

Leading Lives Limited

John Turner House

Inspection report

Rotterdam Road
Lowestoft
Suffolk
NR32 2EZ
Tel: 01502 580844

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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	

Overall summary

John Turner House is a short break respite service providing care and support for up to 7 people with a learning disability. At the time of our visit there were 6 people staying at John Turner House.

The inspection was unannounced and took place on the 12 August 2015.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers they are registered persons; registered persons have legal requirements in the Health and Social Care Act 2008 and associated regulations about the service is run.

People told us they felt safe and secure when they came to stay at John Turner House. There were systems in place to reduce the risks to people and protect them from avoidable harm.

The service had in place robust recruitment procedures which ensured that staff had the appropriate skills, background and qualifications for the role. There were

Summary of findings

enough suitably trained and supported staff available to support people during our inspection. There were effective systems in place to ensure that medicines were stored, managed and administered safely. People received appropriate support to take their medicines.

Staff told us they felt supported by the management of the service and that the training they received provided them with a good understanding of topics such as the Deprivation of Liberty Safeguards (DoLS). People and one relative spoke highly of the staff and told us they would have “no issue” raising concerns or issues with them.

The service was complying with the requirements of the Mental Capacity Act (2005) and the DoLS. Appropriate DoLS applications had been made where required and assessments of people’s capacity were completed appropriately. People were supported to make decisions independently and were encouraged to develop independent living skills.

People were encouraged and supported to take part in activities they enjoyed at the service and to access the community with staff. People told us about the things they enjoyed doing when they came to stay at the service.

People spoke positively about the care and support they received when they came to stay at the service. People and their relatives had input into the planning of their care and support. Staff demonstrated that they knew the people using the service at the time of visit well.

There were systems in place to monitor the quality of the service and to identify shortfalls or areas for improvement. There was an open culture at the service. People using the service, their relatives and staff were given the opportunity to express their views and these were acted on by the service. There was a complaints procedure in place and people told us they knew how to make a complaint if they weren’t happy.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were enough staff to meet people's needs. Recruitment procedures were robust.

People's medicines were managed, stored and administered safely.

Risks to people's safety were planned for, monitored and well managed by the service.

Good



Is the service effective?

The service was effective.

Staff received appropriate training, support and development which enabled them to meet people's needs effectively.

People were provided with a range of food and drinks which met their nutritional needs.

Consent was obtained appropriately. Staff and the registered manager complied with the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Good



Is the service caring?

The service was caring.

Staff treated people in a kind, caring and respectful manner.

People formed close bonds with the staff and a caring atmosphere was promoted by the provider and the registered manager.

Good



Is the service responsive?

The service was responsive.

People received care which was planned and delivered in line with their personalised support plan. People had input in the planning of their care.

People and their relatives were supported to give feedback on the service and suggest areas for improvement.

There was a complaints procedure in place and people knew how to make a complaint.

People were supported to pursue their interests and to access activities of their choice in the community.

Good



Is the service well-led?

The service was well-led.

There was an effective system in place to monitor the quality of the service and identify shortfalls.

There was an open and inclusive culture in the home, with staff and people using the service encouraged to help improve the service they received.

Good



John Turner House

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 12 August 2015 and was unannounced. The inspection was undertaken by one inspector.

The provider completed a provider information return (PIR). This is a form that asks the provider to give key information about the service for example what the service does well and any improvements they intend to make. Before the inspection we examined previous inspection records and notifications we had received. A notification is information about important events which the service is required to tell us about by law.

We spoke with four people, one relative, three members of staff and the manager. We looked at the care records for five people, including their care plans and risk assessments. We looked at staff recruitment files, medicine records, minutes of meetings and documents relating to the monitoring of the service.

Is the service safe?

Our findings

People told us they felt safe when they came to stay at the service. One person said “I feel safe and it is nice.” Another person said “yes, yes, very safe, yes.” One relative told us “I am assured [relative] is safe here, I feel relaxed in that knowledge.”

There were detailed risk assessments in place for each person using the service, and these had been updated and reviewed at the time the person arrived at the service. There were clear plans in place detailing how staff could reduce the risks to people without limiting their independence. Assessments included hazards and risks associated with accessing the community, epilepsy and the use of electrical equipment within the service. Staff told us about the risks to individuals and how they minimised these risks on a daily basis.

We observed that staff were proactive in keeping people safe and minimising the risk of avoidable harm. For example, we observed one staff member supporting a person to move around the home safely and minimising the risk of them falling.

Incidents, accidents and any safeguarding concerns were monitored and investigated thoroughly. Systems were in place to track these for trends and to inform measures which may reduce the risk to people in the future.

There were enough staff to meet people’s needs. The manager told us that the staffing levels were reviewed on a

weekly basis and were dependent on the needs of the people staying at the service. One person told us “[Staff] are always with me.” Another person talking about the staff said “I think there are enough; they always want to talk to me.” A relative of one person told us “[Relative] gets a lot of attention and time from staff here, which is good for [relative] as we can’t always offer it at home.” Staff told us there were enough staff to meet people’s needs. One said, “They don’t run us short, there’s always enough.” Another staff member told us “Oh definitely, no concerns there, we are never short.”

There were robust recruitment procedures in place to ensure that prospective staff had the skills, knowledge, qualifications and appropriate character to care for people made vulnerable by their circumstances. The checks undertaken included obtaining references from previous employers and ensuring the staff member did not have any relevant criminal convictions. These checks were confirmed by a staff member recently employed by the service.

People told us they had their medicines when they needed them. One said “[Staff] do the pills here, mum does at home but they do them here.” Another person commented “I have lots of them every day.” Where people were prescribed ‘as required’ (PRN) medicines, there was appropriate documentation in place to guide staff on why the medicine had been prescribed and when it would be appropriate to administer this medicine. Medicine were stored and administered safely, and by staff suitably trained to administer them.

Is the service effective?

Our findings

People told us that staff asked for their consent before supporting them. One person told us “They don’t do it without me saying so.” Two other people agreed that staff asked them first before helping them. A relative for one person said “The staff are good at making [relative] feel in control. Based on what I have seen, it doesn’t seem like anything is done against [relatives] wishes.” Our observations confirmed this. For example, we saw one staff member asking a person if they could help them to the toilet. We observed another staff member asking for permission to go into the person’s bedroom and to make their bed. Staff we spoke with demonstrated a good knowledge of consent processes and why it was important to gain consent. One staff member said “They are their own people and by right everything is their decision. We are here to help, not force.” Where able, people and their representative’s had signed their care records to indicate they consented to the support that was planned for them. People had also signed consent forms to authorise the taking of photographs.

The manager and care staff were up to date with the changes in legislation around the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Appropriate referrals to the local authority had been made where appropriate, to ensure that any restrictions placed on people were lawful and in their best interests. Assessments of people’s capacity had been completed appropriately and in line with legislation. Staff and the manager demonstrated a good knowledge of these subjects and how they impacted upon the people they cared for.

A relative told us that the staff had the right skills, knowledge and experience to support people. They commented “The staff seem on it, when they speak to me when I come in they always know what is going on and how things should be.” Staff told us they received the training they needed to support people effectively. They told us about the training they received and this included subjects such as moving and handling, first aid and food hygiene. Staff demonstrated knowledge of subjects they had

received training in and understood how people’s needs should be met. The manager told us about plans in place for future training focusing on caring for people with behaviour that may challenge.

Staff told us they felt supported to care for people and had regular one to one meetings with their manager where they could raise issues or concerns. Staff and the manager told us these sessions were used as an opportunity to discuss development needs and to communicate changes in the way people’s needs should be met. One staff member told us they had requested that all staff be trained to take people out in the minibus, so they could support people to go out in the community more often. The staff member told us that all the care staff had subsequently completed this training and they were now equipped to take people out on more trips at the weekends or in the evenings. This showed that feedback was valued, acted on and used to improve the service.

People told us they were able to choose what they ate and drank. One person said “It is yum, they make me whatever I want.” Another person commented “Food. Good food. Always chocolate biscuits.” This was also confirmed by our observations. For example, we saw staff speaking to people and asking them what they wanted for their dinner. On another occasion we saw staff supporting a person to choose what they wanted to drink. We observed that people were supported to take part in the preparation of their meals where able and were supported to make snacks and drinks during the day. Any support people required to prepare meals and drinks or to eat their meals was documented in their care records. Staff were able to tell us what support people required and this was confirmed by our observations of the support people received from staff during meal times.

People’s healthcare needs were met. People told us they could see the doctor or other health professionals when they needed to. One said “I saw [doctor] yesterday.” This was confirmed by people’s health records. A relative of one person said “We don’t have to worry as they keep up with [relatives] appointments while they stay there. If [relative] is unwell I get a call and they’ll get the doctor out.”

Is the service caring?

Our findings

People told us the staff were caring and kind. One person said, “The staff are really nice.” Another person said, “They never upset me.” One other person commented, “Really nice.” A relative of one person told us, “The staff are so caring in their manner towards [relative]. It really puts me and [relative] at ease and makes us feel comfortable.”

We observed that staff treated people in a caring and compassionate manner. For example, we observed staff comforting people with reassuring touch, laughing and joking with people and speaking with them in a kind way. Staff spoke about people affectionately and clearly knew the people who visited regularly very well. Staff formed positive relationships with people and demonstrated a good knowledge of their physical, social and emotional needs. People told us they felt the staff listened to what they had to say, one person said “I look forward to coming here because [staff member] always has time for me.”

A relative of one person told us that staff supported their relative to remain independent. They said, “They don’t wrap [relative] up in cotton wool. They try and teach them new things while they are here and get them to come home with a bit more independence.” This was confirmed by our observations, for example, we observed a member of staff

encouraging one person to tidy their bedroom with support. Another staff member told us they were trying to support one person to learn how to make their own hot drinks and we observed them doing this during our inspection.

People’s care records made clear what people required support with and what they could do independently. People and their representatives were encouraged to discuss goals for what they would like to achieve whilst staying at the service and there was a dedicated care plan for the development of independent living skills.

People told us, and we observed that staff respected their right to privacy and upheld their dignity. One person said “If I want to be alone they leave me alone.” Another person commented “They don’t go in my bedroom unless I am there.” The relative of one person told us “Dignity is never compromised from what I have seen. [Relative] can come here and still have privacy and not feel like they left their right to privacy at home.” We observed that when staff spoke to people about their personal care needs, this was done in a discreet manner. For example, we observed a staff member encouraging one person to change their clothes in order to uphold their dignity, as they had become soiled during a meal time.

Is the service responsive?

Our findings

People told us that staff responded to their needs and provided them with support when they required it. One person said, “They will be there.” Another person commented, “Really quick, they are.” A relative of one person told us, “The staff do respond quickly to [relatives] needs and are never far away.”

People’s care records clearly documented their needs and what support they required with day to day living tasks such as preparing meals or with personal care. There were summary sheets available to allow quick access to basic information and there was also information available for health professionals such as hospital staff if ever required on admission to hospital. Staff we spoke with demonstrated a good knowledge of people’s current needs and we observed staff referring to people’s care records before providing support to them.

People and their representatives told us that they were involved in the planning of their care and support. One person said, “We talk every time I stay here.” A relative told us, “Before [relative] arrives we always have a discussion, sit down and look at [relatives] care plans and check everything is up to date.” People or their representatives had signed their care documents where able; to indicate they were in agreement with the contents.

Staff demonstrated a good knowledge of people’s likes, dislikes, hobbies and interests when speaking with us and when speaking with people using the service. Care records for people documented their interests and what they enjoyed doing at home and we observed that staff encouraged people to carry on these interests whilst staying at the service. For example, we observed a member of staff talking with one person about going swimming together. The person told us, “I go swimming lots, I like it.” We saw that this was documented in their care records. Care records clearly documented what support people required to attend pre-arranged day services or clubs

whilst they were staying at the service. A relative told us, “Things are very consistent when [relative] comes here. They do their best to keep to the same routine we have at home.” A staff member said, “The aim really is to keep people in their routine as they would at home, because they can become distressed or upset if that routine is broken.”

People told us they could have visitors whenever they wanted. One said, “[Relative] can come round and see me.” Another commented, “...Can see me whenever.” A relative told us, “[Relative] comes here so we can have a break, but I know I can visit any time.”

People understood who they could go to if they had a complaint or were unhappy about something. One person said, “I would go to [manager].” Another person commented, “Tell staff, they fix it.” A relative of one person told us, “I’ve never had to complain, I doubt I ever will, but they’ve made me and [relative] aware of how we can.” At the time of our visit, the service had not received any complaints.

A relative told us that they were asked for their views on the care delivered. They told us, “They always ask how it can be improved or what could make their stay better next time.” People using the service and their representatives were given the opportunity to give feedback when their stay came to an end. Feedback forms were provided to people in an easy read format so that people could better understand the questions. People were asked to feedback on what they liked, what they didn’t like and what they thought could be better when they next visited. All the feedback we reviewed for 2015 was positive, and where suggestions were made by people, these were taken on board and acted on. For example, one person said they wanted to go out more next time they visited. Staff told us that they had now all completed training so they could take people out more regularly in the minibus. This showed that people’s views were considered and acted on by the service.

Is the service well-led?

Our findings

There was an effective system in place to monitor the quality of the service, and this independently identified areas for improvement and shortfalls. The leadership of the service told us about the checks which they undertook and showed us the records of previous checks which had identified issues which required attention, such as in the maintenance of the building. Additional checks were carried out by senior staff from the wider organisation, which included an audit of management to ensure that the service was being run effectively. We saw that where issues were identified, action plans were put in place to ensure that any risks to people were minimised. These were signed off when the actions had been completed.

Incidents and accidents, such as falls, were monitored for trends so that methods for reducing incidents reoccurring could be identified. Where people had epilepsy, clear records were kept of when people had seizures and if there were any identifiable triggers which could be avoided in future.

The manager of the service promoted a culture of openness, honesty and transparency within the service. Staff told us, and records confirmed that they were involved in discussions about issues in service provision during team meetings. Minutes demonstrated that staff were encouraged to share learning and take responsibility where mistakes had been made. Staff told us they found team meetings useful, and felt supported to raise issues and suggest changes they felt needed to be made.

People and their representatives made positive comments about the manager of the service. One person said, "I really like [manager]. Another person commented, "[Manager] really nice." Another person told us, "I am excited to see [manager] when I come." A relative told us, "Since [manager] started managing the service, things have really picked up. [Manager] is very approachable and seems good for the job." Staff were positive about the management of the service. One said, "We are a great team and [manager] has a lot to do with that." Another commented, "[Manager] has changed a lot of things for the better. I know I can go to [manager] with anything and not be afraid of repercussions."

People and their relatives were given the opportunity to comment about the quality of the service at the end of each stay. These comments were used positively by management to continually improve the service people received.

There were clear aims and goals for the service, and staff shared these goals and were committed to achieving them. For example, the manager told us that they placed emphasis on teaching people new life skills when they visited to boost their independence at home. One staff member said, "Whenever someone comes to stay, there's always a goal set, or an on-going goal. Like making drinks themselves or washing themselves." A relative told us, "[Relative] has learned a lot from staff since [relative] has been coming here. They work on the skills we don't always have time to promote."