

JN Healthcare Group Limited

Hawabu 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

Hawabu House is a 'care home' that is registered to provide personal care and accommodates up to six people living across two floors in one adapted building. There was one person living at the home on the day of the inspection and because of this and the fact that we want to protect this person's rights to a private life, the report will provide an overview rather than specific examples.

People's experience of using this service:

People were cared for by staff who were trained in recognising and understanding how to report potential abuse. Staff knew how to raise any concerns about people's safety and shared information so that people's safety needs were met. There was a system in place to record accidents and incidents and staff told us these were reviewed for learning.

Staff were available to people and demonstrated good knowledge about people living at the home. People were supported by staff to have their medicines and records were maintained of medicines administered. Staff maintained good hygiene however we found that protective equipment could be used more consistently, the provider took immediate action to address this.

Staff told us training helped them meet the specific needs of the people living at the home and they attended regular training to ensure they kept their knowledge updated.

Staff understood the importance of ensuring people agreed to the care and support they received. The registered manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS).

People were supported to enjoy a healthy diet with a choice of meals. People were supported to access professional healthcare outside of the home, for example, visits with their GP. Healthcare professionals gave positive feedback on the service provided and said communication with staff was good.

We saw people were relaxed around the staff supporting them. We saw positive interactions and staff showed us that they knew the interests, likes and dislikes of people. People were supported to enjoy various activities and staff ensured that they were respectful of people's choices and decisions.

Staff felt supported to carry out their roles and responsibilities effectively and told us that the management team were approachable and if they had any concerns they would be listened to.

The management team ensured regular checks were completed to monitor the quality of the care that people received. There was good communication with other agencies.

The provider wanted to develop the service further and they worked in partnership and collaboration with other key organisations to support care provision.

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 10/08/2020 and this is the first inspection.

Why we inspected:

The inspection was prompted due to whistleblowing concerns regarding the approach of staff and the management team and a restriction on choices of people living there. A decision was made for us to inspect and examine those risks.

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 coronavirus and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well led sections of this full report.

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 safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

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 well-led.

Details are in our Well-Led findings below.

Good ●

Hawabu 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 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.

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 team consisted of one inspector.

Service and service type

Hawabu House 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 did not have a manager registered with the Care Quality Commission at the time of the inspection. A new manager was in place and had begun the process of registering with CQC.

Notice of inspection

This inspection was announced and took place on 14 January 2021. 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 home to speak with us.

What we did:

We looked at information we held about the service, including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders, for example, the local authority and members of the public.

During the inspection, we spoke with one person using the service to ask about their experience of care. We also spoke with the provider, the manager, one senior carer, one senior night carer and three support workers.

As part of the inspection we contacted three healthcare professionals for feedback on the service.

We reviewed a range of records. This included care records and a variety of records relating to the management of the service, including policies and procedures. We looked at two staff recruitment files. Details are in the Key Questions below.

After the inspection

We continued to seek clarification from the provider to validate evidence found and actions taken following the inspection.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management:

- Staff told us they knew people's risks and how to support people to keep them safe.
- Risk assessments were in place to guide staff and help staff monitor people's assessed risks.
- The manager told us all staff had received certified physical intervention training. This is training for staff to prevent and safely manage behaviour that presents a risk of safety. One member of staff said, "[I'm] 100% confident to do it safely and correctly."

Systems and processes to safeguard people from the risk of abuse

- Staff received training in how to recognise possible abuse and knew how to report concerns. One member of staff said, "Happy to raise concerns. Told we can whistle blow; management here really open I am comfortable to speak up."
- All staff we spoke with said they had not had reason to raise concerns but were assured action would be taken by the management team. They also were aware of external agencies they could report concerns to such as the local authority or CQC.

Staffing and recruitment:

- Staffing levels were maintained at the agreed level to support people safely.
- We looked at two staff recruitment files and found the provider had completed checks on staff before they started work in the home to make sure they were suitable to work with people.

Learning lessons when things go wrong:

- Incident records were completed to record any concerns. Each record was also shared with and reviewed by the local authority as part of the placement agreement.
- Staff told us all incidents were recorded and reviewed. One member of staff said, "After any incident we do a review; how's [person's name] feeling and how are we [staff] feeling, are we OK? Is there any learning?" Another member of staff commented, "We always look for what are things that could have been prevented."
- We discussed with the manager how incidents were recorded and action was taken following the inspection to include further information in the records.
- Weekly meetings were held and looked at all key events including incidents to assess learning.

Using medicines safely:

- Medicines were stored securely, and a record maintained showing administration.
- Staff had completed medicine management training and their competency had been assessed.
- We saw a recent improvement had been identified and addressed to ensure more information on the

medication was record by the pharmacist on the MARS records.

Preventing and controlling infection:

- We saw one person had been supported to complete COVID 19 training, so they understood the risks and actions to take to minimise and prevent infection.
- Staff told us that a good stock of PPE (Personal Protective Equipment) such as face masks, gloves and hand sanitiser was available to them and we saw staff using these items during the inspection. However, we found that improvements were required to ensure these were used consistently in line with Government Guidelines. The manager took action immediately following the inspection to address this.
- There were enhanced cleaning routines in place and the premises appeared clean and hygienic.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.
- We have also signposted the provider to resources to develop their approach.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

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

- Staff understood of the importance of gaining consent from people before providing support.
- The manager was aware of their responsibilities regarding the Deprivation of Liberty Safeguards (DoLS).
- We saw an agreement had been given for the appointment of an advocate to support people. An advocate is an independent person appointed to represent a person's interests, which they can do by supporting them to speak, or by speaking on their behalf.

Staff support: induction, training, skills and experience

- Staff told us they were supported through training and guidance to provide effective care for people.
- Staff told us they had received personalised and specific training to safely support people. Staff said the training had also given them opportunity for reflection and discussion of new ways of supporting people. This was also confirmed by one healthcare professional we contacted.
- Staff said they were supported through supervisions and had been supported to enrol for further care courses.

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

- People were supported to enjoy a choice of meals. Staff told us people were supported to enjoy a healthy and balanced diet and encouraged to try new foods.
- Care records included notes of people's likes and dislikes and any allergies which all staff we spoke with were aware of.

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

- People were supported to access healthcare services. We saw an example of when the person had been

supported to access GP services when they felt unwell.

- We received feedback from three healthcare professionals who gave overall positive feedback about the support to people.

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

- The home was a detached building converted to provide living accommodation for up to six people.
- At the time of the inspection only one person was living at the home. Staff told us the person had chosen the decoration of their own bedroom which we saw was personalised. They had also chosen some of the pictures and decoration in the communal areas.
- The garden area which was largely covered in decking, had been identified for improvement. The provider told us people had requested a trampoline, which they were looking to purchase in the near future.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were happy living at the home; felt well supported and that staff respected their choices.
- We saw that people were relaxed around staff and throughout the inspection we saw positive interactions.
- Meetings were held with people to discuss a different subject each week. We saw this gave opportunity for people access further information and review their choices and decisions. One member of staff said, "[Person's name] is more informed now I feel."

Respecting and promoting people's privacy, dignity and independence:

- We saw that staff promoted people's independence. People were supported to be involved in tasks throughout the home, for example, making lunch and then clearing the table.
- People were supported to enrol on higher education courses in subjects they enjoyed.
- Staff told us how they ensured people received the support they needed whilst maintaining their dignity.

Ensuring people are well treated and supported; equality and diversity

- People gave positive feedback about the support of staff. One person told us staff had brought in items to support them with their interests and enable them to do things they enjoyed.
- Staff spoken with respected people's individuality and diversity. Care files contained information about people's preferences, so staff could consider people's individual needs when delivering their care.
- All staff we spoke with told us they enjoyed working with the people they supported.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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 updated and reviewed as required and information was shared as people's needs changed, so that people would continue to receive the right care.
- We contacted three healthcare professionals all of whom felt staff were responsive to changes in people's wellbeing.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People told us they enjoyed various activities and under COVID 19 guidelines staff had supported them by bringing activities into the home. For example, when the local gym temporarily closed, staff had purchased gym equipment and set up a gym space within the home so people could continue to enjoy their exercise.
- People had been supported to enjoy days out and staff had also discussed with them things they would like to do in the future.
- The manager told us current activities were in-house, but these would be reviewed as COVID 19 guidelines were updated.
- At the time of the inspection, people maintained relationships with friends online. To support this staff had provided the person with information about staying safe online.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We saw staff had considered different ways to present important information and we saw that some information had been provided in accessible formats to meet people's individual needs.

Improving care quality in response to complaints or concerns:

- A noticeboard within the home gave clear information on how people could raise any concerns or complaints.
- At the time of the inspection no complaints had been received, however the provider had a system in place to record, respond to and review any complaints received.

End of life care and support.

- At the time of the inspection no one was being supported with end of life care.

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff told us they felt supported in their role and spoke positively of the new manager. One member of staff told us, "[Manager's name] is very supportive; very knowledgeable and always there for advice. He tests our knowledge too by asking us questions. It's a good way of working."
- Staff felt able to provide feedback and suggestions on the service, which they felt was listened to.

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

- Staff were aware of the provider's whistleblowing policy and were confident that if they needed to raise concerns, they would be listened to.
- Where concerns had been raised, they had been responded to and acted on appropriately. The provider shared with us the actions they had taken in response to whistleblowing concerns raised.

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

- All staff we spoke with were clear on their roles and praised the teamwork of staff. One member of staff said, "Everyone knows their role and we are all supported by [manager's name] We are all working to the same goal.....It's team work we all work together."
- The provider and manager understood their legal requirements within the law to notify us of all incidents of concern, death and safeguarding alerts.
- There were a variety of audits in place to provide the provider and manager with oversight of the service and care delivery.

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

- People's views of the service were sought. We observed staff engaging in conversation with people and ensuring they were happy with the care and support that was provided at that time.
- People's views on how they wanted their support was sought prior to them living at the home so this could be acted upon.

Continuous learning and improving care

- We saw that a risk assessment was in place incorporating government guidance related to COVID-19. We

spoke with the provider about this and how it could be improved to give more detail in some specific areas.

- Staff told us the new manager had made some improvements in the organisation and paperwork. One member of staff said, "[Manager's name] has improved things. Put more organisation in place. He has made me more confident in my role. Before it was good but not as organised."
- The provider said the service worked to achieve continuous learning and improvement. To enable this the provider had appointed a senior operations manager and had arranged to extend specific and personalised training to continue to develop staff skills and understanding .

Working in partnership with others

- The provider and manager worked in partnership with other organisations including healthcare professionals to support the wellbeing of people. This was confirmed by three healthcare professionals we contacted as part of this inspection.