

JN Healthcare Group Limited

Hawabu House

Inspection report

46 Sandwell Street
Walsall
WS1 3EB

Tel: 01922636674
Website: www.jnhg.co.uk

Date of inspection visit:
09 December 2021

Date of publication:
20 January 2022

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

Hawabu House is a residential care home providing accommodation and personal care for three children and one adult at the time of the inspection. The service can support up to six people.

People's experience of using this service and what we found

People told us they felt safe and staff had received training in safeguarding and knew how to keep people safe. There were recruitment processes in place and recruitment checks were carried out before staff were appointed. This ensured suitable staff were appointed to support people. People's medicines were managed safely. Staff followed infection control guidance and had access to personal protective equipment.

Staff received induction training and the provider carried out competency checks to assess whether staff were working in line with best practice.

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 were supported by kind and caring staff who knew them well. People's individual needs were respected and staff supported people with dignity and respect.

People's care and support was planned in partnership with them and risk assessments were regularly updated.

The provider had an adult living at the service which could potentially pose a risk to children living there too, however, however, we did not find any immediate risk to people living at Hawabu House at the time of inspection. The provider carried out audits to oversee the quality of the service. The provider worked well with other health professionals to ensure the needs of people were met.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The model of care maximises people's choice, control and independence. Care was person-centred and promoted people's dignity. The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 14 January 2021).

Why we inspected

We received concerns in relation to the provider delivering care to children outside their registration conditions. As a result, we undertook a full comprehensive inspection to assess whether people were receiving safe, effective, caring, responsive and well-led care.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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. We will also meet with the provider to discuss how they intend to continue to provide care to the different age groups at the service.

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.

Hawabu House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two adult social care inspectors and one children's services inspector.

Service and service type

Hawabu House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care

provided. We spoke with five members of staff including the nominated individual, registered manager, clinical operations manager and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with three health professionals.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at observation records, physical intervention reports and notes from key worker sessions.

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. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe at Hawabu House. One person said, "I do feel safe because of the staff. They [staff] are nice and listen." A relative we spoke with confirmed this and said, "They [staff] are keeping [person] safe and that is the most important thing."
- Staff knew how to recognise potential abuse and protect people from it. Staff had received training in how to keep people safe and described the actions they would take where people were at risk of harm.

Assessing risk, safety monitoring and management

- Risk assessment documentation was in place which showed the actions taken to manage and reduce risks to people.
- People had positive behaviour support plans in place which gave guidance to staff on people's triggers and how to support people to calm down when they were feeling anxious or in crisis.
- Risk assessments were updated regularly and reflected people's current support needs.

Staffing and recruitment

- There were recruitment processes in place and recruitment checks were carried out before staff were appointed. This ensured suitable staff were appointed to support people.
- We saw there was enough staff to meet peoples' needs. One person told us, "I always have enough staff to do what I want, when I want to." A member of staff told us, "We do have a consistent core staff to meet peoples' needs."

Using medicines safely

- Senior staff received training in safe administration of medicines and competency checks were completed to ensure staff were administering medicines as prescribed.
- Peoples' medicines were managed safely. Medicines administration records showed people received their medicines as prescribed.
- Supporting information to aid staff in administering medicines that had been prescribed on a "when required" basis (PRN) was in place.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Incidents and accidents were recorded and analysed for trends, so lessons could be learned to reduce the chance of reoccurrence.

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. This meant 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

- The provider carried out an initial assessment so they could be sure they could support people safely and how they wanted.
- People's current needs were regularly assessed to ensure they continued to receive the correct level of support.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to do so effectively. One person told us, "They [staff] know me well."
- Staff received induction training to give them the skills and knowledge to support people safely.
- Staff were trained in a range of interventions and techniques to respond to people's changing needs and risks and support them safely.

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

- People were supported to eat a healthy diet. One person said, "I love the food."
- People could choose what they would like to eat and drink. One person told us, "The food is good. We get to choose the meals on the planner at the young person's meeting. It happens every week."
- People were supported to cook for themselves if they so wished.

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

- The service worked with other agencies and health professionals in order to meet people's specific needs. One health professional told us, "They [the provider] are doing a good job. They [the provider] have responded well to issues. [Name of person] has been very settled there and has great relationships with staff."
- There was good evidence of multi-agency working and people were supported to access healthcare in the community.

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

- Hawabu House was a specially adapted building which was split over 2 floors with each person having their own en-suite.
- The home was clean and well decorated.

- There was a good outside space to the rear of the building.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training in the MCA and understood the importance of people being supported in the least restrictive way.
- Where people had restrictions on their liberty, the appropriate authorisations were in place.

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. This meant 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 were cared for by kind and caring staff who knew people well. One person told us, "I know the staff and they are nice."
- People's equality and diversity were respected and their likes and dislikes were clearly recorded in their care plans.

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

- People were involved in their care plans and reflective discussions were held and documented to help them to understand how incidents had affected them and those around them.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect. One person said, "They [staff] do speak to me respectfully."
- Whilst people living at Hawabu House had a high level of staff supervision, staff were aware of the need to respect people's privacy. One staff member told us, "I am in the vicinity and support with their dignity and privacy as possible. We make sure we are only there for their safety." People we spoke with confirmed their privacy and dignity were respected.
- People were supported to be independent and all people at the home were supported with their education.

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. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans and risk assessments were in place to show the support people needed and these were reviewed regularly. Care plans were person centred and contained detailed information about people's individual support needs and what outcomes they would like to achieve.

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.

- The provider was aware of the Accessible Information Standard and communication around the home was tailored to meet people's individual needs.
- People had communication passports which clearly documented how people preferred to be communicated with.

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

- People were supported to take part in activities they enjoyed outside of the home such as shopping and going to the gym. One person told us, "I like going out for a drive, I like all types of roads and I like shopping and going to see Santa."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. Details on how to complain were clearly displayed around the home. All people we spoke with knew who to complain to if they had any concerns. One person said, "I say it as it is, I can go to any of the staff or [name of registered manager] and I know they will listen and something will get done."

End of life care and support

- There was no-one receiving end of life support during the inspection.

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. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 provider had an adult living at the service which could potentially pose a risk to the three children also residing there, however, we did not find any immediate risk to people living at Hawabu House at the time of inspection. A health professional who has regular contact with the service commented, "One final point to note is the age of your oldest resident, [Name], I spoke with you regarding this and I know you are looking for a transition, however we do just need to be mindful of the age mix. We did have assurance around staffing levels and risk assessment to safeguarding but as discussed I do need to flag this."
- We saw that regular audits were carried out in order to oversee the quality of the service.
- The management team understood their responsibilities under the duty of candour and the need to be transparent. They told us they were responsible for keeping people safe and accountable when things went wrong.

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

- People we spoke with talked positively about the service. One person said, "The home is great, I love it."
- Family and health professionals also spoke positively about the service and described how people who had previously struggled to settle at a placement had now settled and were doing well at Hawabu House.
- All staff we spoke with enjoyed working at the service. One staff member said, "The staff and manager are always on hand. I genuinely feel it is a really good care home which is really good to work at. I have definitely enjoyed my time working here."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Regular meetings were held with people in order for their views to be heard. One person told us, "We have our say and they make changes."
- Regular staff meetings were held in order for care staff to share their views and take part in reflective practice. There were also regular senior team meetings and management meetings.
- The service worked in partnership with social workers, health professionals and relatives to ensure the service people received was person centred.

Continuous learning and improving care

- The provider was in the process of implementing an online data system which flagged up alerts when tasks needed completing. The system also alerted when care plans/risk assessments needed updating or when staff were due training. The system enabled managers to have oversight of the service and action any discrepancies or areas of concern promptly.
- Management and care staff received continuous training to ensure their learning, skills and knowledge were current to be able to support people.
- The provider had action plans in place to further improve the quality of the service.
- The provider worked closely with the Risk Reduction Network to ensure their restraint training was up to date, looking at ways to improve and ensure they were working in line with best practice.