Juga Homes Ltd

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Inspection report

49 Ivorydown
Bromley
Kent
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25 June 2018

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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

This announced inspection was conducted on 25 June 2018. We gave two days' notice of our intention to carry out this inspection as it is a small service and the people who live there are regularly out in the wider community. Juga Homes Ltd is registered to accommodate two people with mental health needs and the service was at full occupancy at the time of the inspection. The service consists of an ordinary two storey domestic property and a single storey small building in the rear garden. One of the bedrooms is in the main house and has en-suite facilities. The second bedroom is in the single storey small building, which also has a bathroom and a kitchenette. The main house also contains a lounge with a dining area, a kitchen, a downstairs bathroom and an upstairs toilet. The staff office is situated in a newly built chalet unit in the rear garden.

Juga Homes Ltd is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection. This service was inspected for the first time on 31 July 2017, following its registration in January 2016. We did not rate Juga Homes Ltd because at the time of the inspection people had been living at the care home for a short time, therefore we had not been able to gather sufficient information to determine how the provider would meet people's needs over a longer period.

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.

At the previous inspection we had found that the registered manager had not always ensured that references had been obtained from the most recent employer and had been verified to ensure authenticity. At this inspection the personnel records we looked at demonstrated that the registered manager had implemented a thorough approach to the recruitment process, which ensured that people who used the service were appropriately supported by staff with suitable skills and experience.

Staff had received training to safely administer people's prescribed medicines and at the time of the inspection were supporting one person with their medicine needs. Although medicines were safely stored and the registered manager routinely checked to ensure that stock balances reconciled with the medicine administration record (MAR) charts, we found that the system for signing MAR charts was not sufficiently detailed for accountability and auditing purposes.

We have made one recommendation within the main report in relation to the provider's system for staff to sign medicine administration charts.

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.

People were supported by sufficient staff, who had received training and supervision to carry out their roles and responsibilities. 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 in line with the Mental Capacity Act (MCA) 2005. The registered manager and staff member at the inspection demonstrated that they understood the legal requirements of the MCA.

The person we spoke with was happy with the quality of the food. 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. Care plans were periodically reviewed and were always updated when there were changes in people's needs and aspirations.

People demonstrated that they liked the registered manager and staff team and felt comfortable about the prospect of voicing any concerns or complaints.

The registered manager updated her knowledge so that she could improve how staff increased their understanding about how to effectively support people who used the service. 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 made unannounced visits to the service and we discussed the need to always document her findings.

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.

People who used the service were protected through detailed recruitment practices.

Medicines were managed in a safe manner, however the provider needed to evidence an accountable and transparent system for the signing of medicine administration record (MAR) charts.

Staff understood how to protect people from abuse and individual risks to people's safety and wellbeing were identified and addressed.

The premises were clean, tidy and hygienic.

Is the service effective?

Good

The service was effective.

Staff were supported by the provider to meet people's needs, through suitable training and development opportunities.

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

People were supported to meet their health care needs.

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

Is the service caring?

Good

The service was caring.

People told us staff were kind and respectful.

Staff promoted people's entitlement to privacy and dignity at all times.

People were encouraged to make their own choices and informed about how to pursue independent advocacy, if they wished to.

Is the service responsive?

Good

The service was responsive.

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

Staff supported people to participate in meaningful activities at home and in the community, and to pursue friendships and relationships in line with their own wishes.

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

Is the service well-led?

Good

The service was well-led.

People who used the service and a staff member found the registered manager was supportive and approachable.

The registered manager understood how to monitor the quality of the service, act on the views of people, and their representatives and make improvements where necessary.

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 25 June 2018 and was carried out by one adult social care inspector. We gave 48 hours' 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 share their views about the quality of care and support they received.

This was the second inspection of the service since it registered with the Care Quality Commission on 21 January 2016. The service was previously inspected on 31 July 2017 but was not rated. This was because the people living at the service had resided there for a short time which meant that we were not able to comprehensively establish how the provider assessed, delivered and reviewed their care and support. Prior to this inspection we reviewed the information we held about the service. This included the previous inspection report and 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. We also reviewed the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

During the inspection we met and spoke with one person who used the service, one support worker and the registered manager. We observed the interactions between the staff team and the person present at the service, and had a tour of the premises led by the person and their support worker.

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, three staff recruitment records, policies and procedures, the complaints log, and health and safety records.

Following the inspection visit, we contacted two health and social care professionals with knowledge and experience of this service to request their opinions about the quality of the care and support. We did not

receive any responses.

Good

Is the service safe?

Our findings

At the previous inspection we had found that the provider's recruitment process did not consistently ensure that all references were relevant and confirmed for validity. For example we had found that a reference for one employee did not have a company stamp, letterhead or attached written evidence that it had been verified by the registered manager. The professional reference for another employee was not from their most recent employer, which had been an organisation within the health and social care sector. We had made a recommendation for the provider to seek guidance from a reputable source to improve on the quality of its recruitment practices.
At this inspection we found that a robust system had been implemented in order to ensure that people who used the service were supported by safely recruited staff. Members of the staff team had at least two verified 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. Gaps in employment were explored as part of the recruitment process.

At the previous inspection we had noted that although members of the staff team had received medicines training, only the registered manager supported people with their prescribed medicines. The registered manager had explained that this was a temporary arrangement as one person's medicines had not yet been organised in a blister pack by the dispensing pharmacist, as they had very recently moved in to the care home. At this inspection we found that support staff were now administering medicines and the staff member we spoke with stated that they felt fully supported by the registered manager to undertake this responsibility. The registered manager held a valid registration as a mental health nurse and demonstrated her understanding of people's medicines when speaking with people who used the service and their health care professionals, including how people could be affected by possible side effects. Records within people's care plans showed that the registered manager supported people to discuss their medicine regimes with health care professionals and reported her own observations in a professional way.

Systems were in place to make sure that medicines were securely stored at a suitable temperature, in accordance with the manufacturers' instructions. The registered manager informed us it had not been necessary so far to dispose of any medicines that were no longer required. She explained that any surplus medicines would be recorded by two staff in a designated record book and returned to the local dispensing pharmacy, in line with the provider's medicine policy and procedure.

The medicine administration record (MAR) charts we checked showed that medicines were consistently given, however the registered manager and members of the staff team ticked the MAR charts instead of signing their initials after each administration. We had observed this practice at the previous inspection, where it had been established that the registered manager took sole responsibility for the management of medicines. Although the service was small and the registered manager could identify who was responsible for the administration of medicines at each shift, the absence of staff initials did not comply with the need for individual staff to demonstrate their accountability.

We recommend the provider seeks guidance from the Royal Pharmaceutical Society published document for adult social care services, in relation to the safe completion of MAR charts.

The person using the service we spoke with expressed that sufficient staff were available to meet their needs. They told us that they enjoyed spending time with members of the staff team and the registered manager. The rotas showed that people were supported by a small number of regular staff, which promoted consistency of care and a stable family orientated environment. A relative of the registered manager was a volunteer at the care home and was well known to people who used the service as they also carried out maintenance tasks when required. Appropriate recruitment procedures had been followed for the volunteer who was chatting to a person when we arrived.

The person using the service confirmed that they felt safe with staff and stated "This is my home." We saw that the person was relaxed with staff, and they smiled and laughed when staff encouraged them to talk about their daily routine. The second person who lived at the service was out visiting a friend and we did not have an opportunity to meet them during this inspection. We noted from their care plan that they also felt very settled at the service, had developed good relationships with the staff and wished to stay at the care home for the foreseeable future.

The support worker we spoke with told us they had undertaken safeguarding training and understood how to report any abuse they had witnessed or heard about, in line with the provider's safeguarding adults' policy and procedure. They were aware of the provider's whistleblowing policy, which provided information about how to report any concerns to external agencies and how to seek advice from an independent charitable organisation that supports employees who wish to whistleblow. Whistleblowing is the term used when a worker passes on information concerning wrongdoings.

The risk assessments within people's care plans addressed a broad range of issues including mental health, physical health, safety in the wider community, friendships and relationships, and financial vulnerability. The assessments demonstrated that the provider discussed identified risks with people and their allocated health and social care professionals, so that appropriate measures were in place to support people to manage these risks. At the previous inspection we were not able to monitor how the provider reviewed and updated the risk assessments due to the short length of time people had lived at the service. At this inspection we saw how the provider had reviewed and updated risk assessments and where necessary developed new risk assessments to reflect people's changing needs. The registered manager told us about the actions she had implemented in order to promote the safety of people who used the service, which was confirmed in the records we looked at.

We observed that the premises were hygienic, tidy and free from any malodours. The staff member we spoke with told us that personal protective equipment (PPE) including disposable gloves and aprons was always readily available at the service. We looked at a sample of the provider's health and safety records, which showed that regular checks were carried out by staff and external contractors to ensure that any potential risks to people's safety due to the environment were identified and mitigated. These checks included water temperatures, fridge and freezer temperatures and fire evacuation drills. There was an up to date fire risk assessment conducted by a professional fire safety officer and current certificates in place for the landlord's gas safety, electrical installations and portable electrical appliances testing.

The registered manager told us about events at the service which had enabled her and the staff team to evaluate their practice and consider alternative ways to promote the safety of people who used the service, particularly where people wished to develop relationships with individuals in the wider community. Due to the necessity to protect the confidentiality of the people living at the service, we have not cited individual

examples. Records showed that the registered manager and the staff team had gained the trust of people who used the service and spoke with them in an open and supportive manner to assist people to maintain their personal safety and respect the wishes of others.

Good

Is the service effective?

Our findings

The person we spoke with said they were happy with how staff provided their care and support.

The staff member we met during the inspection told us about their training and one-to-one supervision. Staff received an annual appraisal after they had completed 12 months employment, which enabled staff to review their performance with the registered manager and set objectives for their future learning and development. The staff member told us that they started working at the service in January 2017, having obtained a health and social care qualification in the past. They had spoken with the registered manager about their career development needs and were due to commence a management and leadership course in September 2018.

Staff were provided with some of their training in a classroom setting and had accessed e-learning courses purchased by the provider. Records showed that staff undertook mandatory training including infection control, moving and handling, safeguarding adults, supporting people with medicines, and health and safety. The registered manager carried out informal training with the staff team to support them to understand people's mental health care needs and was planning to attend 'train the trainer' courses so that she could deliver face to face training for some of the mandatory training subjects. The registered manager told us that any newly appointed staff that did not have relevant health and social care qualifications would be supported to initially undertake the Care Certificate. This is an identified set of standards that health and social care workers adhere to in their daily working life.

The person we met during the inspection told us that they continued to prepare meals with the encouragement and support of staff. A support worker told us that the person cooked very tasty dishes that reflected their culture and a variety of other cuisines, which were enjoyed by the other person living at the service and the staff group. We saw that cooking was a fulfilling activity that enabled the person to share their skills with staff, and regain their confidence and self-esteem. People's care plans demonstrated that they were consulted about their food preferences, supported to develop their independence and any dietary and/or cultural needs were taken into account. Fresh fruits and vegetables were available and low fat snacks were accessible if people wished to eat between their main meals.

The registered manager told us about changes in people's mental health and physical health since the previous inspection. We saw that their care plans, and their risk assessments where applicable, had been updated to reflect specific changes. The registered manager and the support worker explained to us that they were now working with a wider range of hospital based and community health care professionals, in order to ensure that people had the care and support they needed. The registered manager provided a detailed account of how she was supporting a person who used the service to manage a health care condition. As the registered manager had a professional background in nursing she had actively encouraged the person to accept support from a specialist community nurse, so that the person could lead a more comfortable life. The minutes taken at Care Programme Approach (CPA) meetings demonstrated how the registered manager supported people to talk about their health care concerns and pursue the best outcomes for their health care needs. CPA is a way that services are assessed, planned, coordinated and

reviewed for people with mental health problems.

The design of the service met people's needs. One of the bedrooms was on the first floor and accessible by a flight of stairs, therefore the registered manager ensured that people living at the service had an appropriate level of mobility. The other bedroom was in a separate small building close to the main house and was suitable for a person who wished to have a more private living environment. The registered manager showed us the former staff office on the first floor of the main house, which had its own en-suite bathroom. At the time of the inspection this room was being redecorated in neutral tones, which could be changed to meet individual preferences. The provider informed us that they planned to apply to the Care Quality Commission to register as a three bedded service.

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 demonstrated their understanding of their responsibilities in relation to MCA and DoLS. At the time of the inspection no person using the service was subject to a DoLS authorisation. We saw that the person present during the inspection was asked for their consent, for example if they wished to speak with us and if they were willing to allow us to look at their bedroom. Staff provided the person with clear information about the inspection process, which encouraged them to participate. The registered manager and support worker had a good knowledge of other types of restrictions that could be applicable to people who used the service and understood how these restrictions could impact on people's daily lives.

Good

Is the service caring?

Our findings

The person we spoke with told us they were contented living at the service and described staff as being "kind" and "nice." We observed positive interactions between the person and the staff team. At the previous inspection we noted that the person liked to watch a daily soap opera which reflected their culture and first language. At this inspection we observed that they continued to enjoy programmes broadcast on an international channel and had an established routine of relaxing with a coffee after breakfast and watching an episode of the soap opera with a member of staff. The person who used the service and a staff member provided us with a brief outline of the current plot and their communication with each other showed that their rapport was genuine and humorous.

We observed that staff spoke with the person present at the inspection in a respectful manner. We saw that staff always knocked on people's bedroom doors and entered when invited to do so. The care plans demonstrated that where necessary people were given sensitive support to meet their personal care needs, particularly if they were known to sometimes neglect these needs due to their health care problems. As people were provided with their own en-suite facilities (a toilet and shower) they were able to attend to their personal care needs within the privacy of their own bedroom.

Through speaking with a person who used the service and our discussions with the staff team we found that people were supported to make their own choices and decisions. We noted that both people who used the service spoke with the registered manager about events in their lives and she endeavoured to listen with empathy and offer non-judgemental views. The registered manager spoke with staff about the importance of respecting people's rights and ensuring their dignity when she delivered informal training discussions and one to one supervisions.

The registered manager understood her responsibilities in relation to the Accessible Information Standard (AIS). From 1 August 2016 onwards, all organisations that provide NHS care and/or publicly funded adult social care are legally required to follow the AIS. The AIS sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services and their informal carers with a disability, impairment or sensory loss. The registered manager confirmed that the people who used the service did not require this support.

Information was available at the service about local advocacy organisations if people wanted independent support to assist them to express their views and wishes, and/or needed support to make a complaint about the quality of their care from the provider or from any other organisation that was providing them with health and social care services.

Good

Is the service responsive?

Our findings

The person we spoke with told us that they were very satisfied with the way that staff supported them to meet their needs. The person liked to go out shopping, to cafés for brunch and to other community amenities with staff, which was arranged in accordance with their wishes.

Each person had a care and support plan which demonstrated that their needs and wishes were considered in an individual way. Appropriate assessments of people's needs were conducted by the registered manager before they moved into the service. At the previous inspection 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. At this inspection we saw that the provider encouraged people to contribute their ideas, goals and views during the care planning and reviewing stages.

On the day of the inspection one person who used the service was staying with a friend. There were agreed guidelines in place which had been discussed with the person and the external health and social care professionals involved in their care. These guidelines were kept under review, particularly when friendships changed and new circumstances arose. The registered manager was able to respond well to these changes as the person spoke openly to her about their life. We had noted at the previous inspection that staff supported a person to access community resources including a sports centre, hairdressing salons and a place of worship. At this inspection we found that these activities had ceased due to health care reasons.

The person we spoke with was aware of how to make a complaint using the provider's complaints procedure and felt confident that the registered manager would take any complaints seriously. The provider had not received any concerns or complaints. At the previous inspection we had noted that on person who used the service had given the registered manager a written compliment about their quality and care. We saw that they continued to send messages to the registered manager to confirm that they felt well supported living at the service.

People who used the service did not have any end of life care needs. Their care and support plans showed that where people initiated conversations with staff, for example if they wished to be buried in the UK or abroad, they were responded to in a reassuring and sensitive manner.

Good

Is the service well-led?

Our findings

At the previous inspection people who used the service told us they had a good relationship with the registered manager and they found her supportive. The comments we received from the person we met at this inspection and documentation we looked at showed that people were keen to remain living at the service as they liked the way it was managed. The registered manager demonstrated a good knowledge of people's mental health, physical health and social care needs. The registered manager told us that she was interested in developing her managerial knowledge and skills and had applied to undertake a masters degree in leadership.

The registered manager had a clear vision of how people should be supported by herself and the staff team. This included joint working with local health and social care professionals to support people who were able to move on to a more independent type of accommodation to reach their objectives. Where people needed additional professional support to remain at the service in line with their wishes, the registered manager assisted them to access the support they needed.
The registered manager told us that she had plans to improve the quality of the service and hoped that following the completion of her university awarded mentoring qualification, mental health nursing students would be able to undertake supernumerary placements at the service. It was anticipated that the nursing students would bring new ideas to the staff team and support people who used the service to broaden their involvement in community activities. The mentoring training had also broadened the registered manager's training and development opportunities, which could be shared could be shared with the staff team to support their learning. For example, the registered manager told us that she had given a presentation to external health and social care professionals about radicalisation and its potential impact on people with mental health care needs. The registered manager told us about the information she had gathered for her presentation to illustrate how to identify different types of radicalisation. At the time of the inspection the registered manager had not delivered this presentation to the staff group at the service but planned to.

The staff member we spoke with told us that they felt well supported by the registered manager and felt they could freely approach her for advice and guidance to meet people's needs. We noted that a health care professional had written to the registered manager after they had supported a person during complex changes to their health care needs, "We appreciate all your effort and hard work."

At the previous inspection we had noted that we had not been 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. At this inspection we found that the provider had acted on any shortfalls we had identified during the previous inspection, for example improvements had been achieved with the quality of staff recruitment practices. We found that care plans, risk assessments and other records relating to the needs of people who used the service were up to date. The registered manager sought informal feedback from health and social care professionals who supported people who lived at the care home. 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.

Although the registered manager was at the service at least five days a week and called in at random times because she lived nearby, there were no records of these unannounced monitoring visits. We spoke about the need to record these checks, particularly if she found any concerns or people who used the service expressed any problems. The registered manager told us that she had turned up unexpectedly at the service and found that the standard of hygiene in one part of the premises was not acceptable, which resulted in discussions with staff about their roles and responsibilities. We noted that the registered manager's response had ensured that staff were clear about the actions they needed to take to ensure the highest possible standard of environmental cleanliness was consistently maintained.

The provider understood the legal requirement to inform the Care Quality Commission about notifiable events and to display their current rating on their public website.