Jooma Care Homes Limited

Jooma Care Homes Limited - 136 Langthorne Road

Inspection report

136 Langthorne Road
London
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20 April 2017

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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 inspected 136 Langthorne Road on 20 April 2017. 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. At the last inspection on 27 January 2015 the service was rated as Good.

136 Langthorne Road is a care home providing personal care and support for people with learning disabilities. The home is registered for five people. At the time of the inspection they were providing personal care and support to four people.

There was a registered manager in post. 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.

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

Risk assessments were in place which provided guidance on how to support people safely. There was enough staff to meet people's needs. Medicines were managed in a safe manner. There were sufficient numbers of suitable staff employed by the service. Staff had been recruited safely with appropriate checks on their backgrounds completed.

Staff undertook training and received regular supervision to help support them to provide effective care. 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. We saw people were able to choose what they ate and drank.

Person centred support plans were in place and people and their relatives were involved in planning the care and support the received.

People's cultural and religious needs were respected when planning and delivering care. Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service.

People had access to a wide variety of activities within the community. The provider had a complaint procedure in place. People knew how to make a complaint.

Staff told us the registered manager was approachable and open. The service had various quality assurance and monitoring mechanisms in place. These included surveys, audits and staff and resident meetings.

The service supported people with their finances. However financial records were not accurate for people. We have made a recommendation about financial records being checked more regularly.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

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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.

This inspection took place on 20 April 2017 and was announced. We told the provider 48 hours before our visit that we would be coming to allow time for the staff to prepare people who may experience anxiety about unfamiliar visitors.

Before we visited the home we checked the information that we held about the service and the service provider. This included any notifications and safeguarding alerts. We also contacted the local borough contracts and commissioning team 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. We looked at how people were supported during our inspection which included viewing people's bedrooms with their permission. We spoke with three people who lived in the service on the day of the inspection. We talked with the provider, the registered manager, the deputy manager and a support worker. We also talked with one relative after the inspection. We looked at four care files, staff duty rosters, three staff files, a range of audits, minutes for various meetings, medicines records, accidents & incidents, training information, safeguarding information, health and safety folder, quality assurance audits, and policies and procedures for the service.

Good

Is the service safe?

Our findings

People told us they liked living at the home and staff looked after them. No one that we spoke with raised any concerns about their safety at the home. One relative when asked if they thought the service was safe said, "Oh yes."

The provider took appropriate steps to protect people from abuse, neglect or harm. The home had safeguarding policies and procedures in place to guide practice. The hallway noticeboard had the contact details for the local authority safeguarding team to report any issues of concern. Training records showed staff had received training in safeguarding adults. Staff were aware of the different types of abuse and could tell us the procedure they would follow to report suspected abuse. One staff member told us they would report any concerns, "Straight away to the manager or the senior." The deputy manager told us, "I would report the local authority and the CQC." Staff were aware of their responsibilities in reporting any safeguarding matters and could confidently tell us the service policy on whistleblowing. One staff member said, "If I was worried about my job I would tell CQC." Staff were confident in how to raise concerns with their manager and other health and social care professionals if required.

The registered manager was able to describe the actions they would take when reporting an incident which included reporting to the Care Quality Commission (CQC) and the local safeguarding team. The registered manager told us there had not been any allegations of abuse since our last inspection. This meant that the service reported safeguarding concerns appropriately so that CQC was able to monitor safeguarding issues effectively.

Individual risk assessments were completed for people who used the service and reviewed every six months. Records showed risks that were considered included self-harm, sexual, physical health, behaviours that challenge, choking, personal care, communication and medicines. Staff we spoke with were familiar with the risks that people presented and knew what steps needed to be taken to manage them. Staff told us they managed each person's behaviour differently according to their individual needs. Clear guidance was in place about how staff should work with people to de-escalate situations that might lead to behaviours that challenged others. For example, one person had a risk assessment for the risk of sun exposure due to the effects of medicines. The risk assessment stated, "[Person who used the service] wears a hat when going out during hot weather and staff to help to apply sun cream." The service took a positive approach to risk taking, and observations showed people were supported an encouraged to take risks in a safe way. For example, people were supported to do housework and engage in the local community with as much independence as possible.

People had their medicines managed safely and as prescribed. Medicines were stored securely in a locked cupboard located in the office. Medicines administration record sheets (MARS) were appropriately completed and signed by staff when people were given their medicines. Records showed that the medicines amount held in stock tallied with the amounts recorded as being in stock. Training records confirmed that all staff authorised to handle medicines on behalf of the people who lived in the home had received medicines training.

Sufficient staff were available to support people. People told us there was enough staff available to provide support for people when they needed it. Staff told us they were able to provide the support people needed. One staff member told us, "There is enough staff. When I finish someone always takes over. Always someone to do it. Been here one year and never had that trouble." The deputy manager said, "We are always able to cover a shift." The registered manager and staff told us the service did not use agency staff. Staff rotas showed there was sufficient staff on duty.

The service had a robust staff recruitment system. We saw that appropriate checks were carried out before staff began work. Staff files showed that two references were obtained and criminal records checks were carried out to check that staff are suitable to work with vulnerable people. The provider told us and records showed that the service obtained criminal records checks every three years. This assured the provider that employees were of good character and had the qualifications, skills and experience to support people living at the home.

The premises, décor and furnishings were maintained to a good standard. One relative said, "The house is always clean and nice." The service had completed a range of safety checks and audits. The service had completed all relevant health and safety checks including fridge and freezer temperature checks, fire system and equipment tests, gas safety, portable appliance testing, and electrical checks. The systems were robust, thorough and effective.

The service supported people with their finances. The service held money on behalf of all the people that used the service in a locked container. Records and receipts were kept when the service spent monies on behalf of people and these signed by the staff member and the person. The registered manager told us the provider checked the financial records weekly. We checked two financial records and found the amounts did not balance with the figure recorded. One amount was short 50 pence and the other £1.05. This meant people were at risk of financial abuse.

We recommend that the service check financial records on a daily basis and take action to update their practice accordingly.

Good

Is the service effective?

Our findings

People told us the staff were very good and supported them well. One person said, "I like the staff." A relative told us, "They [staff] do a good job. I am very satisfied."

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. Training records showed staff had completed a range of training sessions. Training completed included medicines, safeguarding adults, food hygiene, first aid, health and safety, fire safety awareness, challenging behaviour, consent, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). One staff member said about the training, "Recently we did mental health awareness. We have refreshed all our training. [Trainer] came here to do first aid training." Staff received regular formal supervision and we saw records to confirm this. One staff member said, "[Supervision] every three months. Talk about what needs to be improved. I get good feedback." Records showed topics discussed such as training, key working, service user's health, safeguarding, accidents and incidents and infection control. Annual appraisals with staff to discuss and provide feedback on their performance and set goals for the forthcoming year were carried out.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and 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 told us and records confirmed they had applied for a DoLS authorisation for one person living at the service. Where people had been assessed as not having mental capacity to make decisions, the registered manager and staff were able to explain that the process was followed to ensure best interest meetings were held, involving relatives and other health and social care professionals. The service informed the Care Quality Commission (CQC) of the outcome of the application. This meant that the CQC were able to monitor that appropriate action had been taken. This meant the home was meeting the requirements relating to consent, MCA and DoLS.

During the inspection we saw that people made choices about their daily lives such as where they spent their time and the activities they followed. We heard staff gaining consent from people throughout the day. For example, some comments we heard staff ask people included, "What would you like for lunch today?" and "Would you like to go for a walk?" Observations showed that people could access all shared areas of the home when they wanted to. During the inspection people left the service to visit family, go for a drive with

the provider and go for a walk. We saw that the staff in the home sought people's consent and agreement before providing support to them. This consent was recorded in people's care files. A relative told us, "[Relative] pops out to the shop to buy a book or drink."

People were supported to get involved in decisions about their nutrition and hydration needs in a variety of ways. These included helping staff when buying food for the home and providing input when planning the menu in resident meetings. Fruit and snacks were available to people in the kitchen. Staff told us people could ask for alternative food choices not on the menu and food intake records confirmed this. Food and fluid intake was recorded in a daily diary so people's intake could be monitored. One person told us, "I like the food. It's nice." A relative said, "[Relative] says the food is good." The care plans we looked at included information on any nutritional issues which might need monitoring and what the person's favourite foods were.

People told us they had support with health appointments. One person told us, "I went to the dentist yesterday." A relative said, "They [people who used the service] have [GP] which is near the house. [Relative] gets feet done and they take [relative] to the optician regularly." Records showed that people had routine access to health care professionals including the GP, dentist, optician, chiropodist, audiologist, and psychiatrist.

Good

Is the service caring?

Our findings

People told us they were happy with the level of care and support provided at the home. They also said staff were always kind and caring. One person said, "I like living here." Another person told us, "They [staff] are good people." A relative told us, "The staff are very helpful and supportive."

Staff knew the people they were caring for and supporting. Each person using the service had an assigned key worker. A keyworker is a staff member who is responsible for overseeing the care a person received and liaised with professionals or representatives involved in the person's life. Staff we spoke with were able to tell us about people's life histories, their interests and their preferences. One staff member said, "We have a good relationship. They [people who used the service] say they are happy when I am there." During the inspection we spent time observing people in the lounge and kitchen area. People were respected by staff and treated with kindness. We observed staff treating people affectionately and recognised and valued them as individuals. We saw and heard staff speaking in a friendly manner.

People's privacy and dignity was respected. Staff told us they knocked on people's doors before entering their rooms and we saw this during the inspection. One staff member told us, "If they [people who used the service] want to relax I won't disturb them. I respect their privacy." Another staff member said, "If you want to discuss something with them talk to them in their room to give privacy."

People made choices about where they wished to spend their time. During the inspection we saw the people were offered choices about what they wanted to eat and drink and where they wanted to spend their time. A staff member said, "We always ask them [people who used the service]. They have a choice."

People were supported to live as independently as possible, as the home's aim was to encourage and support people to live independently in the community. One staff member told us, "Sometimes they [people who used the service] make their own breakfast and make their bed. They can do things." Staff were available in the communal areas of the home to support people when they wished.

People's cultural and religious needs were respected when planning and delivering care. People told us they attend places of worship and records confirmed this. Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. The deputy manager told us, "We treat them like everyone else. We don't make a difference with people's colour or sexuality." A staff member said, "Have to welcome them kindly. I wouldn't like someone to treat me different."

We looked at people's bedrooms with their permission. The rooms were personalised with personal possessions, for example with family photographs and a television. One person told us they chose what colour they wanted their bedroom painted.

Good

Is the service responsive?

Our findings

A relative told us the service was able to meet their relative's needs and that they were satisfied with the level of support provided. They said, "Always [provider] or staff at the end of the phone. It's very reassuring." The same relative said, "They are very supportive to [relative] and me."

Care records contained detailed guidance for staff about how to meet people's needs. There was a wide variety of guidelines regarding how people wished to receive care and support which included physical health, sleep, diet, emotional and behavioural, equality and diversity, sexual, family and social relationships and end of life care. The care plans were written in a person centred way that reflected people's individual preferences. For example, one support plan stated for a person, "I am also distressed when I don't understand what I was asked to do, therefore need clear instructions and enough time to carry out the task, otherwise I will panic and start crying." Another example, one support plan stated, "When I get angry or frustrated, I need to be left alone to calm down. I usually go to my room to talk to myself." The care files had a person centred plan which included the person's likes and likes in regard to food, interests and routines. Detailed care plans enabled staff to have a good understanding of each person's needs and how they wanted to receive their care.

Staff told us and records confirmed support plans were reviewed every six months. These reviews were all signed by the person and a staff member and records confirmed this. People told us they were happy with their support plans and their involvement in their care. One relative said, "Sometimes I am invited to the [review] meetings." One person told us, "They [staff] ask how I am getting on."

Staff told us people living in the home were offered a range of social activities. People's support plans contained a weekly activities programme. People were supported to engage in activities outside the home to ensure they were part of the local community. Activities included going horse riding, attending place of worship, exercise classes, attending college, cinema and household activities. A relative said, "I know they have an exercise class once a week. Sometimes they [staff] take them [people who used the service] to Southend for the day." On the day of the inspection two people went for a drive with the provider. One person on their return told us, "We went for a drive to see the ducks." The same person told us, "I go to [place of worship] and horse-riding. I go on holiday."

Resident meetings were held every two months and we saw records of these meetings. The minutes of the meetings included topics on resident's feedback, summer holidays, activities, annual health reviews, Christmas party, and food choices.

There was a complaints process available and this was displayed in the communal area so people using the service were aware of it. There had been no complaints recorded since the last inspection. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. There was a clear procedure for staff to follow should a concern be raised. The relative we spoke with felt able to raise any concerns or complaints with staff and were confident they would be acted upon. The relative told us, "If I wasn't happy I would get through to [provider] straight away and he would listen."

Good

Is the service well-led?

Our findings

People and a relative told us that they liked the home and they thought that it was well-led. One person said about the registered manager, "He's alright." Another person told us, "[Registered manager] is alright. He comes here to the office." A relative said, "He is a very nice polite man. When you phone he will always answer."

There was a registered manager in post. Staff told us the registered manager was open 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, "He [registered manager] is good and supportive. Always gives me advice." Another staff member said, "He [registered manager] takes care of me. He gives me support."

There was a clear management structure with a registered manager, deputy manager, and support workers in the service. Staff we spoke with understood the role each person played within this structure. This meant that people's roles were clear to staff so they would knew the best person to approach for the issue at hand. The commissioning team at the local authority had no concerns about the service.

Staff told us the service had regular staff meetings and records confirmed this. The deputy manager told us, "We try to do monthly. We usually talk about care of the service users, activities and maintenance." A staff member told us, "We talk about everything. How to improve and what is best for the people." Agenda items at staff meetings included key working, holiday planning for people who used the service, training, care files, activities, and food and drinks.

Systems were in place to monitor and improve the quality of the service. The registered manager told us they had brought in an external consultant to do monthly audits and look at the quality of the service. The registered manager told us the external consultant also provided supervision for the registered manager and deputy manager. Records confirmed this. Records showed the monthly audits looked at care files, policies and procedures, training and supervision, nutritional needs, health and safety, and complaints.

The provider also conducted regular audits to assess whether the home was running as it should be. The audits looked at premises, medicines, infection control, human rights, safeguarding, records and requirements relating to workers. The registered manager also told us they did a daily check of the home which included checking medicines, the premises, records which included daily diaries for people had been completed. Records confirmed this.

The quality of the service was also monitored through the use of annual surveys to people who used the service and their relatives. Surveys for people who used the service included questions about the premises, food, personal care and support and daily living. Records showed the surveys were overall positive. One relative told us, "Sometimes I get [surveys] to fill in. If I have any complaints."