

Thomas Owen Care Limited

John Sturrock

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

John Sturrock was providing accommodation and personal care to 32 people, some of whom were living with long term mental health issues and some who were living with dementia. The service can support up to 40 people.

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

People enjoyed living at the home. Feedback from relatives and visiting professionals was very positive regarding the level of care and support people received from staff.

People felt safe living at John Sturrock. However, issues were identified during our inspection regarding the recording of people's dietary needs and the safety of external windows. Accidents and incidents had been reviewed and risk assessments had been carried out to keep people safe.

The registered manager carried out a range of monthly quality checks. However, these had not been fully effective in identifying the issues we found during our inspection.

The registered manager had not submitted some statutory notifications in relation to incidents. We are dealing with this process outside of the inspection process.

We have made a recommendation about the provider's staff recruitment process.

Staff received training to support them in their role. Staff felt supported by the registered manager who had an open-door policy and welcomed staff feedback.

People were supported to maintain a healthy and balanced diet. People were very complimentary about their food and liked the fact they had access to a bistro style dining environment. The registered manager had good relationships with external healthcare professionals which people were referred to, to support their health and well-being.

Feedback from people was very positive regarding how staff and the registered manager cared for them with dignity and kindness. People were encouraged to live their lives as independently as possible and were supported to achieve their goals.

People had access to a range of activities within the home as well as having access to motor vehicles to support with trips out. The registered manager welcomed feedback through various sources, and questionnaires had been sent out to gather people's opinions, to further improve the level of care and support provided.

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.

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

Rating at last inspection

This service was registered with us on 14 June 2018 and this was the first inspection.

Why we inspected

This was a planned inspection following the provider's registration.

Enforcement

We have identified one breach in relation to good governance. The systems in place at the service did not continually support improvement.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector, one assistant inspector, one specialist mental health nurse advisor and one Expert-by-Experience. 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 or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information available to us since the service was registered. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from commissioners and external professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also contacted Healthwatch. Healthwatch is an independent consumer champion which gathers and represents the views of the public about health and social care services in England.

During the inspection

We spoke with the registered manager, the nominated individual three members of care staff and the chef. We also spoke with seven people who lived at the home.

We reviewed a range of records. This included six people's care records and medicine records. We looked at three staff files in relation to recruitment and staff supervision and various documents in relation to the management of the service. This included quality checks, premises safety checks and policies and procedures.

After the inspection

We continued to speak with the registered manager to confirm the inspection findings. We contacted several external professionals and spoke with one relative.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider had failed to identify an issue in relation to window restrictors. The window restrictors were not set at the correct width as directed by Health and Safety Executive.

The provider responded immediately during the inspection and ensured all window restrictors had been set to the correct width.

- Risk assessments had been carried out to keep people safe, including promoting people to take positive risks to regain or maintain their independence (where appropriate).
- Regular premises safety checks were carried out. Any resulting actions were noted and completed.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. The provider had a safeguarding policy in place. All staff received regular training in safeguarding and they were confident in their ability to identify and report any safeguarding issues.
- Safeguarding issues were logged, investigated and reported to the local authority. However, not all incidents had been notified to the Care Quality Commission as required. It is a legal requirement of the provider's registration to notify us of certain events. We are dealing with this issue outside of the inspection process
- People, their relatives and visiting professionals told us people received safe care. One professional told us "It is safe, staff go over and beyond in their duty to ensure that service users are treated in a safe and effective manner. They are provided with the utmost package of care."

Staffing and recruitment

- Staff recruitment was not entirely robust. Some gaps in employment histories had not always been explored as part of the application and interview process. Variances in dates were identified during inspection for some staff when checking employment dates on references versus employment dates on staff application forms. These had not been explored or explained at the interview.

We recommend the provider reviews best practice guidance regarding safe recruitment of staff and incorporates this into auditing procedures.

- Staffing levels were appropriate to safely meet the needs of people. As the needs of people changed, staffing hours were reviewed. People and staff felt enough staff were employed. One person told us, "Plenty of staff working here, if you want something, you ring the bell and they fetch it for you."

Using medicines safely

- Medicines were handled safely and people received their medication as prescribed. Comments included, "Wonderful with tablets, service is very good doing my tablets," and, "I'm on tablets, I self-medicate, keep my medication locked up in my room."
- Staff who administered medicines told us they were confident to do so. Staff confirmed they received regular training as well as observed practice sessions.
- The provider had a medication policy in place. However, at the time of inspection only 50% of staff had signed to say they had read and understood the policy.

Preventing and controlling infection

- The home was clean and free from bad odours. People told us, "Spotless here, absolutely clean. Couldn't wish for a better place. Like home from home"
- The provider had an infection control policy in place and staff had been trained in infection control.
- Staff told us they had access to adequate amounts of personal protective equipment (PPE).

Learning lessons when things go wrong

- Accidents and incidents were analysed by the registered manager on a monthly basis. Incidents were reviewed and a change in process was made to prevent reoccurrence.

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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Care plans had been created in line with national guidance and included details of how staff should support people to meet their needs. However, this information was not always up to date. One person had been admitted on 16 May 2019 and their care plan had limited information and incomplete sections. Another person's care plan contained incorrect information regarding their do not attempt resuscitation preferences. We spoke with the registered manager regarding this and they took immediate action to rectify these.
- People's needs were assessed prior to admission to the service. Individual person-centred care plans were created following this assessment, including how people wished to be supported to maintain their independence.
- People's needs were reviewed on a regular basis. We asked people and relatives if anyone discussed care plans with them. One person said, "I've heard about care plans but not sure if I have one." A relative told us, "Yes, I was involved with the handover of (person) from the old service and their new care plan here."
- Visiting external professionals told us people received effective care. One professional said, "I have been involved with John Sturrock House since before the building was completed in 2018. I have subsequently placed five people with them from a range of different wards and out of area placements. I have continuing high regard in every respect for this provider. On all counts and in all categories John Sturrock House has excelled in my estimation."

Staff support: induction, training, skills and experience

- Staff were appropriately trained and supported by the registered manager
- New staff received an induction followed by regular training to support them in their role. Staff had opportunities to attend more training. One staff member told us, "Yes, we get training and we are now getting booked onto training with Leeds Council which is really beneficial."
- People told us staff had the right skills to care for them. Comments included, "Staff hoist me out of bed, all know how to do that, I've lived here six months, it's like paradise compared to some places." One external professional told us, "Staff use effective interventions to manage behaviours, these are therapeutic led interventions. All round, this service has provided a therapeutic environment to support my patient in the longer term."
- Staff told us they received regular supervision sessions and had the opportunity of informal sessions if they required them.

Supporting people to eat and drink enough to maintain a balanced diet; Adapting service, design, decoration to meet people's needs

- People had access to a 'bistro' style dining experience and could access an extensive selection of food and drinks throughout the day. The provider's aim was to offer a dining experience similar to that of being in the community.
- People were very complimentary about their food. Comments included, "Food is marvellous, choice is endless – could eat all day long here."
- The provider had created an environment which was open plan and spacious. People had access to a mini kitchen which they could use freely. People had a selection of both communal areas and quiet areas to choose from, where they could spend their time.
- People's rooms had been decorated to a good standard. People were able to personalise their rooms if they wished. A relative told us, "The service has a colourful vibe. [person's name] room is lovely."
- People had access to an outdoor landscaped garden area. People were observed making very good use of this area throughout the inspection, coming and going as they pleased. People enjoyed sitting outside with their friends. In addition, the service had a dedicated gymnasium and cinema room for people to access if they wished.

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

- People had access to and were referred in a timely manner to external healthcare professionals. For example, a weekly GP and practice nurse clinic, occupational therapists and consultants. One person told us, "They took me to an emergency dentist, wonderful dentist, sorted my tooth. A member of staff always accompanies me to hospital appointments."
- The provider had a process in place to ensure if people were admitted to hospital or another service, up-to-date information for that person was shared. This meant people could receive continued care which met their needs.
- The registered manager shared with us an imminent plan to employ a dedicated occupational therapist within the service. This decision was because of the close working partnership the provider had formed with a local hospital ward.

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 Act requires, 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care was delivered legally and people consented to the care they received.
- Where appropriate best interest meetings had been held with people. For example, one person received their medication in their food and the provider had documented a best interest decision meeting had taken place.
- The provider had a process in place to monitor the status of DoLS applications.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Without exception, people told us staff supported them with kindness. Comments included, "Living here meets all my needs, they treat me like a princess here. I have a beautiful room on the first floor with a lovely view, I can see for miles. I have a lot more freedom here, it's wonderful."
- People's cultural and spiritual needs were catered for. The chef told us there were a few people who preferred a vegan diet and they catered for this preference with ease.
- People were supported to maintain relationships which were important to them. For example, one person was regularly supported by staff to travel out of the area to visit and spend time with their relatives.
- Staff supported people to access and understand information in different formats. This approach was tailored to each person, depending upon their needs.

Supporting people to express their views and be involved in making decisions about their care

- People had been involved in making decisions about their care. Comments included, "Get up when I want, I'm independent, make my own decisions."
- People were supported to achieve their goals. One person who attended college had been supported to access a local recruitment agency to secure paid employment.
- Information about advocacy services was available to people. The registered manager told us of their plans to introduce advocacy 'open door sessions' within the home to promote awareness of this.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were upheld. Staff spoke confidently of how they ensured people's dignity and privacy were respected at all times.
- Staff supported people to be as independent as possible. One person said, "Staff help me in the bath, leave me to wash then get me out. They'll wash my back; I pull the string, then they get me out. Get myself dressed. I also have a zimmer to walk about."
- Throughout the inspection all staff engaged with people with a relaxed, respectful and positive approach and people responded well to this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were reviewed, and changes made if there was a change in people's needs. Staff followed the advice given from external professionals.
- A relative was positive about the care their family member received. They told us, "Since going to John Sturrock the environment is more laid back and [person] is better. We love it and we are delighted with the care [person] receives. The staff seem to really care and there is constant staff to help [person] which is good."
- People were engaged in activities during the inspection making use of Wi-fi facilities, the pool table and a dedicated computer area. We asked people if they enjoyed their activities and we received positive comments including, "Here, I can go out in the garden every day. I like sketching, knitting and writing letters" and, "Travelling mostly, going out somewhere shopping, playing pool, watching sport in the film room." Activity boards included activities which started at 10.30pm to midnight as this had been specially requested by some people.
- People had access to an adapted mini-bus and car to support them with external activities for example socialising and visits to local attractions.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. Formal complaints were logged and actioned in line with the provider's own policy. However, low level concerns were not logged. We spoke to the registered manager regarding this and they agreed to review this process.
- People and relatives knew how to raise complaints. Comments included, "Any complaints, would go straight up and to tell the manager" and, "I would just tell the staff, once complained, never got sorted but all okay now."

End of life care and support

- The service was able to support people with end of life care. Staff had received training in end of life care.
- End of life care plans were in place for people. Care plans contained detailed information regarding people's wishes at this very important time of their life.

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.

The management and leadership of the service 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

- The provider had a range of quality checks in place. However, these checks were not fully effective as they had not identified the issues which were highlighted during our inspection. For example incomplete care plans and lack of information available in the kitchen area regarding people's dietary needs.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate governance was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed all care plans were in the process of being audited and all information in relation to people's specified diets had been made available to all appropriate kitchen staff.

The provider had not submitted some statutory notifications in relation to specific incidents. This is important to ensure the Care Quality Commission can monitor the safety of the service people receive.

This constitutes a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We are dealing with this matter outside of the inspection process.

- People, relatives and external professionals spoke positively about the registered manager. Comments included, "I have found [registered manager], to be very personal and centred focused. He will always have his understanding of how that person may be, and this helps greatly."
- Staff told us they felt supported and listened to by the registered manager.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager promoted person-centred care and they led by example.
- People and their relatives spoke positively about the care people received at the service. Comments included, "We don't get phone calls through the night now to say [person] is upset, staff are very patient."
- The registered manager ensured they thoroughly investigated any matters which were identified. They worked in partnership with other agencies and ensured people and relatives were well informed. This included offering apologies if things had gone wrong.

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

- People, their relatives and staff were fully involved in the running of the service.
- Questionnaires had been provided to people, relatives and professionals for feedback. The only feedback received was from people and that was very positive. Comments included, "This is the first proper home I have had in years and I am very happy" and, "I wasn't happy about the music playing and it got changed."
- Staff attended a variety of meetings to allow for important information to be shared with them and feedback to be given.

Continuous learning and improving care

- There was evidence of learning following feedback from external professionals. Professionals said the registered manager and staff listened to them and acted upon any feedback.

Working in partnership with others

- Staff had close working relationships with external professionals. For example, local hospital community psychiatric nurses and consultants.
- The provider supported two external services earlier in the year where people had to be relocated to this home. A letter of thanks had been received from the local authority stating how joint working had enabled people to be accommodated at short notice and with a good end outcome.
- The registered manager worked in partnership with local police and ambulance services which supported better outcomes for people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Quality audits were not effective in identifying the issues found during our inspection. Record keeping required improvement to ensure thorough, accurate and up to date information was recorded. Regulation 17(1)(2)(a)(b)(c)(d)(f)