

Jooma Care Homes Limited

# Jooma Care Homes Limited - 136 Langthorne Road

## Inspection report

136 Langthorne Road  
London  
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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

### About the service

Jooma Care Homes Limited is a residential care home providing accommodation with personal care to five people aged 55 and over at the time of the inspection. At the time of our inspection there were five people using the service.

### People's experience of using this service

People and relatives told us they were safe, and staff treated them well. Risk assessments detailed how to support people to minimise risk. Staff had been recruited safely. Systems and processes were in place to support staff to understand their role and responsibilities to protect people from avoidable harm.

There was a process in place to report, monitor and learn from accidents and incidents. People were protected from the risks associated with poor infection control as there were processes in place to reduce the risk of infection and cross contamination. There were systems in place to ensure proper and safe use of medicines. However, the room temperature where medicines were stored was monitored, this was not recorded. We have made a recommendation in relation to the management of medicines

People were cared for by staff who received appropriate training to effectively carry out their role. Staff worked with professionals to support people's care needs.

People were asked for their consent before care was provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's nutritional and hydration needs were met by the service. The service worked with other health and care professionals to meet people's health needs.

People's needs were assessed prior to joining the service, however, records of needs assessments carried out were not kept. We have made a recommendation in relation to carrying out needs assessments.

Care plans documented people's preferences, likes and dislikes. People's communication needs were documented in their care plan. Staff were caring, kind and spoke attentively to people.

People were supported by staff who knew people well. People were supported to maintain their independence and their dignity was valued and respected.

People were supported to participate in activities and follow their own interests. People and relatives knew how to raise a concern if they were unhappy about the service they received.

There were systems in place for monitoring the quality of the service. The provider knew what was expected

of them in terms of Duty of Candour, they had spoken with the local authority and relatives concerning incidents at the home.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 16 May 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Jooma Care Homes Limited – 136 Langthorne Road on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# Jooma Care Homes Limited - 136 Langthorne Road

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 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.

#### Inspection team

The inspection team consisted of an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Jooma Care Homes Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections.

#### During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with four members of staff, including the provider, registered manager, deputy manager and a support worker.

We reviewed a range of records. This included three people's care records, including care plans, risk assessments and medication administration records. We looked at three staff files in relation to recruitment and staff supervision records. We also reviewed a variety of records relating to the management of the service, including policies and procedures. .

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with the local authority contracts team.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we recommended that the service check financial records on a daily basis and take action to update their practice accordingly. At this inspection we found some improvements had been made.

- The service had introduced a financial records chart for each person, since our last inspection in April 2017. The registered manager told us, this allowed them to have a visible idea of expenditure, which meant more stringent checks. We found some minor discrepancies which were addressed during our inspection.
- People and relatives told us they felt safe living at the home. A relative told us, "I'm sure [relative] is safe." Another relative told us they had, "No reason to believe differently," to the question of whether they felt their relative was safe.
- People were protected from the risk of abuse because staff had completed training and knew what action to take. Staff were aware of the whistleblowing procedure and the external authorities to report their concerns to, including the CQC, local authority or Police.
- The registered manager told us staff received training and were tested for their understanding of abuse. Records reviewed confirmed this.

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed by staff. Risks identified included risk of abuse, self-harm, health related risks and behaviours which challenged the service. There were management plans in place to reduce the risk of harm.
- However, further details were required in relation to control measures, for example in one person's risk assessment it stated they were at risk due to their health condition, diabetes. This detailed some of the signs staff should look for but did not include what staff should do prior to calling the emergency services, such as offering a sugary drink if hypoglycaemic (deficiency of glucose in the bloodstream, which is the main source of energy). Staff knew what action to take. This meant the impact and risk of harm was reduced. The registered manager told us they were in the process of reviewing and updating their documentation, including addressing any gaps in risk assessments.

Using medicines safely

- Systems were in place to manage medicines safely.
- People received their medicines as prescribed. Medicine administration records reviewed were accurate and up to date.
- Medicines were stored securely in a locked cabinet.

- The room temperature where medicine was stored was monitored, however, this was not recorded. This meant the registered manager was unable to evidence the room temperature was being monitored to ensure this was within the required range of 25 degrees Celsius or less.

We recommend the provider consider guidance and advice from a reputable source in relation to management of medicines.

#### Staffing and recruitment

- People and their relatives told us there were enough staff on duty to meet their needs, however, one person told us, staff were often busy.
- We observed staffing levels throughout the home and found staff had been deployed according to people's needs. One person who required one to one staff support had a staff member with them throughout the inspection. Staffing consisted of two care staff providing care, a deputy manager and the registered manager. At night there was two staff sleeping in. This had been increased following the admission of one person who had recently joined the service. This meant the service took into account people's level of need in relation to staffing levels.
- Care staff had been recruited safely. The provider had carried out appropriate checks on staff members to ensure they were safe to work with people. We found one person did not have their reference verified, this was immediately addressed by the registered manager who contacted the relevant referees.

#### Preventing and controlling infection

- People were protected from the risk of infection. The environment was clean and tidy with no malodour.
- Staff told us they had access to personal protective equipment such as gloves and aprons and used these whilst providing personal care.

#### Learning lessons when things go wrong

- There were systems in place for dealing with incidents and accidents. We reviewed the service incident and accident books.
- Staff were aware of their responsibility to report any incidents and accidents involving people living at the home.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to joining the service. The registered manager told us that at the point of referral people had their needs assessed by the service and the local authority, this was used to develop the care plan. Most people living at the home had done so for 20 years or more, therefore records relating to their needs assessment were not available. One person who had joined the service recently had their needs assessment completed, which was used to develop their plan of care. However, the needs assessment process required formalising to ensure all assessment of needs were accessible.

We recommend the provider seeks guidance and advice from a reputable source in relation to the needs assessments processes.

Staff support: induction, training, skills and experience

- Staff were supported to effectively carry out their role. Staff files reviewed showed staff had received regular supervision and a yearly appraisal. This was confirmed by staff.
- The staff training matrix showed staff had completed training in areas such as, health and safety, fire safety awareness, first aid, mental capacity, challenging behaviour and specialist training in diabetes and epilepsy. Some staff felt they could benefit from further training in diabetes.
- Staff completed an induction and shadowed more experienced staff before providing support and care to people. Records confirmed this.
- Care staff were knowledgeable about the people they supported. One person told us, "Staff understand my needs."

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

- People were supported to have sufficient amounts to eat and drink. People requiring additional support with their fluid intake had this monitored to ensure their hydration needs were met.
- People told us they were given a choice of foods they liked. One person told us the food was, "Very nice."
- The registered manager and staff were knowledgeable about people's food and drink preferences. One person who loved tea and biscuits had this on a regular basis. We observed the person requesting this during our visit and this was documented in their care plan.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to health and care professionals to assist staff to meet their needs.
- The service liaised with social workers and other healthcare professionals when they had concerns with people's medical needs. For example, the physiotherapist worked closely with the service to ensure one

person's mobility needs were met.

- We saw evidence that people had their oral healthcare needs assessed and monitored in line with national guidelines for managing oral health in care homes. Staff had attended a workshop on supporting people with their healthcare needs.

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

- The environment was clean and had a homely feel.
- The registered manager told us they had carried out special adaptations to the home to meet people's needs. For example, we observed hand rails had been installed for people with mobility needs. This helped people to move freely around the home with limited assistance.
- The provider had just completed several repairs to the building, including fire safety recommendations. We were shown these improvements during our visit.
- The registered manager told us of their plans to make further improvements to the home, this included redecoration and new furnishings.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager told us one person living at the home had a deprivation of liberty safeguard in place to ensure they were supported in the least restrictive way and to keep them safe when out in the community.
- Staff understood the importance of asking people for their consent before providing care.
- People were asked their consent before providing care and given choice when to receive care. One person told us, they were given a choice of when they wanted to wake up and go to bed.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff treated them well. One person told us, "[The provider] is my friend, he helps me." A relative told us, "[Staff] are very kind, it's very good there."
- The service treated people's values, beliefs and culture with respect. During our visit we noted that people who liked to attend church service attended this with staff.
- Staff completed equalities and diversity training and told us they understood the importance of treating people fairly. The registered manager told us, "In the same way you ask about religion, culture and relationships. This is no different to any other wants or preferences [someone who identified as LGBT] might have."

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

- People were supported to express their views and be involved in decisions about their care. One person told us they were involved in deciding on menu choices. "I was able to have a say about what was on the menu."
- The registered manager told us monthly residents meetings took place. Minutes of meetings showed people were encouraged to express their views and be involved in making decisions about their care. Discussions focused on activities, food choices and the next planned holiday.

Respecting and promoting people's privacy, dignity and independence

- People's told us staff treated them with dignity and respect. One person told us, "Staff treat me with respect."
- A relative told us their relative was independent and gets the shopping. This was confirmed by the registered manager who told us the person enjoyed going shopping. We observed this during our visit.
- People's independence was encouraged and developed as much as possible. For example, we observed one person who had recently been discharged from hospital had started to walk again, despite their previous prognosis that they would be bedbound following a deterioration in their health.
- The registered manager told us, staff had encouraged the person to walk, which in turn had enabled them to walk with some independence.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care from staff who knew them well. Care plans included people's likes and dislikes and preferences for care.
- Care plans were reviewed, and changes were shared with staff to ensure people received care that met their current needs.
- We observed good interactions between staff and people living at the home. Staff were attentive, and people responded positively to them.
- People told us staff were responsive to their needs and listened to them. One person told us, "Staff listen to me." A relative commented, "Staff are quick to respond to [Relative's] needs."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans documented people's communication needs. We observed staff communicated with people according to their individual needs. For example, one person who was not able to speak, staff used body language and facial expressions to communicate with them. We noted the care plan had not been updated to include changes in the person's communication needs. This was subsequently updated following our inspection.
- The service had an easy read pictorial format for complaints format, however, further work was required to ensure care documents were presented in an easy read format to support people with learning disabilities.

We recommend the provider seeks guidance and advice in relation to Accessible Information Standards

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Each person had a weekly activity programme. This detailed the type of activities people enjoyed taking part in. Their activity diaries showed people took part in activities such as going to the café, going for a walk, bowling, going to the cinema, and keep fit/exercise sessions. During our visit we saw people attended their place of worship and this was documented in people's care plans.
- The registered manager told us the service tried to strike a balance between encouragement and respecting when people made the choice not to participate in activities.
- Most people living at the home had done so for a number of years and had formed friendships among

themselves.

- People were supported to maintain relationships with people who were important to them. A relative who visited the home weekly to see their relative told us, "I am welcome to visit at any time." This was confirmed by the registered manager who told us, they had developed a good relationship with relatives.

Improving care quality in response to complaints or concerns

- The registered manager told us there had been no complaints since our last inspection.
- We observed the service had an easy read complaints policy displayed at the home. The registered manager told us, this allowed people to express if they were not happy.
- People and relatives told us they did not have any complaints and if they did, they knew how to make a complaint. One person told us, "I've never made a complaint, I know how to make a complaint." A relative told us they got on well with management [Provider and registered manager], "I like them [management] and had never had a cause to make a formal complaint."

End of life care and support

- There was an end of life policy in place, this outlined how people should be cared for should they require end of life care.
- People's care records contained an end of life plan outlining how they wished to be cared for. We noted people's plans were not always updated, one person's plan had not been updated since 2013. The deputy manager told us, there had been no changes to the person's wishes.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Care was planned to meet people's needs, preferences and interests. The service promoted an open culture, which encouraged people to be involved in their care.
- People said they got on well with management. One person told us, "I get on well with them [Management], I have no problems."
- The registered manager had an open-door policy, whereby people were able to enter the office to speak with them. We observed people freely entering the office to have a chat with the registered manager who had developed a good rapport with them.
- One relative who spoke highly of the provider, told us, "[The provider] does his best, we have a lovely arrangement. He is very understanding, kind and very supportive. I have no problems with the home, it is a life saver."
- People had continuity of care because staff caring for them had worked at the service for a number of years and knew people well.
- The registered manager described people living at the home and staff as being, "The essence of a tight knit family, one big family."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under Duty of Candour to be open and transparent, when things go wrong. Where things had gone wrong the provider had been open with people and their family.

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

- The provider and registered manager had a hands-on approach to managing the home. They were supported by a deputy manager. Care staff understood their role and responsibility and reporting procedures.
- Staff told us the registered manager and provider were approachable and supportive. A staff member told us, "I can talk to the [Registered manager]. I can go to him if I have a problem or need to call him, everybody [Staff] has WhatsApp for [who is on] shift. You can see who is working and [for example] GP or medication changes/results." WhatsApp is a secure application used via phone to communicate using instant messaging.

- Quality assurance systems were in place to monitor the quality of the service. The registered manager told us audits were carried out by an external auditor and covered areas such as, health and safety, safeguarding and infection control. Medicine audits were also conducted by a pharmacist.
- The provider had been in business for many years and would further benefit from keeping up to date with best practice in service delivery.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a suggestion box located in the hallway, this was another way for people to give their views about the service.
- Staff said they were happy working for the service and involved in the running of the home. One staff member told us the reason they enjoyed working for the service was because people and staff were at the heart of everything.
- The service had an equality and diversity policies which outlined their commitment to ensuring people using the service were treated equally and without discrimination. Records showed staff worked with people according to their individual needs.

Continuous learning and improving care

- The service strived to continuously improve the service and involved people and staff in this process. For example, the WhatsApp group was suggested by a staff member during a team meeting. The registered manager told us staff were, "At the front line so, they best know what is happening, their feedback is always valued."
- The registered manager told us of their plans to move towards a more autonomous workforce with a high importance on improvements.

Working in partnership with others

- The registered manager and staff worked with healthcare professionals and other partner agencies. Records reviewed confirmed this.
- The local authority spoke highly of the service and the provider who treated people like family. They told us they had no concerns about the service.
- The service worked closely with external organisations to improve the quality of the service.