

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Turning Point-Kent DCA

Room IS7, Kent Innovation Centre, Millennium Way, Thanet Reach Business Park, Broadstairs, CT10 2QQ

Tel: 07891545725

Date of Inspection: 06 June 2013

Date of Publication: July 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Turning Point
Registered Manager	Ms. Karen Carley
Overview of the service	Turning point are register to provided personal care to people in their own home. The provider offers a service to 28 people who manage different levels of learning disability.
Type of service	Domiciliary care service
Regulated activity	Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Respecting and involving people who use services	5
Consent to care and treatment	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Assessing and monitoring the quality of service provision	11
About CQC Inspections	12
How we define our judgements	13
Glossary of terms we use in this report	15
Contact us	17

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 6 June 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

People who could, told us that they were happy with their care. We saw documentation that demonstrated the service instilled person centred practice and worked with the people they supported rather than automatically doing things for them.. One person said "The help I get means that I can live independently and do the things I want to do". Another person said "I like my support workers, they help me a lot". Staff had received guidance from supervisors and their work was monitored to make sure that they continued to meet people's needs in a reliable way. This was being done through individual supervision meetings with supervisors, staff meetings and spot checks. We also saw that annual appraisals were carried out to promote professional development and reflect any regulatory and / or professional requirements. Staff told us that they felt supported and received sufficient training. This helped ensure that people's health and welfare needs were being met by a competent staff team. People told us that they were satisfied with the personal care they received and that their independence was encouraged.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care

Reasons for our judgement

People were supported in promoting their independence and community involvement. People who used the service told us that they were happy with the care and support they received. They told us that they had been involved in an initial assessment, conducted within their home, prior to the service starting. They said they had the opportunity to discuss their support and care needs, whilst details on how it was delivered were explored. People said that the staff were polite, caring and helpful. They said staff supported them to remain as independent as possible and encouraged them to make everyday choices. One person who used the service told us, "The staff always treat me with respect". A relative we spoke with told us, "The carers make every effort to maintain my relatives' dignity and encourage them to be as independent as possible".

We found that some of the support plans were in picture format only. The manager explained that some of the people who use the service were not able to read or understand complex sentences'. Therefore, the service had devised some individual support plans in picture format so that they were easily understandable. This meant that people who used the service were facilitated to understand their support needs and the treatment choices available to them in an informed way.

We saw records that demonstrated people's care had been discussed with them and that they had agreed to the care and support they received. People who used the service and their representatives were aware of their care plans. They knew that these records explained to the staff what they needed to do to assist with people's individual care and support.

People told us and we saw that the provider regularly used surveys to collect peoples opinions on how the service was run. We saw that people made positive comments about the service they received. One person commented, "I am pleased with the support I have, its good". This meant that the provider could demonstrate that people who used the service expressed their views, were listened to and were included in decisions about their care.

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Some of the people using the service were not able to understand the support they needed and were not able to communicate or express themselves easily, due to their level of disability. We asked staff members how they knew what support people needed and how they understood their wants and wishes on a daily basis. One member of staff told us "It's about getting to know the people you support really well, so you can read the signs and signals they give you." Another member of staff said "We follow the care and support plans and if we discover something new that a person likes or dislikes, we share that knowledge with other members of the support team so we can better understand their decisions and choices and advocate for them". Relatives we spoke to confirmed that they were fully consulted on any major decisions and were included in their relative's capacity assessments and any additional meetings. One relative told us "The manager has contacted me on several occasions in connection with my relative's decisions. One of the things I like is that they never ask me what I think the decision should be, but rather what decision do you think your relative would make if they were able to understand the situation fully. It's only a little thing, but it makes all the difference".

People who used the service, who could, told us that they had signed their care plans and that this meant they worked with a support worker to go through it. They were clear that this did not mean that they understood all of it. One person told us, "Our support workers go through it with us, it's too big to understand in one go" Another person told us " My support worker reads bits out to me so I can say if I understand and agree with it, sometimes we change it".

We found that the provider acted in accordance with their legal responsibilities, policies and protocols around peoples capacity and consent. We saw that documentation such as care and support plans were detailed and were person centred. This meant that the provider highlighted the individual person's wishes in a format that the person could understand. The provider documented when people may have difficulty with decisions. We saw evidence of mental capacity assessments and that the provider followed the best

interests process effectively when necessary.

People who used the service told us, and we saw, that the manager and staff encouraged people to make decisions by providing the appropriate support and information, at a level each individual would understand and benefit from the most.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We saw that every person who used the service, had an individual support plan. These were written in a way that enabled them to participate in the planning of their care and to understand what kind of support staff would provide. Reviews were found to be held regularly and in conjunction with people's relatives and other agencies such as health or social services representatives. We saw that people's health needs had been assessed and they had been supported to attend routine health check-ups as needed.

We saw support plans which included details about how to make sure people were receiving the care they needed. For example, we saw moving and handling risk assessments to support people with their mobility. There were details of equipment used and the number of staff needed to make sure people were moved consistently and safely. There was also reference to the professional assessments by the Occupational Therapist. We found that staff received specific training with individuals who had complex needs on how to move them safely.

People's dietary needs had been assessed. We saw that when a person was at risk of poor nutrition, the service was monitoring their food and fluid intake closely with help and advice from a dietician. We saw evidence in the plans of how to encourage people to eat as healthy as possible.

We found that the care and support plans included clear guidelines on how to communicate with people on an individual basis and included how to make the best use of aids, such as picture boards for people who needed to incorporate them.

We saw up to date and comprehensive risk assessments which included risks to people's wellbeing and found that the provider used the positive risk assessment approach. This meant that the provider encouraged a "can do" attitude.

We saw there were clear agreed guidelines for staff on how to support people whose behaviour may challenge. This meant that people had risk assessments in place to make sure they were as safe as possible along with details of people's personal triggers and other behaviour charts.

The manager and the staff at the service were able to demonstrate that they understood and were committed to meeting people's needs in a person centred way. This meant that the needs of the people using the service influenced how the service was run.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider and staff were clear about what action would need to be taken if they witnessed abuse or if an alert was raised, staff we spoke to demonstrated that they knew the process for reporting abuse from both inside and outside the agency. Staff told us and training records confirmed that they had received training in safeguarding vulnerable adults.

Security checks on staff had been completed, including up to date police checks and reference checks. This ensure that they were suitable to work with people who were vulnerable.

There were systems in place to ensure that people's money was managed effectively and safely. There was a record that showed how money had been spent and all transactions were supported by a receipt. Staff spoken with knew where to find the safeguarding and whistle blowing policies and procedures. They told us that this information was also included in their induction process.

We saw that the provider had a copy of the multiagency safeguarding policies and procedures and that it was made easily available to staff This meant that the provider made suitable arrangements to ensure people were safeguarded against the risk of abuse.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and they were acted upon. The agency had a number of different methods in place to monitor the quality of its service and ensure that people were satisfied. As well as the provider sending out a survey each year, senior staff also monitored the quality of care when carrying out reviews of the care plans.

We saw records that showed people who used the service had recently completed a survey. The results of the survey were not yet available at the time of the inspection although the provider told us that if there were any issues they would be addressed. There were systems in place to check that care records were completed. These included medication records, care plans and daily reports of the care provided.

Staff had appraisal and supervision sessions with a senior member of staff, at which the quality of their work was reviewed. Staff told us that they worked well as a team and cared about providing a good quality care service. One staff member said: "We provide a service which revolves around the person's wants and needs".

Risk assessments had been undertaken as part of the initial support needs assessment. These included mobility, medication and environment. Staff were aware of reporting any risks to the office. They said that when this occurred, for example, if a person's level of ability had changed, a review of the care plan and risk assessment was carried out and updated accordingly. Information on how to complain was included in the care folder in people's homes. This means that the provider regularly assessed and monitored the quality of service and reasonable adjustments were made when needed.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
