

# Thomas Owen Care Limited

# John Sturrock

## 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 well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

John Sturrock is a care home with nursing care. They provide care to people with mental health needs. John Sturrock accommodates 40 people in a purpose built building. At the time of the inspection there were 40 people using the service.

### People's experience of using this service and what we found

The service had effective systems in place to ensure allegations of abuse or poor care were investigated and acted on. There were sufficient numbers of staff on duty to meet people's needs. Risks associated with people's care were usually managed safely. Systems were in place for learning lessons when things go wrong. People's medicines were well managed. Safe infection, prevention and control procedures were followed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service usually supported this practice.

Staff received the training and formal support they needed for their role. The service worked in partnership with other professionals and supported people to access appropriate healthcare. People had good dining experiences, received a choice of meals and enjoyed the food. The environment was comfortably furnished and suitable to meet people's needs.

The provider had improved their governance arrangements since the last inspection and were continuing to improve these further. They had systems that were reliable and drove improvement. However, they had systems that were not fully effective which meant risks were not always identified. Records showed people's care was usually planned, although we saw examples where care plans were not accurate.

The provider and management team were well respected, visible and approachable. Everyone understood the benefits of working alongside external stakeholders. Other professionals provided consistently positive feedback about the service. The service involved people and genuinely welcomed feedback. Staff were proud to work at John Sturrock.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 11 February 2022) and there were breaches of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for John Sturrock on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# John Sturrock

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 4 inspectors and an Expert by Experience. One inspector specialised in medicines. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

John Sturrock is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. John Sturrock is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spent time in communal areas observing the care and support provided by staff. We spoke with 12 people who used the service, 1 relative and 14 members of staff including a housekeeper, support workers, head chef, nurses, representatives of the provider and the registered manager. We reviewed a range of records. This included 5 people's care records and multiple people's medicine records. We reviewed 3 staff recruitment files and a variety of records relating to the management of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had safeguarding systems and managed safeguarding concerns promptly.
- People told us they generally felt safe although 2 people said they were sometimes concerned about incidents with others they lived with. The provider was aware of this issue and monitored events closely.
- Safeguarding incidents were reported to the relevant agencies and records showed appropriate action was taken to help protect people. The service worked closely with the local safeguarding authority who told us, "The management team at John Sturrock will seek advice when needed, address areas of concern, implement recommendations or appropriately challenge these. Processes for recording and reporting work well. John Sturrock has a positive culture around safeguarding."
- The provider carried out checks where they supported people with personal monies, but these were not always done robustly. As soon as we brought this to the attention of the registered manager and provider, they took immediate steps to address the issues and assured us that going forward the process would be consistently robust and safe.
- Staff received training around protecting people from abuse and understood their responsibility to report all safeguarding concerns. They were confident any issues would be dealt with promptly and appropriately by the management team.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to assess or manage risks associated with people's care and did not ensure people were supported with moving and handling safely.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks relating to people's health and safety were usually assessed and managed. Care records showed safety concerns were identified and addressed. This included areas such as smoking, mental health and behavioural risk.
- Staff managed situations when people became distressed in a positive way. They received training and support which equipped them to use effective techniques. One member of staff said, "We de-escalate, it is teamwork and works well. We always talk about how to best support people."
- The provider had improved their systems for assessing and managing risks associated with people's care and were continuing to improve this further. We saw gaps where records did not show how risk was being appropriately managed. For example, supporting one person to stay safe when they accessed the

community. The provider was responsive to the inspection findings and sent information to show they had addressed shortfalls identified.

- The service ensured people lived and staff worked in a safe place. Regular checks of the building and the equipment were carried out to help keep people safe.

#### Staffing and recruitment

- The service had enough competent staff for people to stay safe. During the inspection we saw staff were present in communal areas and spent quality time with people.
- The service had a consistent staff team which ensured people received care from staff they knew. People were generally positive about the staffing arrangements. A relative said, "Staff are always about, there's never a time when there's not staff around, there's plenty".
- Staff consistently told us there were enough staff to meet people's needs. A member of staff said, "There's always enough staff and we work well together as a team. It's a really positive atmosphere and that makes it a nice atmosphere for people to live." A health professional said, "They have plenty of staff. We see regular faces and staff are friendly. People are being well looked after."
- The service used an effective staff dependency tool to assess how much support people needed. This meant staffing levels were regularly reviewed.
- Recruitment checks were carried out by the provider, but this was not always done robustly. As soon as we brought this to the attention of the registered manager and provider, they took immediate steps to address the issues and assured us that going forward the process would be consistently robust and safe.
- Some checks had been completed thoroughly such as identity, Disclosure and Barring Service (DBS) and candidate interviews. However, the provider did not always make sure all the required information was provided. For example, they had received character references for a recent employee even though 1 should have been an employment reference. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

At our last inspection the provider had failed to manage medicines safely.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were administered in a safe way and administration records were accurate.
- Medicines were kept at the right temperature and storage facilities were clean and tidy.
- Guidelines for staff on the administration of medicines to be taken only when required were person centred and available on the electronic medicine records system.
- Medicine audits were effective in checking whether medicines were managed safely.
- Medicine errors were investigated. We saw staff had made three errors when giving people their medicines in March 2023. Improvements were made to reduce the chance of the error happening again.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.



- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care home

- We were assured the provider's approach to visiting met government guidance.

#### Learning lessons when things go wrong

- The service had systems to learn lessons when things went wrong.
- Individual accident and incidents were well recorded, monitored and analysed. They identified actions to help prevent repeat events.
- The management team had an effective system for analysing events and each month they looked for patterns, trends and lessons learned. They had identified incidents between peers in communal areas as a continued trend. The provider told us they would closely monitor this.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Systems for assessing people's needs prior to them moving into the service were effective. This made sure the placement was suitable. Information gathered was used to develop care plans and risk assessments.
- Care and support was regularly reviewed.

Staff support: induction, training, skills and experience

- Staff received appropriate training and support to enable them to carry out their role. A visiting health professional said, "I have no concerns about the service, staff are very understanding, and act and behave professionally."
- Records showed staff completed mandatory and bespoke training, and received regular supervision. The management team said they were introducing additional bite size learning sessions.
- All staff received a comprehensive induction and shadowed staff until they were confident to work unsupervised.
- Staff consistently told us support from the staff and management team was good. Everyone felt well supported. One member of staff said, "It's really good peer support, we look after each other and work as a team." Another member of staff said, "Management are approachable and there to support with work and personal problems. It is very open and we are well supported. Every month we have staff meetings, and can discuss anything, positive and negative."

Supporting people to eat and drink enough to maintain a balanced diet

- People enjoyed a bistro style dining experience where they had a choice of food. One person said, "The chef's very good, they will cook you things if you ask." Another person said, "It's fantastic, they do dinners, cooked breakfasts and continental breakfasts. They really go out of their way to help."
- During lunch we saw there was a wide range of prepared options, including sticky chicken skewers, pepperoni pizza and cheese pasta, and meals made to order included feta cheese salad, fish fingers and veggie bean burger. People using the service had access to a domestic kitchen which was equipped with a hot drinks machine and used frequently throughout the day.
- Catering staff had information about people's food preferences and dietary needs. Healthy eating was promoted and we saw fruit and vegetables were readily available. The service displayed meal options on a daily board and maintained basic foods records although these did not show how people's nutritional needs were met. The registered manager explained they were introducing a different recording format to ensure they captured the meal experience.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked with other organisations and professionals to make sure people received appropriate support.
- Care records showed the service consulted other professionals when they wanted advice and guidance. A visiting health professional said, "They look after people's physical health, they will follow guidance, check people's weights regularly and keep a good record. Staff have good insight into mental health and will get in touch with mental health services when needed."

Adapting service, design, decoration to meet people's needs

- The service provided people with spacious communal areas and a large safe garden which was frequently used. The service had a gym and cinema room. Everyone had their own accommodation and en-suite facilities.
- People were comfortable in their environment and freely accessed different areas of the home. One person said, "I can stay in my room as much as I want."
- The environment was comfortably furnished and pleasant although generally bland. One person told us, "I don't think the décor is very good in here, it's a bit boring."

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection the provider had failed to demonstrate consent to care was effectively managed.

This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Staff practices consistently promoted choice and decision making. People were given control and supported to make day to day decisions about their care, for example, when to get up, go to bed and eat. One person told us they had independence and, "It means a lot."
- Effective systems were in place to monitor DoLS applications, authorisations and any specific conditions.
- The service usually recorded assessments and best interest decisions where people did not have capacity. These covered decisions around living at John Sturrock, sharing information, consent to care and agreeing to CCTV.
- The provider had improved their systems for recording their actions and assessments where people did not have capacity and were continuing to improve this further. We saw gaps where records were not in place

for specific decisions, for example, one person had limited access to finances but a capacity assessment and best interests decision had not been completed. The provider was responsive to the inspection findings and sent information to show they had addressed the shortfalls identified at the inspection.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to demonstrate effective oversight and management of the service.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had improved their governance arrangements and were continuing to improve these further. They had systems that were reliable and drove improvement. However, they had systems that were not fully effective which meant risks were not always identified. For example, processes for monitoring and managing people's personal monies were not robust. The provider addressed this immediately.
- Care plans were usually detailed, person centred, and had been recently reviewed. However, we saw information about some people's needs was not accurate. For example, 1 person's nutritional care plan did not match their dietary needs. The provider had introduced a new electronic care recording system which they said was embedding. They sent information to show they had addressed the shortfalls highlighted at the inspection.
- The management team carried out a range of checks which were effective and covered areas such as staffing arrangements, training, infection control, DoLS and PeePs (Personal emergency evacuation plans). These picked up where the service achieved the desired outcome and areas to develop.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had clear visions and values, which included person- centred care, involvement. and openness.
- The provider and management team were well respected, visible and approachable.
- Staff, relatives and stakeholders had confidence in the management team and told us the service was person-centred. Feedback was consistently positive. A member of staff said, "We work with colleagues to make sure people get the best care and achieve this. We rock." A health professional told us, "The management team show a lot of compassion and empathy, and work in a person-centred way. They have

always acted in a professional manner and have been open and transparent in areas where they did not feel it was their strength."

- People were generally happy living at John Sturrock. People's comments included: "It's okay, nice, proper nice here" and "Management do encourage me to come to them if I see anything untoward".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service welcomed feedback and used different methods to involve people. They used a monthly audit to capture compliments, concerns and complaints. These showed the service listened and acted on feedback. For example, one person had raised concerns they were bored which resulted in them being offered additional activities. Another person shared compliments about opportunities they had to engage in the community. The service had a system for monitoring feedback.

- Staff felt listened to and had lots of opportunities to share their views and put forward suggestions. Staff attended daily handover sessions and regular team meetings. Meeting minutes showed staff discussed learning from events, what had worked well and what could improve. One member of staff said, "We all get on, we have different teams, but we all help. I really love the place."

- The service worked effectively with external stakeholders. The provider, management team and staff valued and understood the benefits of working alongside other professionals.