

# Joy Care Home Services Limited

# Joybrook

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

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

Joybrook is a residential care home providing personal care for up to 15 people in one adapted building. The service provides support to older people. At the time of our inspection there were 13 people using the service.

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

We required assurances that systems were sustained and available when the registered manager was not present. Risk assessments, safe infection control processes and medicines were not always managed safely. We raised some concerns at the inspection, which the registered manager responded to in a timely manner. However, these issues were not remedied prior to our inspection.

We have made a recommendation in relation to the dementia friendly environment of the home.

Risk assessments were not available to support staff to mitigate risks to people. The provider was aware, and took action to support people that presented behaviours that could challenge others. Incident records were completed, and safeguarding referrals made where appropriate.

We identified significant staffing shortfalls across the home, meaning staff could not spend time with people outside of task orientated duties. The provider took prompt action to ensure activities staff were reinstated and utilised at the home. Staff training required updating and the provider took action to ensure staff were booked on for refresher sessions. People's views were sought and the registered manager took steps to improve their response to people's concerns.

Safeguarding matters were dealt with appropriately and staff had a good understanding of how to report any concerns. People were supported to eat and drink, and received a varied menu that they were able to choose. People and relatives were positive about staff and management, telling us they were caring and supported them well. People were treated with dignity and respect. Healthcare professionals were consulted when people had other care needs that needed to be met.

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.

People, relatives and commissioning bodies were positive about their engagement with the home and how it met their needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

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

#### Why we inspected

We inspected this service after we received intelligence that there had been a recent outbreak of COVID-19.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

During our first day of inspection we identified concerns, and therefore decided to carry out a comprehensive inspection across all domains.

Where we identified issues the provider took prompt and appropriate action to mitigate any risks.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Joybrook on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

**Good** ●

### Is the service caring?

The service was caring.

**Good** ●

### Is the service responsive?

The service was responsive.

**Good** ●

### Is the service well-led?

The service was not always well-led.

**Requires Improvement** ●

# Joybrook

## 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 included checking the provider was meeting COVID-19 vaccination requirements. 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

This inspection was carried out by two inspectors.

#### Service and service type

Joybrook 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

We gave the service 24 hours' notice of the inspection. This was because we wanted to confirm whether there were any current cases of COVID-19 at the home.

Inspection activity started on 31 January 2022 and ended on 09 February 2022. We visited the location's service on 31 January and 04 February 2022.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used information from our intelligence monitoring to help inform our inspection. We used all this information to plan our inspection.

#### During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with four people that live at the home, two care workers, a relative, a visiting district nurse and the deputy manager.

We reviewed records relating to people's care including care plans, risk assessments and medicines administration records (MAR). We looked at documents in relation to the management of the service, such as audits, complaint and rotas.

#### After the inspection

We received feedback from two relatives and the local authority. We also reviewed documents the provider sent us electronically including policies and incident records.

# 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. At this inspection the rating has changed to requires improvement.

This meant 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; Learning lessons when things go wrong

- People were not always protected against the risk of harm as the provider had failed to ensure risk assessments were always in place to guide staff when faced with identified risks.
- We identified one person's care plan did not contain any risk assessments, this was despite the service being aware of the person engaging in behaviours that challenged the service. For example, when the person was in a state of heightened anxiety, there was no mitigating guidance for staff to follow.
- During the inspection we observed one person engaging in behaviours that others may find challenging, staff did not appear confident in how to de-escalate the situation safely and resulted in other people becoming distressed and concerned about the other person's behaviour.
- Records highlighted instances of behaviours that challenged the service, were not always recorded. We identified there were only five completed Antecedent Behaviour and Consequence (ABC) charts since the person moved into the service.
- Following the inspection we raised our concerns with the registered manager. We were sent copies of fully updated risk assessments that clearly guided staff as to how de-escalate such behaviours. The provider responded immediately after the inspection. We were assured that appropriate documentation was in place to ensure staff could mitigate potential risk.

Using medicines safely

- People's medicines were administered as intended by the prescribing G.P; and records showed that relevant staff were up to date with their training.
- Medicine Administration Records (MARs) did not contain the reason for PRN (as and when required) medicines being administered, nor whether they had an impact on the person's ailment. Following the inspection, the registered manager sent us evidence of people's PRN protocols.
- Medicines were stored securely and in line with good practice.
- People told us they received their medicines on time and staff explained what the medicines were for.

Preventing and controlling infection

- On the first day of inspection we observed that staff did not always wear their face masks correctly. On the second day of inspection we saw that some staff did not put masks on until they had already entered the home.
- We also found that some of the hand sanitiser stations were blocked, although the provider had

accessible bottles of sanitiser located in other areas.

- Upon entry to the home, visitors were asked to provide a negative COVID-19 test and wear appropriate personal protective equipment (PPE).

The above issues placed people at risk of harm and demonstrates a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

### Staffing and recruitment

- People did not always receive support from adequate numbers of staff to keep them safe.
- We received mixed feedback from people about the staffing levels. One person commented, "Yesterday there were only two staff on, that was too much work for them. Today there are enough staff on duty." However, another person stated, "I don't have to wait a long time when I ask for help."
- Staff told us there were insufficient numbers on duty throughout the day. One staff member said, "It's a bit tricky, there are people we need to support with eating and who [engage in behaviours that others find challenging], for two staff that's difficult." Another staff member told us, "For me personally I think we could do with another carer. There are three on duty in the day, but one finishes at 14:00hrs. That leaves just two staff. One will do the cooking and that only leaves one on the floor."
- Throughout the two-day inspection we observed multiple occasions whereby people were seated in the lounge without any interaction from staff. Staff appeared hurried and we saw that staff often took on multiple roles such as care, housekeeping and cooking. This meant there were insufficient staff available to people in the main lounge.
- We reviewed the rosters and found that there were sometimes shortfalls in the numbers of staff that should have been on duty to cover each day. The registered manager told us that management would cover any gaps.
- After the inspection the registered manager showed us they had commenced interviewing of potential candidates to undertake a care role within the home. Where there were any shortfalls in staffing, these were covered by management. We were satisfied that the provider had recognised the shortfall in staffing and was taking appropriate action.
- Staff were subject to Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person told us, "Yes, [I feel safe] I like it here, because it's nice and quiet. I'm safe because no one is bothering me." Another person said, "Yes, [I'm safe], because there are other people here."
- Staff were aware of how to identify, report and escalate any concerns of suspected abuse. Records showed staff received safeguarding training.



# 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.

At our last inspection we rated this key question good. At this inspection the rating has stayed the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- We identified the lift within the service was out of use. The provider had taken action to ensure that people with mobility issues did not reside on the first floor.
- The décor of the service was dated and required attention. The kitchen floor had cracks in the tiles, which meant they could harbour food debris. The lounge flooring was faded and cracked. The office which people occasionally entered had unlevel flooring posing a trip or fall hazard. The registered manager told us of the home's improvement plans. We were satisfied they had identified these issues and were taking suitable actions.
- On the first floor of the service, there was rust around the legs of the shower chair which had discoloured. A fire extinguisher had been ripped from the wall as had a hand sanitiser unit on the first floor.
- We shared our concerns with the deputy manager who clarified that a person's behaviours had led to the removal of some items and signage across the home. The provider had plans in place to manage these occurrences.
- The provider failed to display signs indicating the purpose or occupancy of each room, leading to confusion for one person who told us they were not quite sure where their bedroom and communal bathroom were. The registered manager told us they would take action to improve signage across the home.

We recommend the provider seek support and guidance from a healthcare specialist in dementia friendly signage and update their practices.

Staff support: induction, training, skills and experience

- We found that staff training required updating.
- Following the inspection, the registered manager sent us evidence to show that staff were being booked onto both e-learning and classroom based training to ensure that they were up to date with people's needs.
- Staff received regular supervisions and appraisals in line with provider policy

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

- A pre-admission assessment for one person was not completed. A pre-admission assessment documents people's needs, dependency levels and wishes and is used as the basis of a care and support plan.
- We raised our concerns with the deputy manager who told us that full care documentation was usually completed once a person's permanent place at the home had been confirmed. After the inspection the registered manager was able to show us sufficient documentation that met that person's needs.

- People told us they were able to make choices about the care they received.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access food and drink that met their dietary needs and preferences. One person told us they liked the food available to them and they could choose a different meal if they didn't like what was on offer.
- The food during the daytime was provided by the chef. Food looked appetising and people appeared to enjoy their meals. People who had specific dietary requirements were catered for.
- Where people required adaptive cutlery this was provided and meant people could eat their meals independently where safe to do so. People who needed support to eat and drink were provided with a staff member, however they did not always sit down nor speak with them when eating.
- Records confirmed people were supported to access healthcare professional services when required. A healthcare professional told us, "I think [the service] take my advice on board."

Staff working with other agencies to provide consistent, effective, timely care

- Records showed that the provider worked alongside other agencies to meet people's presenting care needs. This included support to hospital appointments, GP and dental appointments. A relative said, "We are happy with the service - would like to be kept up to date with any illness or fall [loved one] has which they currently do to our knowledge."

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 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 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.

- Records showed that the provider applied for DoLS in a timely manner.
- Staff had a clear understanding of their roles and responsibilities in line with MCA legislation.

# 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.

At our last inspection we rated this key question good. At this inspection the rating has remained the same.

This meant 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

- People told us they were treated with respect. A relative said "I believe the staff are caring. I can see this when I collect my [loved one] by the interactions they have with [person] and also on FaceTime when they sometimes join in the call. My [loved one] likes to joke and I have seen her joke with the carers. My [loved one] has told my sister and I that the staff are kind."
- Care records reflected whether people had any religious needs. Where necessary, people were supported to visit their place of worship.

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

- People were encouraged to share their views through regular 'resident meetings'. One person told us, "The staff ask for my opinion and if I like living here. I tell them it's a nice place. They will change things or give me additional things if I ask them."
- A relative told us, "I have been invited to give feedback on lots of decisions concerning my [loved one] as well as with the care plan review. We have also been asked to give feedback on changes during the pandemic. My views and my [loved one's] have been taken into consideration and actioned in my [loved one's] care plan."

Respecting and promoting people's privacy, dignity and independence

- One person spoke to us about their concerns in lacking some day to day control in some aspects of their life. They were able to express to us the things they wanted to do for themselves, however these were not reflected in their care plan. We raised this with the registered manager who sent us an updated pictorial plan and schedule for the person, which allowed them to retain some independence. We were satisfied with the prompt action the provider took.
- Care plans were specific in detailing how people should be supported during personal care and to provide dignity when washing sensitive areas.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has stayed the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- We found that people's care plans were not as personalised as they could be. Whilst they reflected people's life histories and things they liked to do; they could have been more detailed. People's daily notes did not reflect that they were always supported to meet their preferences within their day to day routines.
- Following the inspection the provider showed us updated care plans and action they had efficiently taken to improve people's day to day support.
- Records showed where people were speaking in their mother tongue they were to be prompted to communicate in English. We raised our concerns with the registered manager who told us that this was not the case and that the record had been written poorly. Following the inspection, we were sent updated records that included clear guidance for staff and the use of technology to support communication.

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 did not always receive stimulation to meet their social needs. At the time of the inspection, there were insufficient numbers of staff to meaningfully engage with others.
- One staff member told us, "The management say we need to do activities with people, but this is difficult when there's only two staff on duty." During the two-day inspection we saw one person engage in an activity in the local community. However, there were no activities provided to people who remained in the service.
- People were seated in the lounge area and did not have any interaction with others which caused some people to become agitated and shout out. The television in both areas of the open plan lounge and dining area were on, one in which could not be heard and the other had the volume turned up loud.
- We discussed this with the registered manager, who advised a carer had been recruited to offer an activity co-ordinator role. The provider discussed with us the impact of the pandemic had affected external activities, and they also sent us evidence of other activities now being resumed. Furthermore, a pictorial and personalised activity plan had been developed for one person.
- In light of the providers current attempts to recruit staff and their prompt action to address the shortfall in activities we were satisfied with their response.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in

relation to communication.

- People's care records reflected whether they had a sensory impairment.

Improving care quality in response to complaints or concerns

- People told us they could speak with the management team to raise concerns. At the time of the inspection there had been no complaints received in the last 12 months.

End of life care and support

- Records showed that people and/or their relatives were asked about their preferences should they be nearing the end of their lives. These were recorded within people's care plans and detailed last wishes as well as any funeral preferences.

# 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. At this inspection the rating has changed to requires improvement.

This meant the service management and leadership 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; Continuous learning and improving care

- At the time of our inspection, the registered manager was not present. Therefore, the assurances we required about the running of the service was not available to us until after our site visit.
- We have recommended under 'responsive' that the provider seek support to ensure the home has a dementia friendly environment, in order to fully meet the needs of all people residing at the home.
- Risk assessments were not always in place or suitable to meet the needs of people or provide appropriate guidance. Although the provider took action to mitigate these risks, these had not been identified prior to the inspection.
- The provider did not always operate their governance systems effectively. This was because the provider had failed to identify and/or take appropriate action to address a number of issues we found during this inspection. This included concerns relating to how the provider managed staffing levels, infection control processes and medicines management.

We found no evidence that people had been harmed as a direct result of all the management oversight and scrutiny failures described above however, their governance systems were not always sustained effectively enough to minimise the risks associated with them.

This placed people at risk of harm and demonstrates a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was clear on their roles and responsibilities in managing the service, and ensured they supported and communicated well with people, relatives and staff.
- Following the inspection the registered manager showed us a range of audits that reviewed performance and improvements across the service.

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

- People attended regular meetings to give feedback on the home. We reviewed the minutes of these meetings and found that actions required to respond to concerns weren't always clear. The registered manager sent us updated minutes that clearly stated how they would respond.

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

- Staff were positive about the support they received from the management team. Relatives also spoke well of the home. Comments included, "The manager is [registered manager]. I have contacted [registered manager] and she has contacted me many times over the past three years to ensure all care decisions are made in my [loved one's] best interest. [Registered manager] has always listened to me and my [loved one] and sister.

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 accountability where mistakes were made, and the need to apologise where mistakes were made.

Working in partnership with others

- The provider worked in partnership with stakeholders to meet people's needs. A healthcare professional told us they had no issues with the service and that the communication with the home was good.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not always ensured that effective risk assessments, medicines management and infection control processes were in place.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not always taken reasonable steps to ensure that issues were promptly identified, with action to mitigate not always being taken in a timely manner.</p>