

Jooma Care Homes Limited

135 Norman Road

Inspection report

135 Norman Road
London
E11 4RJ

Tel: 02085390596

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We inspected 135 Norman Road on 7 April 2016. This was an announced inspection. The provider was given 48 hours' notice because the location was a small care home for adults who are often out during the day and we needed to be sure that someone would be in. When the service was last inspected in June 2014 there were no breaches of the legal requirements identified.

The service provides accommodation and support with personal care for up to three adults with learning disabilities. At the time of our inspection three people were using the service.

There was a registered manager at the service at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found new staff did not always have the appropriate support and training to enable them to carry out their duties. The induction was not robust and not all training had been completed for one new staff member.

The experiences of people who lived at the home were positive. People told us they felt safe living at the home, staff were kind and compassionate and the care they received was good. We found staff had a good understanding of their responsibility with regard to safeguarding adults.

People's needs were assessed and their preferences identified as much as possible across all aspects of their care. Risks were identified and plans in place to monitor and reduce risks. Medicines were stored and administered safely.

Staff who were not new to the service undertook training and received regular supervision to help support them to provide effective care. People were cared for by sufficient numbers of suitably qualified, skilled and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

The registered manager and staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS is law protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived in their own best interests.

People told us they liked the food provided and we saw people were able to choose what they ate and drank. People had access to health care professionals as appropriate.

People's needs were met in a personalised manner. We found that care plans were in place which included information about how to meet a person's individual and assessed needs. The service had a complaints procedure in place.

The service had a registered manager in place and a management structure with clear lines of accountability. Staff told us the service had an open and inclusive atmosphere and the registered manager was approachable and accessible. The service had various quality assurance and monitoring mechanisms in place. These included surveys, audits and staff and resident meetings.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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. Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns.

Risk assessments were in place which set out how to manage and reduce the risks people faced

Medicines were stored and administered safely.

Staff were recruited appropriately and adequate numbers were on duty to meet people's needs.

Good 

Is the service effective?

The service was not always effective. New staff did not always have the appropriate support and training to enable them to carry out the duties

Staff who were not new to the service undertook regular training and had one to one supervision meetings.

The provider met the requirements of the Mental Capacity Act (2005) and DoLS to help ensure people's rights were protected.

People were supported to eat and drink sufficient amounts and eat nutritious meals that met their individual dietary needs.

People's health and support needs were assessed and appropriately reflected in care records. People were supported to maintain good health and to access health care services and professionals when they needed them.

Requires Improvement 

Is the service caring?

The service was caring. Care was provided with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

Good 

Is the service responsive?

The service was responsive. People's needs were assessed and care plans to meet their needs were developed and reviewed with their involvement. Staff demonstrated a good understanding of people's individual needs and preferences.

People had opportunities to engage in a range of social events and activities.

People knew how to make a complaint if they were unhappy about the home and felt confident their concerns would be dealt with appropriately.

Good ●

Is the service well-led?

The service was well-led. The service had a registered manager in place and a clear management structure. Staff told us they found the registered manager to be approachable and there was an open and inclusive atmosphere at the service.

The service had various quality assurance and monitoring systems in place. These included seeking the views of people that used the service.

Good ●

135 Norman Road

Detailed findings

Background to this 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.

Before the inspection we checked the information we held about the service. This included any notifications and safeguarding alerts. We also contacted the local borough contracts and commissioning teams that had placements at the home, the local Healthwatch and the local borough safeguarding team. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

The inspection team consisted of one inspector. During our inspection we observed how the staff interacted with people who used the service and also looked at people's bedrooms and bathrooms with their permission. We spoke with three people who lived in the service during the inspection and one relative. We also spoke with the registered manager, one senior support worker and one support worker. After the inspection we spoke to one support worker and one relative.

We looked at three care files, staff duty rosters, three staff files, a range of audits, minutes for various meetings, medicines records, finances records, accidents and incidents, training information, safeguarding information, health and safety folder, and policies and procedures for the service.

Is the service safe?

Our findings

People who used the service and relatives told us they felt the service was safe. One person told us, "Yes, everything makes it feel safe." A relative said, "Yes, because someone is always there."

The service had safeguarding policies and procedures in place to guide practice. Staff told us they had received training in safeguarding adults and records confirmed this. Staff were able to explain the action they would take to escalate concerns. Staff said they felt they were able to raise any concerns and would be provided with support from the registered manager. One staff member told us, "If I noticed any kind of abuse I would report to the manager." The service had a whistleblowing procedure in place and staff were aware of their rights and responsibilities with regard to whistleblowing.

The registered manager was able to describe and records showed the actions they would take when reporting an incident which included reporting to the local authority safeguarding team and the Care Quality Commission (CQC). This meant the service reported safeguarding concerns appropriately so CQC was able to monitor safeguarding issues effectively.

Individual risk assessments were completed for people who used the service. Staff were provided with information on how to manage these risks and ensure people were protected. In the records that we saw, some of the risks considered were physical health, mental health, hazardous substances, fire safety, finances and medicines. For example, one person was at risk when accessing the community. The risk assessment gave clear guidelines how staff were to manage this risk. Staff we spoke with were familiar with the risks that people presented and knew what steps were needed to be taken to manage them. Risk assessment processes were effective at keeping people safe from avoidable harm.

Accidents and incidents were recorded and staff told us they would record any incidents, inform the registered manager and advise staff at handover to keep them informed should extra support be given. We saw records to confirm this.

Financial records showed no discrepancies in the record keeping. The home kept accurate records of any money that was given to people and kept receipts of items that were bought. Financial records were checked by the registered manager and we saw records of this. This minimised the chances of financial abuse occurring. This meant the home was supporting people with their money safely.

Medicines were stored securely in a locked cupboard. Medicines administration record sheets (MARS) were appropriately completed and signed by staff when people were given their medicines. We checked medicines records and found the amount held in stock tallied with the amounts recorded as being in stock. Training records confirmed that all staff who administered or handled medicines for people who lived in the home had received appropriate training. One person told us, "They [staff] give me tablets in the day time and night. They do explain what they are." This meant people were receiving their medicines in a safe way.

Sufficient staff were available to support people. People told us there were enough staff available to provide

support for them when they needed it. Any vacancies, sickness and holiday leave was covered by staff working at a nearby home by the same provider. Staff rotas showed there were sufficient staff on duty. One relative told us, "There has been enough staff when I have visited." Staff told us they were able to provide the support people needed. One staff member told us, "For the time being enough staff." Another staff member said, "We have staff on-call if anyone needs extra support."

The home followed safe recruitment practices. Staff recruitment records showed relevant checks had been completed before staff had worked unsupervised at the home. We saw completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records.

The premises were well maintained and the registered manager had completed a range of safety checks and audits. The service had completed all relevant health and safety checks including fridge temperature checks, first aid, fire system and equipment tests, gas safety, portable appliance testing, electrical checks, water regulations and emergency lighting. The systems were robust, thorough and effective.

Is the service effective?

Our findings

New staff did not always have the appropriate support and training to enable them to carry out the duties. We spoke with a staff member who told us they had been employed with the service for one month. They told us and records confirmed they had completed an induction however the induction process was not robust. The induction checklist did not cover all the training that was needed to work with people safely, for example, it did not cover safeguarding. The staff member told us they had shadowed an experienced staff member for two night shifts and was about to start their first night shift working alone on the day of our inspection. The staff member told us and records showed they had not received supervision that could demonstrate they were competent to carry out the role unsupervised. The staff member also told us they had only read one out of the three care files for people living at the service. The staff member had not completed all the training available for them to work with people. We spoke to the registered manager regarding the competency of the staff member to carry out the role unsupervised. The registered manager advised us they would replace the staff member for the shift. After the inspection the registered manager provided us with a plan to support the staff member to be fully competent before they were to work alone with people.

The above issues was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us the staff were very good and supported them well. One person said, "It's fun. I can do what I want." One relative told us, "I like it. They [staff] do accommodate their needs."

Staff we spoke with told us they were well supported by management. They said they received training that equipped them to carry out their work effectively. We looked at staff training records which showed staff had completed a range of training sessions, both e-learning and practical. Training completed included safeguarding adults, food hygiene, fire safety, health and safety, challenging behaviour, consent, infection control, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and medicines. One staff member told us, "Most training is online which I like as I can take my time." Another staff member said, "We have enough training."

Staff who were not new to the service told us they received regular formal supervision and we saw records to confirm this. One staff member said, "I have supervision once a month or when I need it." Another staff member said, "It is very useful. He [registered manager] tells us where we have to improve." All staff we spoke with confirmed they received yearly appraisals and we saw documentation of this.

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 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. The application procedures for this in care homes are called

the Deprivation of Liberty Safeguards (DoLS).

Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity. The registered manager had a good understanding of the requirements of the Mental Capacity Act (MCA) and associated Deprivation of Liberty Safeguards (DoLS). Applications had been made to the local authority when a DoLS was needed and the service applied to extend them as needed. The service informed the Care Quality Commission (CQC) of the outcome of the applications. This meant the home was meeting the requirements relating to consent, MCA and DoLS. We saw that people were able to leave the service and go out to the shops or for a walk and if they needed support a member of staff would accompany them. One person told us, "I go out anytime."

People told us they enjoyed the food provided by the home and were able to choose meals they liked. People also said they were able to do some of their own cooking and shopping, which helped them to develop their skills to live independently. One person told us, "Staff ask you what you want. Breakfast I had cornflakes, toast and coffee." The same person said, "If you don't like it you can choose something else you want." We saw people had access to fruit and drinks throughout our inspection. Staff told us and we saw records that people planned their food menu weekly. The weekly menu was on display in the kitchen. People's food choices were recorded in their care files and these were known by staff. Some people were at risk of not eating or drinking enough to maintain their health. For example, we saw that one person's food intake had decreased and they had been referred to the GP.

People's health needs were identified through needs assessments and care planning. We spoke with people about their access to health services. One person told us, "I see the GP once a year for a check-up and the dentist every six months." The same person told us, "If I was sick [registered manager] would take me to the doctor to feel better." A relative said, "If [relative] needs to go to GP they [staff] will call to keep me updated." Records showed that all of the people using the service were registered with local GP's. We saw people's care files included records of all appointments with health care professionals such as GPs, dentist, chiropodist, optician and psychiatrist. Records of appointments showed the outcomes and actions to be taken with health professional visits. People were supported to attend annual health checks with their GP and records of these visits were seen in people's files. People had a 'Hospital Passport', which was a document in their care plan that gave essential medical and care information, and was sent with the person if they required admission or treatment in hospital. This meant that people were supported to maintain their health.

Is the service caring?

Our findings

People and their relatives told us they thought that the service was caring and they were treated with dignity and respect. One person told us, "I love it here. Some [staff] are my friends." A relative said, "There is a smile on [relative] face and she is always happy." The same relative told us, "They [staff] care about [relative]."

We observed that people were comfortable with staff and were happy to be around them and being involved in activities with them. Staff were friendly and kind in their support and responses to people, their attitude was respectful and they showed that they understood people's individual characters and needs. Throughout our visit we saw positive, caring interactions between staff and people using the service. For example, we observed a person being wished happy birthday by one of the staff and giving them a present from a relative. One staff member said, "They [people who used the service] are priority first." Another staff member said, "For me they are like a friend."

People told us their privacy was respected by all staff and told us how staff respected their personal space. Staff described how they ensured that people's privacy and dignity was maintained. One staff member told us, "This is their house and they can do what they want." Another staff member said, "I will knock and ask if I can come into their room."

People told us that they were listened to and their views were acted upon. Each person using the service had an assigned key worker. One person told us, "[Staff member] is my key worker." Staff showed that they understood people's individual styles of communication well enough to know their preferences and wishes. Staff used various communication tools and aids to enhance each person's ability to make active decisions about their care and support in their everyday routines, this included using pictorial information. One staff member said, "We talk to them [people who used the service] a lot. They can express themselves."

Care plans included information about people's likes and dislikes, for example in relation to food and social activities. Care plans included information about how to support people with communication. For example, for one person it was recorded they liked the staff to communicate "calmly and softly and ensure I am looking at you." One staff member told us, "We read the care plan and they will tell you what they like and dislike."

We looked at people's bedrooms with their permission. The rooms were personalised with personal possessions and were decorated to their personal taste, for example with family photographs and sporting memorabilia.

People were supported to maintain relationships with their family and friends. Details of important people in each individual's life were kept in their care plan file. Relatives and friends were welcomed to the service and there were no restrictions on times or length of visits. People confirmed that they were able to keep in touch with their family and friends and were supported to do the things they wanted to do. A relative told us, "[Registered manager] keeps us informed."

Is the service responsive?

Our findings

People and their relatives told us they were involved in their care planning. One person said, "Yes I have [care plan]." A relative told us, "I'm made aware of the care plan and have some input."

Before admission to the service a pre-admission assessment was undertaken to assess whether the service could meet the person's needs. An assessment of needs was usually undertaken at a pace to suit the person, with opportunities to visit the service. The initial assessment looked at personal care, diet, hearing, communication, foot care, mobility and falls.

Care records contained detailed guidance for staff about how to meet people's needs. Care files also included a section called "my life before you knew me" which had the life history of the person. There was a wide variety of guidelines regarding how people wished to receive care and support including communication, personal care, health and medication, road safety, eating and drinking, toileting, sleeping and activities. The care plans were written in a person centred way that reflected people's individual preferences. For example, one person was anxious about road safety. The care plan stated "I like my support worker to hold my hand so that I do not get confused." Staff who were not new to the service told us they read people's care plans and they demonstrated a good knowledge of the contents of these plans. Care plans were written and reviewed with the input of the person, their relatives, their keyworker and the registered manager. Records confirmed this. Staff told us care plans were reviewed regularly. A relative told us, "[Person who used the service] had a review and I attended." Detailed care plans enabled staff to have a good understanding of each person's needs and how they wanted to receive their care.

People had opportunities to be involved in hobbies and interests of their choice. Staff told us and records showed people living in the home were offered a range of social activities. People's care files contained a weekly activities planner. On the day of our inspection two people went to day centre and one person went out for lunch and shopping. People were supported to engage in activities outside the home to ensure they were part of the local community. We saw activities included going to the library, shopping, walking in the park, day centre, place of worship, gym and swimming. We also saw people could engage with activities within in the home which included puzzles, games, and beauty sessions. One person said, "I go out anytime. [Registered manager] takes me to [place of worship]." A relative said, "They [person who used the service] have a schedule to go to day centre and things to do in the house." The same relative told us, "I just made a request to take [person who used the service] to go swimming. We talked about it in the review meeting."

Our observations showed that staff asked people about their individual choices and were responsive to that choice. People told us individual choices were respected. One person said, "Staff ask you what you want." The same person told us, "I go to bed anytime." A staff member told us, "We give them choices. They will tell you what they like and dislike."

Resident meetings were held regularly and we saw records of these meetings. The minutes of the meetings included topics on health appointments, food menu, maintenance work in the home, activities, discussions on holiday choices, and resident views. One person told us, "We have a meeting once a month. If we have

any complaints and if you are happy with the food."

There was a complaints process available and this was given to people in the 'service user guide' which explained how they could make a complaint. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaints policy and we saw there was a clear procedure for staff to follow should a concern be raised.

People knew how to make a complaint and knew that their concerns would be taken seriously and dealt with quickly. There were systems to record the details of complaints, the investigations completed, actions resulting and response to complainant. The registered manager told us there had been no formal complaints since the last inspection. One person told us, "I would talk to [registered manager]. He would fix it." A relative said, "First I would make a complaint to [registered manager]." Another relative told us, "I would complain to [registered manager]. That's where I would start if something wasn't right."

Is the service well-led?

Our findings

People and their relatives told us that they liked the home and they thought that it was well led. One person told us, "[Registered manager] is a nice man." A relative said, "I think he is a good manager because he communicates. He is very open." Another relative told us, "I have no problem with him. He keeps us informed. I don't fault him."

There was a registered manager in post and a clear management structure. Staff told us the registered manager was open, accessible and approachable. They said they felt comfortable raising concerns with them and found them to be responsive in dealing with any concerns raised. One staff member told us, "[Registered manager] is a good leader. Tells us what is going on and always gives feedback." Another staff member said, "He is a good man. He is supportive." A third staff member told us, "He is always here even when not on duty. I get the support. It's like family for me now here." The registered manager told us, "I respect the staff and make sure they receive training. I put the service users first."

Staff told us that the service had regular staff meetings where they were able to raise issues of importance to them. We saw the minutes from these meetings which included topics on local authority monitoring visits, updates on people who used the service, activities for people, and maintenance of the home. One staff member told us, "We all come and give our views. They are good as we get everyone to talk."

The registered manager told us that various quality assurance and monitoring systems were in place. The registered manager told us and we saw records of regular quality checks. The quality check included inspecting the premises, medicines and people's finances. The home also used an external company to quality check the service and we saw records to confirm this. The external company completed unannounced audits on the service. The last external audit was completed on 14 January 2016 and looked at health and safety records, care plan documentation, safeguarding, and talking to people who used the service and staff. The external company also provided supervision to the registered manager which included discussions on person centred care, risk assessments, audits and training. The registered manager said about using the external company, "It's wonderful and very supportive. I get a wealth of knowledge from him."

The registered manager told us they sent out annual surveys for people. This was to seek the views of people on how the service was run and any areas for improvement. The survey focussed on food, staff, health advice, activities and home decorations. The most recent survey was carried out this year. We viewed completed surveys which contained positive feedback. One person told us, "Once a year I get a questionnaire."

There were policies and procedures to ensure staff had the appropriate guidance, staff confirmed they could access the information if required. The policies and procedures were reviewed and up to date to ensure the information was current and appropriate.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing New staff did not receive appropriate support, training, professional development, and supervision as is necessary to enable them to carry out the duties they are employed to perform. Regulation 18 (2) (a)