

Jooma Care Homes Limited

135 Norman Road

Inspection report

135 Norman Road
London
E11 4RJ

Tel: 02085390596

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20 July 2023

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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

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

About the service

135 Norman Road is a residential 'care home' providing personal care and support for people living with learning disabilities, autistic spectrum disorder and mental health. The service accommodates a maximum of 3 people. At the time of our inspection, there were 3 people living in the home. People using the service had been living at the home for many years. The staff team had been working at the home for some time and everyone knew each other well.

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

Right Support:

Staff assisted people to take part in activities and hobbies in their local area. The service ensured that there were suitable amount of trained and skilled staff working at the service to meet people's individual needs. The provider carried out employment checks to ensure that staff were recruited safely and had the right skill mix to support people who lived at the home.

People told us that they had a choice about their living environment and were able to personalise their rooms. The service made reasonable adjustments for people so they could be involved in making discussions about how they received their everyday support.

The provider ensured that measures were in place to help prevent the spread of infections. We found that medicines were managed in a person centred and safe way and staff ensured that people received regular medicines reviews by their health professionals.

People who used the service were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:

People told us that they felt staff treated them with kindness and their privacy was respected by staff. Staff were able to demonstrate how they protect people from poor care and abuse. The service was clear on their responsibility to work with other agencies to ensure people were safe. Staff received the appropriate training on how to recognise and report abuse.

People communication needs were being met and staff understood each person's communication style. People's care and support was recorded in their support plans, which reflected their support needs and promoted their wellbeing and quality of life.

The service assisted people to complete their risk assessments, which helped to ensure people were safe. Staff encouraged and enabled people to take positive risks.

We identified that the communal areas were in needs of some decoration. We made a recommendation in this area.

Right Culture:

We found that people received good care and support as staff were trained to ensure that the service could meet their needs and wishes.

The service carried out a range of audits to ensure a good quality service was provided. Staff understood people's needs well. This enabled people to receive a good service, which empowered people and the care was tailored to their individual support needs.

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

Rating at last inspection

We last inspected this service on 16 December 2019, where it was rated 'good' overall.

Why we inspected

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

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 135 Norman Road on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our caring findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

135 Norman Road

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.

Inspection team

This inspection was carried out by 1 inspector.

Service and Service Type

135 Norman Road is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. 135 Norman Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 27 June 2023 and ended on 20 July 2023 We visited the service on 27 June 2023.

What we did before the inspection

We reviewed information we had received about the service. 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.

During the inspection

We spoke with the registered manager. We reviewed a range of records. This included 3 people's care plans and risk assessments, 3 people's medicine administration records (MAR charts), 6 recruitment records and 2 quality audits, staffing rotas, accident and incident records and safeguarding records. We also checked the providers had key policies and procedures in place to help guide staff.

We spoke with 1 person who used the service and 2 family members about their experience of the care provided. We also received feedback about the service from 4 members of staff, which included the registered manager and care staff.

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, the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service kept people safe from avoidable harm due to staff's knowledge and the training that they received, which helped protect people from abuse.
- The provider supported people to have safeguarding information in a format that they could understand. One person was able to tell us how they would report concerns to the manager.
- People and relatives told us people were kept safe. One person told us, "I like living here, the staff are very helpful, and I feel safe. I can talk to the staff at any time if I'm worried about something."
- The provider had safeguarding policies and procedures in place that helped to reduce risks to people.

Assessing risk, safety monitoring and management

- People's risks were assessed appropriately, and support plans were completed to ensure that staff were clear on how to give safe care to people.
- One person told us that they were involved in reviewing their support plans and risk assessments, "I have helped the staff to write my plan, the manager also ask's me to look through the plan to see if there are any information that needs to be added."
- During the inspection, we reviewed the provider's environmental risk assessments, which was reviewed and updated on a regular basis. The risk assessments covered fire and trip hazards.
- The registered manager completed environmental audits each month to ensure that concerns were picked up and addressed appropriately.
- During the inspection, we identified that the kitchen and one person hot water temperature was very hot however we were unable to get the exact temperature as the provider's thermometer only went to the 50°C. The registered manager addressed this concern during the inspection by reporting the issues to their maintenance team and also ordered a new water monitor to ensure water temperatures were at a safe level.

Learning lessons when things go wrong

- The provider had systems in place to review and to learn from accidents and incidents. The registered manager met with staff to discuss any learning from and if changes were required to support plans and risk assessment.
- Staff were clear of their responsibilities of raising concerns and recorded incidents and near misses, which helped keep people safe. A staff told us, "Once an incident form has been completed we send it to the manager for them to review". Another staff said, "As part of the training and induction I received, it was made clear by my manager on how to report any complaints or concerns, there is also a policy that we follow the guidance."

Staffing and recruitment

- The provider ensured that staff were recruited safely, the checks comprised of pre-employment checks, which were conducted to ensure staff were suitable for the role. This included employment references, proof of identification and right to work in the UK. Disclosure and Barring Service (DBS) checks had been completed. A DBS check is a way for employers to check staff criminal records, this helps to decide whether they are a suitable person to work with vulnerable adults.
- People told us they were supported by regular and familiar care staff and cover arrangements were in place. One person said, "I know the staff well, they have worked here for a long time, we are like a family."
- During the inspection, we reviewed the staff rota, which identified that there were correct level of staffing to meet people needs.

Using medicines safely

- People using the service, were supported appropriately by staff to receive their prescribed medicines safely and in private if they wished to.
- People received support and encouragement from staff to make their decisions about medicines wherever possible. One person told us, "I have some support from staff to remind me to take my [medicines]. Staff also supports me to see my doctor, who checks my [medicines] and they ask me how I'm feeling."
- We checked people's medicine administration records (MAR) and saw these had been correctly completed by trained staff.
- The service had a medicines policy in place for staff to follow, and staff were trained and assessed before they administered medicines to people.
- There were regular medicine audits completed by the registered manager to ensure errors or concerns were identified and addressed appropriately.
- During our inspection, we saw that people received regular medicines review from their health specialists.

Preventing and controlling infection

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- All staff were trained in infection prevention and control, including the correct use of PPE. Training records confirmed this.
- Staff told us that they carried out weekly audit checks to ensure that the service had the right amount of PPE in stock. One staff said, "I do a weekly check to ensure that there is enough PPE. If we are running low I inform the manager to re order new PPE."

Visiting in care homes

- The provider supported people to maintain contact with their family and friends and they were welcome to visit the home. Relatives confirmed this during our discussions with them. One relative said, "I can visit the home at any time to see my [family member], I have never felt unwelcomed from staff, they are all very friendly and supportive."

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 for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- We saw that people's support plans were personalised and tailored to the individual person. People and relatives told us they were involved with developing their support plans. One relative said, "I have always felt involved in my [relative] care at the home. The manager and staff are very good at asking for my views and updating me with any concerns or changes."
- The provider had systems in place to assess people's support needs prior to people moving in to the home. The providers assessments covered a range of areas, for example, the persons physical and mental health needs as well as people's likes and dislikes and people's choices and goals.
- People's support plans reflected a good insight of people's needs, this included people's communication support needs.

Staff support: induction, training, skills and experience

- People who used the service, were supported by a staff team that knew people well and understood their individual support needs. The staff had the skills and received the relevant training to support people with a learning disability.
- People and relatives told us they felt staff were skilled and experience to support people appropriately. One person told us, "Staff know me well, they know how I like to be supported with my care and support"
- Staff told us that they received regular supervisions and yearly appraisal from the registered manager. One staff said, "I have regular supervisions and yearly appraisal. However, I know I can call the manager at any time for support any advice."
- Training records showed that staff received training in areas such as risk assessing, health and safety, medicines, first aid, food safety and infection control.

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

- People received support to eat and drink enough to maintain a healthy balanced diet. People were supported to choose their food, shopping, and planning their meals.
- One person told us that they were given a choice of different meals and drinks that they chose to have, "I can make my own snacks. But I can also ask the staff to help me if I wanted to."
- Staff received training to support people to avoid malnutrition and dehydration. One staff said, "I'm clear what to look out for if a [person] was becoming malnutrition and dehydrated. We also complete fluid charts and menus, which help staff to check that people are eating and drinking well."
- The service ensured that people were supported to eat and drink in line with their cultural preferences and beliefs, which were recorded in people's support plan. One person told us, "I can help myself to any

food I want to eat, staff know what food I like and don't like as they know me well."

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 by staff to complete their health action plans and health passports, which were used by health professionals to ensure people received support in the way they needed to.
- One person told us that staff supported them to arrange health care appointments for their annual health checks and general health appointment if required. One person said, "Staff help me to book appointment, doctors' appointments and dentists. They also come with me."
- The registered manager told us they work closely in partnership with health and social care professionals when required and that staff contact health professional if staff identified any changes to a person's health needs.
- Staff were clear of their responsibilities to support people to access their healthcare practitioners if required. For example, one staff told us "I support [people] to book their yearly health checks, I also go with them to help with the appointment and feedback to their relatives."

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

- The environment was homely and were accessible to meet people's support needs. The home was over two floors, people's bedrooms had an en-suite bathroom, a kitchen, a communal lounge and a dining area.
- One person told us that they were able to personalise their rooms and staff involved people in making decisions relating to the interior decoration and design. For example, one person told us, "I was supported by the staff to decorate my bedroom in the way I wanted it to be."
- During our visit, we saw that the provider was arranging for the boiler pipes to be covered as they were exposed and not covered to help lower the risk of people hurting themselves.
- The home was clean and tidy; however, the home needed of decorating as the home was looking worn. For an example, the dining room and hall way needed painting due to the paint becoming discoloured.

We recommend the provider follows best practice guidance in ensuring the home is decorated to a suitable standard.

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 decisions made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental capacity assessments (MCA).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff encouraged people to make decisions about their care and support and operated within the legal framework of MCA. People who were assessed potentially not to have capacity were supported to have MCA assessments.
- One person told us that staff always asked for their consent before care was given to them. Another person

said, "I am able to do thing myself, but I know that I can ask the staff at any time to help me with the things I find hard to do for myself. They are aways on hand to help me."

- Staff had a clear understanding of people's capacity to make decisions for themselves and were able to describe the actions that they would take if somebody was unable to make decisions.
- The provider ensured that staff received MCA and DoLS training, which assisted staff to develop their skill and understanding about the principles of MCA.

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 for this key question has remained good. 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

- During the inspection, we saw that staff were patient and used appropriate interaction and communication with people.
- The provider ensured that people were matched well with their care workers and we saw that people were relaxed and engaged well with staff. One person told us, "I like going out for lunch with the [manager] and spending time with them. My keyworker also meets with me to check that I'm ok."
- Staff knew people's support needs well as they had worked at the service for many years. We saw positive interaction between both staff and the person being supported.
- The staff team had completed equality and diversity training and people's spiritual and cultural needs were respected. One staff said, "It's important to respect everyone's views and cultural needs. People we support and work with are individual people, and they should be supported and treated as one and not treat everyone the same."

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

- We saw that staff took the time to understand and listen to people's individual communication styles and people's support plans described the persons preferred communication style.
- People felt listened to and valued by staff. One person told us,
- People were supported to make choices for themselves, and staff ensured they had the information they needed. For example, one staff said, "not every day is the same and [people] may need time to think about the options that have been given to them. Photo and other visual prompts can help [people] make their decisions.
- Staff knew how to support people to access independent advocacy if required.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences and develop new skills to help improve their independence as much as possible. One person told us, "Since I have lived here, the staff have supported me to learn new skills, like making my own foods and going to different places."
- Staff understood when people needed their space and privacy. One staff said, "When supporting [people] with different support needs, it is important to identify signs that may indicate that someone is becoming upset about something that they may not be able to verbalise, like body language. It is important to give people the space they may need."
- People's personal data were kept secure in the office and the provider understood the importance of keeping people records secure to ensure confidentiality was maintained.

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. The rating for this key question has remained good. 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

- The provider implemented a person-centred support plan approach, which meant that people were involved in taking control of their lives. For example, we reviewed people's support plans, which we found them to be personalised with records of people's goals and aspirations.
- People told us they were involved in reviewing care plans to ensure that they were up to date. One person said, "My keyworker meets with me to go over my [support plan]. I'm able to put the things that are important to me in my plan, which staff help me to do."
- Staff were knowledgeable about adapting their support to people's individual needs.
- People were supported to explore meaningful relationships. For example, 2 people chose to attend a social club each day. Another person was supported by the staff to gain independence to be able to use the community independently.

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.

- The service ensured people had access to information in a format they could understand and chose to use. For example, support plans had pictorial and written information to meet each person's individual needs.
- Staff had a good knowledge and understanding of people's individual communication needs, they knew how to facilitate people's communication. For example, a staff member told us, "We work with [people] with different communication needs and have made adaptation so [people] understand what is being communicated to them. This is done by speaking slowly, using photos and pictures."
- The staff knew how to make referrals to other organisations. For example, the registered manager told us, "We work closely with other agencies such as, speech and language therapists and the psychology team."

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

- The service supported people to take part in their chosen social and leisure interests. Each person had an activity schedule for each day and people's outcomes were recorded so staff could review with the person how the activity was going or make changes if they chose to.

- People were supported to develop relationships that were important to them.
- Staff told us how they support people to achieve their goals and aspirations. For example, 1 staff said, "We meet with people to talk about different activity that [people] could try or were they would like to go on holidays. this is don't in house meeting or individually."
- The service supported people to learn daily living skills. For example, the registered manager told us how they supported a person to be able to prepare their own foods and drinks for themselves.

Improving care quality in response to complaints or concerns

- People were supported by staff to understand their right and how they could make complaints if they wished to. For example, 1 person told us, "I know I can speak to any of the staff about any things that I'm not happy about."
- The provider had a complaints policy and procedure in place, which was shared with staff and people who used the service. At the time of our inspection, there had been no complaints since our last inspection.
- The service met with people on a regular basis to receive feedback, which helped the provider to improve their service and to adjust people's support if required.
- The registered manager spoke positively about the importance of continually improving the quality of the service. For example, the registered manager told us, "It's important not to become complacent and from audits and feedback from [people] and relative, improvement to the service is implemented."

End of life care and support

- At the time of inspection, no one were being supported with end of life care.
- The provider was clear of their responsibility and knew how to access the support from other agencies if a person was identified needing support around their end of life.

Is the service well-led?

Our findings

Well-Led – this means 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 good. This meant that 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

- The registered managers worked directly with staff and supported people carrying out care tasks and led by example. One person told us that the registered manager supported them with their activities and holidays and said, "The manager is like my friend."
- People and relatives spoke positively about the management and staff team. For example, one relative said, "I find that the manager is very responsive and always comes back with the information or updates that should be aware of. I'm also invited to meetings."
- Staff told us that they felt comfortable in raising concerns with the management team. A staff member told us, "I have no issues of raising concerns with management team. I know that the issues will be looked into and feedback is always given to me once it has been looked into."
- The registered manager told us that they worked with external professionals to help achieve positive outcomes for people. For example, the service work with a range of professionals such as, GPs, the psychology team, speech, and language to ensure people were in good health.

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; Continuous learning and improving care

- The service implemented systems and processes to help monitoring the quality of the service. The systems included feedback from people who used the service and their relatives, as well as staff and stakeholders.
- The registered manager completed care plans, medicines and IPC Audits and spot checks were carried out to improve and help develop the running of the service.
- The provider was aware of their responsibilities under the registration requirements with CQC and of their duty of candour. People we spoke to were positive of the management team. One relative told us, "I feel the service is well managed and I have no concerns. The staff will inform me if there are any concerns that I need to be aware of."
- The provider had up-to-date policies and procedures in place that was in line with national policy to help ensure that they are delivering a service that met any new regulations within social care.
- The service had systems in place for reviewing accident and incident forms that were completed by staff and sent to the management team. The management team reviewed the forms and put the required actions in place to help avoid re-occurrence. The learning from them were also fed back to staff in staff meeting and supervisions.

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

- The provider's governance system worked well, which helped identify any learning that were needed to help develop and improve the running of the service. This included regular audits being completed and spot checks by the provider.
- The registered manager had the knowledge and skills to carry out their role well. Staff and relatives were able to contact the management team if they needed support or advice.
- During the inspection, we looked at the provider's governance system, which worked effectively and helped improve the running of the service. This consisted of regular audits by staff and the provider.
- The provider invested in developing their staff skills and knowledge. This was done by ensuring staff received up to date training and new staff completed the providers inductions programme.
- Staff told us that they received regular supervision and appraisals, which helped support the delivery of safe and good quality care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and those important to them worked with staff to develop and improve the service. This was done in review meeting and house meetings.
- People told us that staff encouraged them to be involved in the development of the service. For example one person said, "We have meeting to talk about thing we want to do and the [manager] will talk to us if there is any changes to the home, like building work."
- The service engaged well with other agency's such as health and social care organisations and they knew how to access the advocacy service if people were to need this support.