

Juga Homes Ltd

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Inspection report

49 Ivorydown
Bromley
Kent
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16 August 2021

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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

Juga Homes Ltd is a small care home providing care and support for up to three people living with mental health needs and people with learning disabilities and/or autistic people. At the time of our inspection three people were living at the service. Not everyone at the service was receiving support with personal care.

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

At the previous inspection we found that care plans were not always clear on what measures were in place to mitigate the risks. The provider had made improvements to how risks were documented and mitigated. People were protected from the risk of acquiring infections and the service was clean and hygienic. People's medicines were managed safely by staff who had received relevant training. The provider had improved the way accidents and incidents were recorded and analysed.

The provider had made improvements to the quality assurance processes since the last inspection. There were a range of audits and checks to ensure quality and safety was maintained. People and their representatives were involved in decisions about their care and support needs. The provider engaged with people receiving care and staff to help drive improvements to the service. The provider worked in partnership with other professionals to plan, deliver and review care and support.

Rating at last inspection

The last rating for this service was inspected but not rated (published 10 August 2020).

Why we inspected

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

You can read the report from our last inspection, by selecting the 'all reports' link for Juga Homes Ltd on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Juga Homes Ltd

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

This inspection was undertaken by one inspector.

Service and service type

Juga Homes Ltd is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 announced, we gave the registered manager 48 hours' notice of our inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. 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 sought feedback from the local authority and professionals who work with the service. We reviewed the previous inspection report and actions plans submitted after the last inspection.

During the inspection

We spoke with one person who was receiving care and support, three members of staff including the registered manager and two support workers. We reviewed the care plans, risk assessments and medicine records of one person who used the service. We also looked at records related to infection control and quality assurance audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last inspection we found the provider was not doing all that was practicable to ensure that care and treatment was provided in a safe way as risks to people were not always identified and mitigated. This was a breach of regulation 12 (Safe care and treatment) 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.

- The provider had improved the way risks to people's health and wellbeing were assessed, recorded and managed. Care plans now considered a wide range of risks to people's health and wellbeing including risks related to; eating and drinking, skin integrity, falls and mobility.
- The provider had assessed the risks of self-harm and expressions of emotional distress. These risks were discussed with multi-disciplinary professionals and strategies put in place to reduce the risk of harm.
- We received positive comments from relatives about how the service was keeping their family member safe. People told us, "Juga Homes has demonstrated and comply with safety regarding my family member" and "I visit regularly and my observation is that [family member] is safe."
- The manager regularly discussed risks with staff during staff meetings to ensure they remained alert to the risks and followed the risk management plans. Staff demonstrated a good knowledge of the potential risks to people and knew what they should do to ensure people's ongoing safety was maintained.
- The risk of harm from a fire was assessed. Risk assessments considered personal factors such as smoking and the use of flammable creams. Personal emergency evacuation plans (PEEPs) were in place to give staff guidance on what support people required to evacuate safely in the event of a fire. The provider conducted regular fire safety checks of the environment and fire safety equipment.

Learning lessons when things go wrong

- At the previous inspection staff did not always make appropriate records of serious incidents that occurred within the home. The provider had made improvements and staff were now reporting all accidents and incidents to the registered manager who ensured appropriate records were in place and all necessary steps were taken to maintain safety after incidents occurred.
- The registered manager also shared details of incidents with relevant professionals to ensure they were aware of ongoing risks and subsequent changes to people's care and support plans.

Preventing and controlling infection

- The provider was managing the risks associated with the Covid-19 pandemic and there were good infection

prevention control procedures in place. The provider had adapted the visitors' protocol as government guidelines changed. Visiting relatives were asked to complete a COVID-19 test, wear appropriate PPE and follow hand hygiene procedures before entering the home.

- The service was taking part in 'whole service' testing in line with current government guidance to help protect all people using the service and staff. At the time of our inspection the service was not recording the results of the staff COVID-19 tests. We discussed this with the registered manager, and they have started recording the outcome of all COVID-19 tests.
- Staff followed cleaning schedules to ensure high levels of cleanliness were maintained. The home was clean and hygienic when we visited, and this was confirmed by a relative who regularly visited. They told us they were "very impressed" with the standard of cleanliness within the home.
- Staff were given infection prevention control training which was regularly refreshed.

Using medicines safely

- People's medicines were well managed. Staff who supported people to take their medicines had completed appropriate training which was refreshed annually. However, we found staff medicine administration competency had not been assessed. The registered manager has now put in place a competency assessment which will be reviewed at least annually.
- People's medicines were checked regularly by the registered manager and any issues were promptly investigated. Samples of medicine administration records (MARs) we reviewed had been completed correctly and we could see there were systems in place to ensure medicines were being stored at the correct temperature.
- When people were prescribed as required (PRN) medicines there were clear guidelines in place to ensure staff understood when to give these medicines.

Staffing and recruitment

- Pre-employment checks were completed before staff started work. Checks included people's right to work in the UK, employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS provides information on people's background, including convictions, to help employers make safer recruitment decisions.
- The staff team had received some basic autism awareness training from the multi-disciplinary professionals who were working with the service. However, we identified that Autism training was not part of the provider's ongoing training plan. We discussed this with the registered manager, and they have now arranged ongoing autism awareness training for all staff to ensure they continue to develop their understanding of the needs of people with autism.
- Staffing levels were adjusted in light of people's needs. Records showed and feedback from staff and relatives confirmed there were enough staff on duty at all times to ensure people's safety and health and social care needs could be met.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse. Staff had a good understanding of safeguarding procedures. They knew who to inform if they had any concerns about abuse or safety and how to escalate their concerns if they were not satisfied their concerns had been taken seriously. One member of staff told us, "The whistleblowing policy means we have to speak out if we see anything that's not right."
- The registered manager was aware of their responsibility to report safeguarding concerns to relevant organisations including the local authority and CQC.

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 the last inspection, this key question was rated as Good. At this inspection, this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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 the previous inspection we found the provider had failed to assess, monitor and improve the quality and safety of the service effectively. The provider had failed to ensure people received a consistently safe 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 made improvements in the care planning and quality monitoring processes which all contributed to an overall improvement in how risks were managed and monitored.
- The registered manager had developed the quality assurance audits which covered all aspects of the service including; medicines, daily reports, handovers, care plans, infection control and the safety of the environment.
- The process of recording, analysing and reporting accidents and incidents had also improved the identification and management of ongoing risks to people. One professional told us, "The [registered] manager has good observation skills and consistently reports back issues or concerns."
- The registered manager continued to develop their knowledge and practice by joining external support networks for registered managers. They had also been receiving mentoring support from experienced mental health practitioners.
- The service had not submitted the necessary notification when they started supporting people with different health and social care needs such as Autism. We discussed this with the registered manager, and they have now submitted the necessary notification to inform us of this change.

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

- Staff worked to achieve positive outcomes for people and people's feedback confirmed this. We received comments such as, "staff have demonstrated professionalism and assertiveness" and "I have seen small signs of improvement."
- The registered manager was ensuring people's personal preferences were catered for wherever possible. One professional told us, "The [registered] manager has observed that service users have preferences for

different staff and she tries to accommodate this."

- Staff were positive about how the team worked together to help deliver high standards of care. One member of staff told us. "We work together as a team and we have seen real progress in how some people are engaging."

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

- The service had improved the methods of communication within the service to ensure all staff were kept up to date with significant events. There was a structured handover now in place to ensure important information was shared with all staff on each shift.
- The registered manager arranged regular staff meetings to discuss the quality of the service, plan improvements and keep staff informed of relevant information. Meetings were also used to discuss the ongoing pandemic and ensure staff were aware of all the relevant information regarding the vaccination programme. One member of staff told us, "The meetings are very useful. We are all encouraged to bring agenda items to the meeting, we talk about what's working well and what's not working."
- The provider sought feedback from people and their relatives by asking them to complete satisfaction surveys. Results of the surveys were analysed, and action taken to address any areas of concern.
- People and their relatives were involved in the formation and review of their care and support plan. One relative told us, "Communication is vital always concerning my [family member's] health."
- Staff told us they felt well supported to fulfil their role. One member of staff told us, "The [registered] manager is very supportive and is always on hand to give advice or support."

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 registered manager understood their responsibility to be open and honest and give people all the relevant information when things went wrong. They ensured they sent the appropriate notifications to CQC after significant events occurred.

Working in partnership with others

- The service worked regularly with multi-disciplinary professionals such as speech and language therapists, occupational therapists, psychiatrists, psychologists and care coordinators to plan and monitor people's mental health and social care needs. One professional told us "They do work in a multi-disciplined way, they follow professional guidance that has been provided and they communicate with the MDT effectively."
- The registered manager attended a range of multi-disciplinary and provider meetings to discuss the ongoing challenges with the COVID-19 pandemic.