

Leading Lives Limited

John Turner House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 11 and 12 September 2018 and was unannounced.

John Turner House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. John Turner House is registered to provide respite care to a maximum of seven people with a learning disability.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service continued to protect people from the risks of abuse or avoidable harm and risks to people were identified and planned for. Medicines were managed and administered safely. The premises remained clean and there were procedures in place to reduce the risk of the spread of infection.

The service continued to ensure that there were enough staff to meet people's needs in a timely way and that recruitment procedures were safe. The service continued to ensure staff had the training, support and development to provide effective and safe care to people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service continued to support this practice. People's independence was promoted by the service and they were enabled and encouraged to learn new independent living skills.

The service provided people with a choice of suitable food and drink. People were supported to make and prepare meals according to their ability. Support people required to maintain good nutrition and hydration was reflected in care planning. People were supported to visit other health professionals such as GP's and dentists where required.

People and their relatives told us staff were kind to them. The service continued to promote a culture of kindness and all staff participated in creating a caring atmosphere.

People were provided with personalised care based on their individual preferences and they and their representatives were involved in the planning of their care.

People were supported to access activity within the service and to visit the community and day services. People told us they enjoyed the activities they were enabled to participate in.

The registered manager, team leaders and the provider continued to operate an effective system to monitor the quality of the service provided to people. Areas for improvement were identified and acted upon. People were involved in making plans for the future, such as holidays they would like to take. People and their relatives were supported to feedback their views and experiences through surveys in an easy read format. People were made aware of how they could complain.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains 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 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 comprehensive inspection visit was carried out by one inspector on 11 September 2018 and was unannounced. On 12 September 2018 we reviewed further documentation provided to us by the registered manager.

Prior to the inspection we reviewed the contents of notifications received by the service. Services have to notify us of certain incidents that occur in the service, these are called notifications.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Some people using the service were unable to communicate their views about the care they received. We therefore carried out observations to assess their experiences throughout our inspection. We spoke with two people using the service, three relatives, two support workers, a team leader and the registered manager. We reviewed three care records, two staff personnel files and a sample of records relating to the management of the service.

Is the service safe?

Our findings

At the last inspection on 12 August 2015 the service was rated good in this key question. At this inspection the service remains good in this key question.

People told us they felt safe living in the service. One person said, "I feel safe." Another person commented, "Yes, safe." A relative told us, "I know [relative] is safe and it is a weight off my mind." Another relative said, "[Relative] is definitely safe, I have no concerns sending [relative] there." One other relative commented, "It's hard to put [relative] in [the service] but I know [relative] is safe and I can relax in that knowledge."

The service continued to operate systems which protected people from the risk of abuse and avoidable harm. Prior to people coming to stay at the service thorough risk assessments were carried out to identify any areas of risk. Where there were risks identified, there were individualised and detailed plans in place to reduce the risk. Records demonstrated these had been reviewed every time the person returned to the service for respite care to ensure they remained current.

The service continued to ensure there were sufficient staff available to support people physically, socially and emotionally. The staffing level took into account the support people required to access meaningful activity and visit the community, with the registered manager carrying out dependency assessments to ascertain how many staff were required. Records demonstrated that the staffing level changed regularly according to the needs of people coming to stay at the service. Staff told us they felt the staffing level was sufficient and that there were enough staff to support people in all aspects of their daily lives. People and their relatives told us they felt there were enough staff. One person said, "Yes there is staff and they will go out with me and they take me to [day service] and I like them." A relative told us, "There's always enough staff, I think the staffing level is very good. They get [relative] out and about most evenings and keep [them] busy." Another relative said, "Every time I visit there's always a staff member there per person and [relative] gets one to one time, gets taken out a lot." The service continued to practice safe recruitment procedures.

Medicines were managed and administered safely in the service. Records demonstrated that people had received their medicines correctly. The service continued to operate an effective system to monitor medicines administration and identify any errors or areas for improvement in staff practice. There had been two medicines errors prior to the inspection. There were clear records to demonstrate how the service had responded to these incidents, such as contacting health professionals for advice. It was clear what action had been taken to reduce the risk of repeat incidents, such as ensuring staff had supervision and further development in medicines administration practices. Relatives told us that people were supported appropriately with their medicines. One said, "I have no concerns there, when [relative] returns there is always the right amount of tablets missing so [the staff] definitely give them properly." Another relative told us, "Everything is done just right."

The service was clean and appropriate procedures were in place to ensure the cleanliness of the service. People's care records were clear about what cleaning and domestic tasks people could carry out independently to develop their living skills. Each person also had an infection control risk assessment with

management plans in place to reduce the potential spread of infection. The registered manager continued to operate systems to monitor the cleanliness of the service and ensure the risk of the spread of infection was minimised. Relatives told us the service was clean. One said, "It's always spotless. The kitchen and everything in it is always clean. It's tidy." Another told us, "It's very clean and hygienic. [Relative] gets involved in some of the [household tasks] which is good."

The service learned lessons when things went wrong and made changes to reduce the risk of repeat incidents. For example, where errors had been made by staff appropriate investigations were carried out and actions recorded.

Is the service effective?

Our findings

At the last inspection on 12 August 2015 the service was rated good in this key question. At this inspection the service remains good in this key question.

The service continued to assess people's needs before they came to stay at the service. Their care plans and assessment were reviewed before each subsequent respite stay to ensure they remained accurate. People's care plans demonstrated that the service had taken into account best practice guidance, legislation and standards to ensure that the care planned was provided effectively.

The service continued to ensure that staff had appropriate training and development for the role. This included specific training in subjects relevant to the people who used the service such as epilepsy, autism, learning disabilities and the administration of specific medicines. Staff demonstrated a good knowledge of subjects they had received training in and told us they were supported to obtain further qualifications if they wished. For example, one staff member said they were being supported to carry out their NVQ 3 qualification. The service continued to operate procedures to assess the competency of staff and identify areas for improvement. Relatives told us they felt staff were well trained. One said, "[The staff] are really good with [people], they know what they are doing and they respond to [relative] in the right way." Another relative commented, "They seem to know what they're doing. They calm [relative] right down, better than I can."

Staff told us they felt well supported by the registered manager and team leaders. They said they felt able to raise any concerns with them or ask for support if they required it. Staff told us and records demonstrated, that they had access to regular one to one sessions with their manager where they could discuss any issues and training needs. Records of one to one sessions demonstrated that issues in staff practice were discussed and acted on. Staff also had an annual appraisal so they could set goals and aspirations for the coming year with regard to developing their skills and experience in the role.

People were offered a choice of suitable food and drink. We were told that each week people were able to discuss and agree on the meal plan. The registered manager told us that sometimes people changed their mind and they were always able to accommodate this. People were encouraged and supported to prepare their meals and drinks in line with their abilities. Care records clearly set out the support people required to eat and drink. Observations concluded that people were supported to make their own drinks and snacks as they wished. One person told us, "I can have whatever I want. I do [make a] drink and bit of cooking." Relatives told us people had a choice of foods. One said, "They're very accommodating, they get [relatives] favourite foods in. They get [relative] involved in making the packed lunches and getting [relatives] own drinks, [relative] does that at home so I'm glad it continues here." Another relative said, "[Relative] seems quite content with the food. [Relative] can help [themselves] to drinks and snacks."

The service continued to support people to access external healthcare professionals such as GPs where this was required. Clear records were kept of any contact people had with external professionals. A relative said, "If [relative] needs to see someone then [the staff] will organise that." Another relative told us, "Well if

[relative] has an appointment booked when they are [staying at the service] staff will make sure they go with [relative]."

The service was decorated and adapted in a way that ensured people could find their way to key areas of the service. The décor was stimulating and pleasant for people and there were various activities people could engage in independently around the service.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service continued to act in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. People were supported in the least restrictive way possible and were encouraged and enabled to make decisions and be in control of their daily lives. People were enabled to be independent and develop independent living skills whilst staying in the service and care records made clear how people should be supported with decision making. We observed staff giving people choices and supporting them with decisions. A relative told us, "They ask [relative] what they want to do, what they want to eat. If [they] want to go out, they'll take [relative]. [Relative] is not restricted at all in what [they] can do." Another relative said, "I think [relative] is able to do as they please."

Is the service caring?

Our findings

At the last inspection on 12 August 2015 the service was rated good in this key question. At this inspection the service remains good in this key question.

There continued to be a culture of caring and kindness in the service, with this being led by support workers, team leaders and the registered manager. We observed that staff interacted with people in a kind and caring way and showed genuine interest in what they had done that day and their particular hobbies. Despite people only using the service for short periods of time, we observed that the staff had taken the time to fully understand people's routines, likes and dislikes. For example, we observed one staff member asking a person if they wanted their favourite DVD on. Relatives told us that staff knew people well. One said, "They know [relative] really well here. Even the new staff get to know [relative] quickly. They know all [relatives] routines." Another relative told us, "All the staff know [relative] and what they do and do not want. Whenever I visit the staff are always chatting with [relative] about something [they] like."

People and their relatives told us the staff were nice to them. One person said, "Very nice. We [are] friends here." Another person told us, "I like [staff], they [are] nice." A relative said, "The staff are very kind, [one staff member] in particular has developed a really good bond with [relative] and is able to get through to [relative] more than I ever can." Another relative told us, "I could not fault the staff, they are perfect. The care they give [relative] I cannot put into words. They are brilliant people." One other relative commented, "So caring, so kind. They could not do enough for [relative], [they] are living the life of luxury here."

The service continued to support people to have privacy and to uphold their dignity. Care records made clear people's particular routines and times when they would like privacy. People had been provided with a new welcome pack which included a 'do not disturb' sign for their door, so they could indicate when they wished to be left alone. People were enabled to be as independent as possible, and care plans made clear what staff should support with. For example, one person's care plan stated they required support to run a bath and test the temperature but should then be left to wash themselves in privacy. This upheld this person's dignity, as well as encouraging them to be independent. A relative told us, "[Staff] don't do too much for [relative]. They do just what is needed and leave the rest to [relative]." Another relative said, "[Relative] sometimes likes to go off and calm down with some music and the staff leave [relative] to it."

The service continued to involve people and their representatives in the process of care planning. People's views on their care and the support they required was clearly reflected in care planning. If the person had used the service before, their care plans were reviewed with them and their relatives before they came to stay again to ensure they accurately reflected their current needs and wishes. There were easy read versions of people's care plans so they could understand what was written about them. A relative told us, "Before [relative] comes back they go through the plans and check they are still the same. Sometimes a few updates but mostly stays the same." Another relative said, "We have gone through [relatives] care plans a number of times. Everything is right."

Is the service responsive?

Our findings

At the last inspection on 12 August 2015 the service was rated good in this key question. At this inspection the service remains good in this key question.

The service continued to offer people individualised care based on their preferences and particular routines. Care records were individualised and person centred to include detail about people's likes, dislikes, hobbies and interests. They also reflected in detail people's daily routines so that staff could continue to support people with these to reduce anxiety and distress. Observations and discussions with staff and the registered manager demonstrated they had taken time to get to know people as individuals and make themselves aware of their preferences, hobbies and interests and this meant they could provide people with personalised care.

The service supported people to understand how to make a complaint. The service had new welcome packs in each bedroom which contained an easy read leaflet about how to complain. These also contained a feedback form people could use to make comments about the service. Relatives told us they were aware of how to make a complaint. One said, "Oh I know how to but I doubt I'd ever need to. I wish I could tell you something they could improve on but I really can't." Another relative told us, "I'd speak to [the registered manager] if there were any issues but I've never had cause to complain." At the time of our visit the service had not received any complaints. The service had received five compliments since January 2018. These included thank you cards and letters from relatives complimenting the service that had been provided and how it had helped their family.

People told us they were supported with activities. Another person told us, "I go [to the] hub and here I listen to music. [We] do drawing." A relative commented, "[Relative] is never bored. [Relative] has a better social life than I do and is always busy doing something or other." Another relative said, "[Relative] has [their] certain interests, it's brilliant that [they] can just go across to the hub."

The service benefitted from being situated opposite a day service called The Hub which was operated by the provider. On the day of our visit everyone using the service was at The Hub until the afternoon. People's care records reflected the day services they accessed during the week and what clubs they attended. They also reflected what activities people would like to take part in at weekends and on evenings when they did not attend day service or clubs. Some people using the service chose to go to other day services other than The Hub and this was supported by the service. Staff told us and records confirmed that people were offered support to go out most evenings. Within the service we observed people being engaged in activities such as drawing and staff supported them with this. The service had created new welcome packs for each bedroom which contained leaflets about the activities on offer in the community and what courses were being offered at the provider's day service.

Is the service well-led?

Our findings

At the last inspection on 12 August 2015 the service was rated good in this key question. At this inspection the service remains good in this key question.

The service had a registered manager. 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.

There were effective systems in place to monitor and assess the quality of the service provided to people. The provider and registered manager carried out a number of audits to assess the quality of the service and identify any shortfalls. The provider carried out a detailed audit which assessed all aspects of the service in line with the Health and Social Care Act regulations and our Key Lines of Enquiry, which is the framework we inspect services against. The registered manager carried out regular spot checks on the service where they looked at infection control, the practice of staff, whether people were offered choices, medicines, meal plans and care records. This assured us that the service would be able to identify shortfalls. Where shortfalls had been identified, such as in medicines administration, records were clear about what actions had been taken to reduce the risk of future shortfalls in this area.

Relatives made positive comments about the leadership of the service. One said, "All of [the staff] are brilliant. [The registered manager] is really approachable, anything you need is no trouble." Another relative told us, "[The registered manager] does a good job running the service. [Relative] certainly enjoys [their] time there so that's a good sign." Relatives told us they had confidence in the management of the service and felt they were able to raise concerns if necessary. One said, "I'd have no worries about raising something if there was a problem. I know it would be sorted straight away." Another told us, "I think if I had cause to make comment or complaint then it would be taken seriously."

Staff made positive comments about the management of the service and said they were approachable and supportive. Staff were involved in the shaping of the service and were invited to team meetings every three weeks. The minutes of these meetings reflected that staff made suggestions and their views were recorded. These meetings were also used to communicate changes and ask for staff input on new systems and processes. At the end of each meeting staff were asked to contribute 'one good thing' that stood out for them since the last meeting. One staff member thanked the manager for being helpful and hands on with people using the service. Other staff members made comments about how they felt it was lovely hearing people laugh playing a game and watching one person take part in a show.

The service continued to involve and give people and their relatives opportunities to feedback on the service through surveys. The registered manager told us that a feedback survey was provided to people and their relatives after every stay but they did not get many back. As a result they had introduced new welcome packs in every bedroom that included an easy read survey to see if people wished to complete one during their stay. The surveys that had been returned all reflected positive comments. These surveys asked people

to give their views on subjects such as whether people were offered choice, whether staff knew the person, the food, staff training, the staffing level, staff attitude and whether the service was flexible enough to meet the respite needs of relatives. A relative also told us they had been the chair of a group called the Leading Lives Friends for five years. We were told that the group met regularly to talk about the service, organised events and undertook fundraising for extra facilities.