Our findings

There was a registered manager in post and they were available throughout the inspection. The registered manager interacted positively with people who lived at the home. There were many positive comments about the registered manager and staff team saying they were approachable and supportive. One staff member told us "I believe we have a really good team" One person we spoke with told us "My views are listened too. I think this is a good place to live". Comments from a healthcare professional stated "There have been a number of management changes at Avondale over a relatively short period of time. However, the current manager has been there for some time now and appears to be providing a level of stability and appears to be respected by support staff. From the discussions I have had with the manager she expresses her determination to improve the service".

People's relatives told us since the new registered manager had been in post, things had improved and that "key members of staff are excellent at what they can do within their capabilities making the environment fun". Other comments included "X (registered manager) is brilliant and very efficient. Things have improved since the last management" and "There is a relatives meeting tomorrow. All staff are approachable and quick to respond to queries".

However, two relatives who had many positive comments about the service said they would like more communication on the progress of their family member. Comments from one relative included "There have been times when communication has been good but overall, lines of communication could be improved. There used to be a communication book but there is none available now. We would like to receive more updates". Another relative told us although they were overall really happy with the service, there had been times when they had not been informed about changes to their family member's health which they felt were important and they would like to have been told about.

Regular staff meetings took place and staff told us they could approach the registered manager at any time including during their supervisions and also during staff forums.

Systems were in place to monitor the quality of the service. Monthly and quarterly audits were completed which covered areas such as staff training, medicines management, supervision and appraisals and care plans. People's care needs were also assessed to identify trends or specific issues such as weight loss or concerns regarding people's well-being for example, in their changes in behaviour. Where issues had been identified with regard to the availability of meaningful activities for people, the registered manager had already addressed this internally and plans were in place to implement the necessary improvements.

The registered manager told us when they started working at the service, they had reviewed the effectiveness of the quality assurance systems. One of the improvements they had identified from this was that the staff supervision log had not been kept up to date. In response to this they improved the system for tracking when staff supervisions were due and we saw evidence from records we reviewed that this system was effective and supervisions were up to date.