

Juga Homes Ltd

# Juga Homes Ltd

## Inspection report

49 Ivorydown  
Bromley  
Kent  
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31 July 2017

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### Ratings

#### Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service effective?

**Inspected but not rated**

Is the service caring?

**Inspected but not rated**

Is the service responsive?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

This announced inspection took place on 31 July 2017. This service has not been rated because at the time of the inspection people had been living at the care home for a short time; therefore we were not in a position to gather sufficient information to determine how the provider would meet people's needs over a longer period. We gave 48 hours' notice of our intention to conduct this inspection because the people who use the service are sometimes out in the wider community and we wished to find out their views about living at their home.

Juga Homes Ltd is registered with the Care Quality Commission to provide care and accommodation for up to two people with mental health needs, and the service was at full occupancy at the time of the inspection. The service comprises an ordinary two storey domestic property and a single storey small building located in the rear garden. One of the bedrooms is in the main house and has ensuite facilities, whilst the second bedroom is in the single storey small building and also has a bathroom. The main house contains a lounge with a dining area, a downstairs bathroom, a kitchen and an office. The office was used for administrative purposes but could also be availed of by people who use the service for private meetings with visiting health and social care professionals.

There was a registered manager in post, who was present during the inspection visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager is the proprietor of Juga Homes Ltd and is therefore also the 'registered individual' for the service.

There were systems in place to recruit staff with suitable knowledge and experience to work at the service and meet people's needs. However, we found that the registered manager had not always ensured that references were obtained from the most recent employer and were verified to ensure authenticity.

Staff understood how to identify and report any safeguarding concerns, and were aware of how to whistleblow about any issues of concern related to the running of the service. Risk assessments were conducted to ensure people were kept as safe as possible from potential harm. Medicines were stored and administered appropriately to ensure people's safety.

People were supported by sufficient staff, who had received training and supervision to carry out their roles and responsibilities. The registered manager was working towards the introduction of an appraisal system although at the time of the inspection staff had been working at the service for approximately two months. The registered manager and staff member we spoke with were familiar with people's individual needs and knew how to support people to meet their wishes and goals. This included support to access leisure facilities, local amenities and health care services.

People's dignity and privacy was promoted, and staff supported people to make their own choices. The

registered manager and the staff team sought people's consent before they provided care and support. The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and to report upon our findings. DoLS are in place to protect people where they do not have the capacity to make decisions and where it is regarded as necessary to restrict their freedom in some way, to protect themselves or others. The registered manager and staff member at the inspection demonstrated that they understood the legal requirements of MCA.

The quality of the food was described as "good". People were supported to make choices about the menu and participate in the preparation of meals and snacks.

People's needs had been assessed by the provider before they moved in. Individual care and support plans were developed in consultation with people who used the service, health and social care professionals, and their relatives if applicable. At the time of the inspection we were not able to gather evidence about how the provider reviewed and updated care and support plans as this had not yet been necessary.

People told us they liked the registered manager and staff team and felt comfortable about voicing any concerns or complaints.

The registered manager demonstrated their understanding of the quality assurance practices they proposed to implement in order to gain people's views about their care and support. There was evidence in place that the registered manager carried out specific monitoring, for example daily visual checks were undertaken to ensure people were provided with a safe environment. The registered manager planned to carry out a range of monitoring checks once the service had been operative for a longer period.

We have made one recommendation within the main report in relation to the provider's system for scrutinising references.

## 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 consistently safe.

Aspects of the recruitment process were not sufficiently rigorous.

Staff understood how to protect people from abuse.

Individual risks to people's safety and wellbeing were identified and addressed.

Medicines were managed in a safe manner.

**Inspected but not rated**

### Is the service effective?

The service was effective.

Staff received training and support to enable them to meet people's needs.

Staff understood their legal responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People's dietary preferences were respected. Staff encouraged people to eat healthily and participate with menu planning and food preparation.

People were supported to meet their health care needs.

**Inspected but not rated**

### Is the service caring?

The service was caring.

People told us staff were thoughtful and supportive.

Staff promoted people's entitlement to privacy and respectful support.

People were informed about how to pursue independent advocacy, if they wished to.

**Inspected but not rated**

### Is the service responsive?

**Inspected but not rated**

The service was responsive.

People's care and support needs were fully assessed before admission to the care home.

Staff supported people to participate in meaningful activities at home and in the community.

People knew how to raise any concerns and complaints, and felt their views would be taken seriously.

### **Is the service well-led?**

The service was well-led.

People and a staff member told us the registered manager was supportive and approachable.

The registered manager demonstrated a clear understanding of how to monitor the quality of the service and act on the views of people who use the service and their representatives.

### **Inspected but not rated**

# Juga Homes Ltd

## **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 was planned to check 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.

This announced inspection took place on 31 July 2017 and was conducted by one adult social care inspector. We gave two days' notice to the provider as we needed to make sure that someone would be in. Otherwise there was a possibility that people using the service might not have been available to contribute their thoughts about the quality of care and support they received.

This was the first inspection of the service since it registered with the Care Quality Commission on 21 January 2016. We reviewed the information we held about the service before the inspection visit. This included any notifications sent to us by the registered manager about significant incidents and events that had occurred at the service, which the provider is required to send to us by law.

During the inspection we spoke with both people who used the service, one support worker and the registered manager. We observed the support and care provided to people in the communal areas and looked around the premises.

We read two care plans and looked at the accompanying risk assessments. We also checked a range of documents including medicine administration record (MAR) sheets, staff training and supervision records, four staff recruitment records, policies and procedures, the complaints log, and health and safety records.

Following the inspection visit, we contacted three health and social care professionals with knowledge and experience of this service in order to seek their opinions about the quality of the care and support, and received comments from one professional.

# Is the service safe?

## Our findings

We looked at four recruitment files and noted that checks had been undertaken prior to the appointment of these members of the staff team. This included at least two references, Disclosure and Barring Service (DBS) clearance, and checks to confirm an employee's identity and eligibility to work in the UK. (The DBS provides criminal record checks and a barring function to help employers make safer recruitment decisions). However, we noted that the references obtained by the provider were not always from the most recent employer. For example, one staff member was employed within the health and social care sector before their appointment with Juga Homes Limited but their references were sought from another organisation and an individual. The registered manager demonstrated that she had previously attempted to obtain a reference from the support worker's previous employer and assured us that they would follow this matter up. Another staff member had a reference from a previous employer that did not have a company stamp, letterhead or attached written evidence that it had been verified by the registered manager. The registered manager explained that she usually spoke with prospective referees in order to chase up requested references but had not been aware of the need to document this contact, so that the authenticity of references could be ascertained.

We recommend that the registered person develops and implements a system to ensure that all references are relevant and confirmed for validity.

People using the service told us there were sufficient staff deployed to meet their needs and staff asked them if they needed support at home or in the wider community. One person told us that they attended appointments at hairdressing and nail salons with a support worker, in accordance with their wishes. The second person using the service said, "[Support worker] has told me that [he/she] can support me if I want to join the library and a gym." Our observations during the inspection showed there were sufficient staff on duty to support people safely, and the rotas we looked at demonstrated that the provider used a small team of regularly employed staff in order to promote the consistency of people's care and support.

People who used the service told us they felt safe living at the care home. Comments from people included, "I have been here less than a week and can say that staff definitely speak respectfully. They are helping me to relax and unwind" and "They (staff) are excellent. It is homely; it's like being in your own home."

The support worker confirmed that they had received safeguarding training and explained how they would report any abuse they had witnessed or heard about, in line with the provider's safeguarding adults' policy and procedure. They also had received training and written guidance about how to whistleblow and understood that they could seek independent advice and contact relevant organisations. (Whistleblowing is the term used when a worker passes on information concerning wrongdoings). We noted that the safeguarding procedure contained information about the necessity to inform the local authority about any safeguarding allegations and to notify the Care Quality Commission (CQC).

We looked at the risk assessments for both people who used the service. These assessments addressed a broad range of issues including mental health, physical health and financial vulnerability. The assessments

demonstrated that the provider discussed identified risks with people and their allocated external health and social care professionals, so that appropriate measures were in place to support people to manage these risks. We were not able to monitor at this inspection how the provider reviewed and updated the risk assessments, as people had been living at the service for a short period and their risk assessments accurately reflected their needs.

We checked how the service supported people with their prescribed medicines and found that safe systems were in place. At the time of the inspection the registered manager supported people with their medicines, although staff had undertaken medicines training. The registered manager informed us that this was a temporary arrangement as one person's medicines had not yet been organised in a blister pack by the dispensing pharmacist. (Blister packs contain designated sealed compartments for medicines to be taken at particular times of the day).

Both people using the service told us that the premises were kept clean and tidy, and they were encouraged and supported by staff to participate in household chores. One person told us "I want staff to guide me towards regaining an independent lifestyle. We have talked about me having more structure, doing gardening here and keeping my room sorted." Systems were in place to maintain the safety of the building and equipment, which included checks undertaken by staff in relation to fridge temperatures, water temperatures, daily environmental checks and fire safety. Records showed that there were up to date certificates for gas safety certificate and electrical installations, and a fire risk assessment and inspection of fire safety equipment by an external competent person.



## Is the service effective?

### Our findings

People informed us they were pleased with how staff provided care and support. One person who used the service told us, "I feel I can work with [registered manager and staff team] professionally to get my life back on track." An external health and social care professional said, "I would like to refer more people to this service. They have a carefully planned approach to assessing people's complex needs."

We spoke with a staff member about their training, one-to-one supervision and appraisals. They had attended training in a classroom setting and had accessed e-learning courses purchased by the provider. (This is electronic learning, using a computer to deliver part of or all of a course). We looked at the training and development records for four staff members and found that the training package included mandatory training such as infection control, moving and handling, safeguarding adults, and health and safety. The registered manager informed us that they were planning to source training to meet the specific needs of people who used the service.

Records showed that the registered manager provided one-to-one supervisions for staff, which enabled them to discuss their work and their training and development needs. We found that staff had attended one formal supervision session and the minutes showed that these meetings were used constructively. For example one member of staff with prior managerial experience in a health and social care setting had spoken with the registered manager about enrolling for a nationally recognised leadership and management qualification, and this had been agreed. None of the staff were due an appraisal until next year.

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 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS requires care homes to make applications to the local authority where they suspect they are depriving people of their liberty.

The registered manager and the support worker we spoke with understood their responsibilities in regards to MCA and DoLS. No person was subject to a DoLS authorisation at the time of the inspection. We observed that people were asked for their consent, for example people were asked if they wished to speak with us and if they were willing to allow us to look at their bedroom. The registered manager and support worker demonstrated a good knowledge of other types of restrictions that could be applicable to people who use the service and explained how they would support people accordingly.

People who used the service told us they liked the quality of the food. When we arrived at the service we observed that both people were in the kitchen with a member of staff making their breakfast. There was a relaxed and cheerful ambience, and the support worker joined people for a mug of tea. One person said, "At

the moment my meals are being prepared. The food is good and I have been told I can have whatever I like. I told [staff member] that I like spaghetti bolognaise and it has been put on the menu. They have a lot of fruit and veg here, it's a balanced diet." The second person using the service told us they worked with staff to prepare savoury dishes for their evening meal. Both people told us they liked African food and jollof rice was a particular favourite. We observed that this was served at lunchtime with chicken.

At the time of the inspection one person had been living at the service for a few days and the other person was in the second month of living there. One person told us they were waiting to see their care coordinator the following day to discuss how they were getting on at the service but felt very positive about the experience so far. They informed us that the registered manager had already spoken with them about their health care needs and explained how the staff team could support them. The second person using the service had specific objectives in their care and support plan in regards to their health care needs and the registered manager told us how staff supported the person to meet these needs. The care and support plans evidenced that people were effectively supported to maintain their mental health, wellbeing and physical health, in accordance with the guidance provided by people's medical and health care professionals.

## Is the service caring?

### Our findings

People using the service told us staff were kind and helpful. One person told us, "They (staff) are very welcoming, warm and friendly. Staff have a guiding attitude towards me, helping me to have self-belief and self-respect. I want to listen to [staff]. It is informal here; I think it will be a recipe for success." We spoke with the second person living at the service about their achievements since moving in. They told us they were happy, very settled and got on well with staff.

People told us their privacy and dignity was respected by the registered manager and the staff team. We saw that staff always knocked on people's bedroom doors and only entered when people responded. One person told us that so far they had made arrangements to go out to meet their relatives and friends as this was more convenient, but they had been informed that visitors were welcomed in accordance with the boundaries outlined in the visitors' policy. The person was aware that any restrictions were designed to ensure the safety of people using the service.

Through our discussions with people who used the service and by reading people's care and support plans, we found that staff provided care and support in a sensitive and thoughtful manner. People were consulted about their needs and wishes, and offered support that promoted their confidence and self-esteem. For example, this included support to buy new clothes, attend hairdressing appointments, go out for healthy walks with staff and receive pampering treatments at home from members of the staff team. One person told us they were invited to a social event at a service they used to live at and the registered manager accompanied them to give additional support and companionship.

A health and social care professional told us they were pleased with how the service met people's cultural needs. We noted that one person was supported by staff to watch a drama series on television which was performed in their first language. The care and support plans demonstrated that people were consulted about any specific needs in regards to their culture, religious practices and interests. One person had requested that a specific item was purchased for their room before they moved in and this was undertaken by the registered manager.

People said they had been provided with contact details for local advocacy organisations, if they wanted independent support to help them to express their views and wishes.

## Is the service responsive?

### Our findings

People who used the service spoke positively about the support they received from the registered manager and the staff team. One person said, "This is a person centred and customer focussed place. The staff are going to help me with doing budgets and taking on more responsibility." The second person who used the service was able to reflect on the progress they had made since moving into the service.

A health and social care professional told us they had been impressed with how the registered manager and staff team had supported a person to make the transition from a health and social care setting they were very familiar with to Juga Homes Limited. The external professional told us that the provider carried out a carefully staged assessment and admission process, which had involved taking time to get to know the person to ensure that their needs were understood before they moved in.

Each person had a care and support plan which demonstrated that their needs and wishes were considered in an individual way. We were not in a position to monitor how the provider reviewed people's care and support plans as people had not been living at the service long enough to need a review. The registered manager told us that people's care and support plans could be reviewed and adjusted at any stage, for example if their needs were noted to have changed and/or the medical and health care team provided new guidance about the care and support a person required.

On the day of the inspection one person using the service went out to meet a friend and the second person spent time with staff. Each person was encouraged to use local amenities and access fulfilling activities. For example, one person told us they were planning to attend therapeutic activity sessions at a centre that offered a range of classes such as painting and mechanics.

People were aware of how to make a complaint and told us they would speak with the registered manager, a relative and/or their care coordinator if they had any concerns. One person who used the service said, "Yes, I feel sure the manager would listen to people, process and evaluate." The provider had not received any complaints since the service registered and had received one written compliment from a person who used the service.

## Is the service well-led?

### Our findings

People who used the service told us they had a good relationship with the registered manager and they found her supportive. At the time of the inspection the registered manager worked at the service at least five days a week but also called in daily to support a person with their medicines. The registered manager had current registration as a mental health nurse with the Nursing and Midwifery Council and we noted that they demonstrated a good knowledge of people's mental health needs.

The staff member we met at the inspection told us they enjoyed working at the service and felt supported by the registered manager. They explained that although they had received one formal supervision session, they felt that there were ample opportunities to speak with the registered manager several times a week if they had concerns about a person's wellbeing or wished to talk about another topic such as training.

At this inspection we were not in a position to monitor the effectiveness of the provider's own monitoring and quality assurance systems due to the short period that the service had been operative. We noted that the registered manager sought informal feedback from health and social care professionals who supported people who lived at the care home and told us she had received positive verbal feedback from a relative of a person who used the service. Discussions with the registered manager demonstrated that she understood about how to analyse and learn from events that took place at the service including any incidents, accidents and complaints. The registered manager proposed to use satisfaction surveys to gather the views of people who used the service, their relatives and stakeholders once the service had been actively operational for a longer period.