

Leading Lives Limited

John Turner House

Inspection report

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Date of inspection visit:
06 December 2022

Date of publication:
12 January 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

John Turner House offers a short break service to autistic people and people with a learning disability. It is registered for up to 8 people. There are 7 rooms 4 with en-suite bathrooms, 2 bedrooms with ceiling track hoists and 1 self-contained flat.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic

Right Support: Staff supported people to be as independent as possible and maximise the benefits of their break. Staff knew people well and how to meet their needs this included any specific communication needs.

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 supported this practice.

Right Care: People received person-centred care that met their individual needs. Staff observed people's privacy, dignity and confidentiality and treated them with respect. There were enough suitably trained, recruited and supervised staff to meet people's needs. Risks to people were regularly monitored and assessed and support adapted where needed.

Right Culture: We received positive comments from relatives about staff and the management team. We observed staff working with people respectfully and measures were in place to protect people from avoidable harm. Relatives and staff spoke of an open and inclusive culture.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 11 October 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for John

Turner House on our website at www.cqc.org.uk.'

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

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.

Is the service well-led?

Good ●

The service was well-led.

John Turner House

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 visit was carried out by one inspector. An Expert by Experience carried out phone calls to relatives. 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 Turner House 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 Turner House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are

often out, and we wanted to be sure there would be people at service.

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 looked around the service and observed care and support in communal areas. We spoke with 2 members of care staff, the service manager and the registered manger. We reviewed a range of records, including 2 people's care records.

After the inspection the Expert by Experience spoke with 4 family carers on the telephone to obtain their views of the service provided.

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 Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from abuse.
- Staff had received training and understood their role in the prevention and reporting of abuse. A member of staff told us, "I have recently undertaken my safeguarding training and I know where to find the policy and procedures of how to report a safeguarding and I also know the signs and symptoms to recognise abuse."
- The service manager and staff understood their obligation to report any safeguarding concerns to the local authority and to CQC.

Assessing risk, safety monitoring and management

- If people's needs had changed between stays at the service risk assessments were updated. A relative told us, "They always ask when we go, we will always have 10 minutes with the staff before we leave [relative] to go through any changes."
- Staff knew people well and were aware of their risks and how to keep them safe.
- Emergency plans were in place outlining the support the person would need to evacuate the building in an emergency. Equipment and utilities were regularly checked to ensure they were safe to use.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- There were enough staff to keep people safe. A member of staff said, "I have been at John Turner House for six months now and have never been on shift where we have not had enough staff to provide the care and support that is required and needed."
- Staff were recruited safely. This included obtaining references and the Disclosure and Barring Service

(DBS) checks which provide information including details about convictions and cautions. The information helps employers make safer recruitment decisions.

Using medicines safely

- There were systems in place to check people's medicines in and out of the service on each stay.
- People received the correct medicines at the right time. Staff followed systems and processes to safely administer, record and store medicines.

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 homes

- Where appropriate people received visitors during their stay at the service.
- The registered manager gave us examples of people receiving visitors whilst at the service which supported their overall well-being.

Learning lessons when things go wrong

- There was an analysis of incidents and accidents to identify potential causes or triggers. The service manager explained that learning was undertaken to prevent recurrence and any risk assessments updated to reflect this.
- We saw examples of how the service had changed practice to address incidents.

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 Good. The rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives told us there was a positive culture at the service. One person said, "My [relative] enjoys going there, they have nice friendly banter with [relative], it's really good."
- Staff told us the management team was approachable. One member of staff said, "My manager is very approachable, and I feel I could talk to her in confidence about any concerns I may have and be taken seriously and listened to. She is very encouraging for you to develop as a person and support worker and over the last year I have completed a module in mental health and autism which was very useful for my job. She has a very good rapport with our customers and their carers, and all the staff team respect her."
- Staff were clear of the important roles they had in ensuring people led meaningful lives. Staff demonstrated their passion for providing person-centred care. This was particularly apparent in the way staff spoke about respite being a two-way service with family getting respite break and the person having a meaningful break from their family.

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 management team understood their responsibility in relation to the duty of candour and the need to report certain incidents, such as alleged abuse or serious injuries to the relevant authority.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Managers understood their roles and responsibilities and there were effective quality assurance systems and processes in place to monitor quality performance and ensure good governance.
- Staff were clear about their responsibilities and duties. Staff performance was monitored through one to one supervision and competency checks. This underpinned professional development, best practice and well-being.
- Risks across the organisation were effectively assessed and monitored. The registered manager told us that there had been a recent overhaul of the work related hazards risk assessment to ensure it met the service needs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager told us, "We plan guest visit in advance with the person and their families"

preferences taken into consideration. We aim to book guests in with others whom we know or consider may build a good and positive relationship. We monitor guests and ensure that any incompatibility is taken into consideration for further bookings."

- The provider sought feedback from people and staff and used the feedback to develop the service. Relatives confirmed they had received questionnaires regarding the quality of service.
- The service had carried out an autism environment assessment looking at each element of the service to interpret how this may be received by a neuro diverse individual. This supported the service to ensure the environment was as friendly as possible to those who were neuro diverse.

Continuous learning and improving care

- A member of staff told us, "We have monthly team meetings which we all attend and have the opportunity to contribute to the agenda and at the meeting and bring up any concerns or changes that we may have observed. They are very open and honest. We also have yearly development days where we get together and discuss practices, do group training and review what is working and not working well and also reflect on our achievements and things that haven't gone so well and look to the future and see how we can improve and learn from mistakes made."
- The management team cascaded information and learning to staff and staff acknowledged updates to guidance and practice.