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?	Good
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 20 June 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.

On 6 April 2016 we carried out an announced inspection of the service. We found concerns that new staff did not always have the appropriate support and training to enable them to carry out their duties. We issued one requirement action. At this inspection we found improvements had been made.

135 Norman Road is a care home providing personal care and support for people with learning disabilities. The home is registered for three people. At the time of the inspection they were providing personal care and support to three 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 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. 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.

Is the service effective?

Good

The service was effective. Staff 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.

Is the service caring?

Good

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.

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.

Is the service responsive?

Good

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.

Is the service well-led?

Good

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.

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.

This inspection took place on 20 June 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 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 two people who lived in the service and one relative during the inspection. We also spoke with the registered manager, one senior support worker and one support worker.

We looked at three care files, staff duty rosters, three staff files, a range of audits, minutes for various meetings, two medicines records, finances records, training information, safeguarding information, health and safety folder, and maintenance records.

Good

Is the service safe?

Our findings

People who used the service and a relative told us they felt the service was safe. One person told us, "Yep, the staff are around." A relative said, "Without doubt. I know [relative] is safe. We have no worries about [relative] safety and care."

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 suspected abuse I would inform my manager or senior worker." Another staff member said, "I would record the abuse and 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. A staff member said, "You don't cover up when something is bad. I would call the CQC."

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 regularly. Staff were provided with information on how to manage these risks and ensure people were protected. Records showed some of the risks considered were physical health, mental health, hazardous substances, self-harm, fire safety, finances and medicines. For example, one person was at risk of challenging behaviour when staff entered the person's bedroom. The risk assessment gave clear guidelines how staff were to manage this risk. For example the risk assessment stated, "Staff allow [person] time to calm down and offer [person] a cup of tea to change [person] mood. Staff ensure that [person's] privacy is always maintained, and only gain access to [person's] room with [person's] permission." 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. The registered manager told us there had not been any accidents and incidents since our last inspection.

Financial records showed no discrepancies in the record keeping. The service 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 service 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. Medicines records showed 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. Medicine checks were conducted daily. Records confirmed this. 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, "Always a staff member on duty. Never a time someone not there." One staff member told us, "If someone calls in sick I will call [registered manager]. He will find someone else." Another staff member said, "We always manage and prepare [for] cover."

The service followed safe recruitment practices. Staff recruitment records showed relevant checks had been completed before staff had worked unsupervised at the service. 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 registered manager told us the service had not recruited any new staff since our last inspection.

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.

During our inspection we saw that the garden had not been cleared of weeds for a period of time. One person showed us the garden and told us they would like the garden cleared as they would like to have a picnic. The registered manager told us a gardener had been contacted and was due to remove the weeds in the garden by the following weekend.

Good

Is the service effective?

Our findings

During our previous inspection in April 2016, we found new staff did not always have the appropriate support and training to enable them to carry out the duties. During this inspection we checked to determine whether the required improvements had been made. At this inspection, we saw the service's induction policy had been updated to reflect new staff were supported and monitored before they could carry out their duties. Records showed all staff were up to date with supervision and training. We found the service was now meeting the regulation.

People and a relative told us the staff were very good and supported them well. One person said, "I get on with them [staff]." One relative told us, "Very good. [Staff] can't do enough for you. Never had any problems."

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 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, "We did practical first aid training though most is online. We learn every day." Another staff member said, "Training is very good. Training is online then [registered manager] will then ask us questions."

Staff told us they received regular formal supervision and we saw records to confirm this. One staff member said, "Supervision is about myself and where I need to improve." Another staff member said, "[Registered manager] does supervision every three months. We talk about what we do and training." All staff we spoke with confirmed they received yearly appraisals and we saw documentation confirming 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 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).

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, "Sometimes I go out with a friend."

People told us they enjoyed the food provided by the service and were able to choose meals they liked. One person when asked about the food said, "It's good. You can choose what you want to eat. They [staff] make chicken curry. Things like that." A relative told us, "[Relative] loves the food. If [relative] didn't like it you would know." 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 on a monthly basis. The food 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 because their weight had increased. For example, we saw that one person had been referred to a dietician and a healthy eating plan had been devised. Records confirmed the person's food intake was being recorded. This meant that people who used the service were supported to maintain a healthy diet.

People's health needs were identified through needs assessments and care planning. One person told us, "[Registered manager] takes me to the doctor and the dentist." Records showed that all of the people using the service were registered with local GP's. Records showed health appointments were being recorded which included 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.

Good

Is the service caring?

Our findings

People and a relative told us they thought that the service was caring and they were treated with dignity and respect. One person told us, "I can do what I want." A relative said, "[Relative] has improved so much. I can't fault it." The same relative told us, "[Relative] is happier than I have ever seen."

Observations showed people were comfortable with staff and were happy to be around 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, the registered manager told us one of the people who used the service had given them a father's day card. One staff member said, "I respect and love them [people who used the service]. They are happy to see me. Gives me satisfaction if I do something for them." Another staff member said, "I look after them [people who used the service] like family but have professional boundaries."

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, "I knock on the door and ask if they want to get up. We give them their privacy when they are in their room." Another staff member said, "We always treat them with respect. We let them have their privacy."

During our inspection we observed that staff asked people about their individual choices and were responsive to that choice. People told us individual choices were respected. One staff member told us, "Every time we ask about food and what to wear. We listen to what they say." Another staff member said, "We give them choices like with meals, if they want to go out, and activities." A relative told us, "You can tell [relative] has choices. She has never been happier."

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, "I use words I have experienced and can pronounce. I try my best to pronounce all words to the best of my ability. When I am unable to pronounce or verbally explain what I wish to say, I use hand gestures or point. I also like to use pictures and photographs to help with my communication."

People's cultural and religious needs were respected when planning and delivering care. People told us they attended 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 registered manager told us, "We would welcome them. We would go into the community on how to support them." A staff member said, "We have to respect people's sexuality."

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 soft toys.

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, "Never been a time you are not welcome. Been there for a couple of birthday parties."

Good

Is the service responsive?

Our findings

People and a relative told us they were involved in their care planning. One person said, "I know about it." A relative told us, "My wife was involved more than me. She reads over the care plan. We have been involved."

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. The registered manager told us there had not been any new admissions since our last inspection.

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 had recently put on weight. The care plan stated "I have put on weight and had been eating healthy with plenty of salads and vegetables and small portions of food. I also go for walks which I like as I enjoy seeing buses, trains and do window shopping. I don't like going gym but like walking and have been on an eight week diet programme referred by my GP." Staff 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. 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 to lunch with a friend. People were supported to engage in activities outside the home to ensure they were part of the local community. We saw activities that 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. I go to day centre." Another person told us, "I go out with a friend." A relative said, "[Relative] has been doing drawing and [relative] will show us. [Relative] goes to [day centre]."

Resident meetings were held regularly and we saw records of these meetings. The minutes of the meetings included topics on holiday choices, food menu, exercise and activities, health and safety and complaints. One person told us, "I have a meeting. They [staff] ask if you like the food, if you like the staff and ask you what your hobbies are."

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. The complaints policy had 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, "Speak to [registered manager]." A relative said, "There is a procedure. We have a sheet. We have a relationship with [registered manager] and we could bring it up. If a problem we would ring [registered manager]."

Good

Is the service well-led?

Our findings

People and a relative told us that they liked the service and they thought that it was well led. One person told us, "I know [registered manager] a long time. It's good when [registered manager] is here as he knows what is going on. [Registered manager] is the best." A relative said, "[Registered manager] is a family man. He treats them [people who used the service] like a family. [Relative] is an extension of his family."

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 very good and helpful. He provides us with everything we need. He communicates everything." Another staff member said, "He is very good. He is professional. I can approach him anytime."

Staff told us that the service had regular staff meetings where they were able to raise issues of importance to them. Records showed topics on training, people who used the service, Deprivation of Liberty Safeguards (DoLS), annual health reviews, home maintenance, food menu and activities. The registered manager told us people who used the service were invited to the staff meetings and records confirmed this. One staff member told us, "[Registered manager] will talk about resident's wellbeing, safeguarding and fire safety." Another staff member said, "We talk about [staff] rotas, and if clients have appointments."

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 20 April 2017. The external audit looked at staff files, care files, health and safety checks, activities, and talking to staff and people who used the service. Areas of concern from audits were identified and acted upon so that changes could be made to improve the quality of care. For example, the last external audit identified people who used the service needed to have a personal emergency evacuation plan documented. Records showed this had been completed. This meant people could be confident the quality of the service was being assessed and monitored so that improvements could be made where required.

The external company also provided supervision and support to the registered manager. The last supervision recorded was 27 March 2017 which included discussions on medicines, confidentiality and training. The registered manager said about using the external company, "Any news from CQC [external company] and will feedback and make sure things are done."

The registered manager told us they sent out annual surveys for people who used the service and their relatives. 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 relative told us, "When we have gone [to service] we have done a questionnaire."