

Juga Homes Ltd

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Inspection report

49 Ivorydown
Bromley
Kent
BR1 5EJ

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02 July 2020

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10 August 2020

Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Juga Homes Ltd is a small care home providing personal care for up to three people living with mental health needs. At the time of our inspection three people were living at the service.

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

People's care plans and risk assessments were not always clear about the level of risk or what actions were required to mitigate risks to their safety. When people's needs changed the care plans and risk assessments did not fully reflect the changes to ensure staff worked in a safe and consistent way. Staff did not always make appropriate records of serious incidents that happened in the service.

Staff felt supported with the provision of a thorough induction and ongoing supervision. However, training did not include how to support people with behaviours that challenge. We have made a recommendation about providing staff training in this area. People were supported to manage their physical and mental health. Staff worked in partnership with health and social care professionals to achieve positive outcomes for people.

People told us they felt supported to work towards achieving their goals and aspirations. There were monitoring processes in place to ensure care plans and risk assessments were reviewed, but these were not always effective and did not identify the issues we found during this inspection.

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

Rating at last inspection and update

The last rating for this service was good (report published 17 August 2018).

Why we inspected

The inspection was prompted in part by notification of a specific incident. The information CQC received about the incident indicated concerns about the management of the risks associated with people's mental health needs. This inspection examined those risks.

CQC have introduced targeted inspections to follow up on a Warning Notice or other specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

Enforcement

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment and good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will 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?

Inspected but not rated.

Details are in our safe findings below.

Inspected but not rated

Is the service effective?

Inspected but not rated.

Details are in our safe findings below.

Inspected but not rated

Is the service well-led?

Inspected but not rated.

Details are in our safe findings below.

Inspected but not rated

Juga Homes Ltd

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check a specific concern we had about how the service was assessing, and managing risks associated with people's health and wellbeing. We will assess all of the key questions at the next comprehensive inspection of the service.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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. 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 announced, we gave the registered manager 48 hours' notice of our inspection.

What we did before the inspection

We asked the registered manager to provide a range of documents detailing how they planned and managed the safe delivery of care and treatment. These included care plans and risk assessments for the three people receiving care.

During the inspection

We spoke with the registered manager and one person who was receiving care. We discussed the systems and processes within the service with the registered manager and requested further information.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We conducted telephone

interviews with five members of staff, one person receiving care and a family member of someone receiving care. We also got feedback from a health and social care professional who worked with the service.

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. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about. The purpose of this inspection was to check on concerns we had about the safety of people's care.

We will assess all of the key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People told us they felt safe. Staff were knowledgeable about the risks to people and explained how these were mitigated. However, we found numerous examples of risks that were not clearly set out in the care plans and risks assessments and guidelines for staff were not sufficient to ensure they understood the risks and the steps they needed to take to mitigate these.
- The service had identified that some people were at risk of self-neglect and self-harm when their mental health deteriorated. The guidelines for staff to mitigate these risks were not clear. For example, staff told us they made welfare checks on people every three hours if they were at risk of self-harm. There was no clear instructions in place to ensure this was being done by all staff and there was no record that the checks had been completed.
- The risks associated with the self-management of medication had not been clearly documented and assessed and there was a lack of clear instructions to enable staff to support this activity safely.
- Staff told us they supported some people to prepare and cook foods as they were at significant risk of harming themselves when using cooking appliances and equipment. This was not recorded in the person's care plan and risk assessment. As a result there was a risk that staff might not have all the information they needed to ensure the person received the correct level of support to help them stay safe.
- One person had been identified as being at risk of falls and had fallen whilst out in the community. Due to this incident the registered manager told us they had instructed staff to accompany the person whenever they went out in the community. The details of the fall and subsequent change to care was not recorded in the person's care plan or risk assessment and staff we spoke with gave conflicting accounts of how they supported this person.
- Staff did not always make appropriate records of serious incidents that occurred within the service as set out in the provider's accidents and incident policy. For example, we were informed that there had been recent incidents of behaviours that challenge which had resulted in the service calling the police. These were not documented in people's daily logs and no incident reports has been made.
- One person sometimes behaved in a way that challenged the service. However, there was insufficient information about this in their care plan. There was no guidance for staff to enable them to recognise potential triggers and de-escalate situations when they occurred.
- The registered manager created a summary of support to ensure care coordinators had all the necessary information to conduct reviews. However, the detailed information contained in the report was not used effectively to update the care plans and risk assessments that were accessible to the staff delivering care.

Although we did not find that these shortfalls had resulted in harm to people receiving care there was an increased risk that staff would not know how to maintain people's safety which placed them at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were measures in place to ensure the environment was safe and free from hazards that might cause people harm. A fire risk assessment had been carried out and there were personal evacuation plans in place to help people evacuate the building in the event of fire. There were regular health and safety checks of the building.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems and processes were in place. Staff received safeguarding training and demonstrated a good understanding of this when we spoke with them. They knew who to inform if they had any concerns about abuse or safety and how to escalate their concerns if they were not satisfied their concerns were being taken seriously.
- The registered manager was aware of their responsibility to report safeguarding concerns to the relevant organisations including the local authority and CQC.
- Staff discussed safeguarding with people who used the service on a regular basis to ensure they understood how to keep safe and knew how to raise any concerns they may have around safety or abuse.

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. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about. The purpose of this inspection was to check on concerns we had about the safety of people's care.

We will assess all of the key question at the next comprehensive inspection of the service.

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

- Initial assessments of people's needs were completed by the commissioning authority and the registered manager and care plans were put in place to meet people's identified needs. There was information in place about people's background histories and physical and mental health conditions.
- People were actively involved in the assessment and review of their care plan.

Staff support: induction, training, skills and experience

- New staff had a comprehensive induction and probation period which included the completion of the care certificate to ensure they were competent to deliver care and support. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment.
- Staff told us they felt the induction adequately prepared them for their role. One staff told us, "During the induction I got to shadow for a few days and got to know everything about the clients. It was really helpful."
- The training was refreshed annually however, we identified that staff had not had specific training in supporting people with behaviours that challenge.

We recommend the service reviews the provision of training to ensure staff have the skills and knowledge to support people with behaviours that challenge.

- Staff told us they felt supported by their manager and had regular supervision and an annual appraisal and records we saw confirmed this. One staff member told us, "The manager is very supportive, and they are always here to discuss any concerns we have. We also have regular handovers and staff meetings."

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

- The service ensured that people had access to a range of healthcare professionals such as GPs and district nurses to ensure they received the routine healthcare they needed.
- The service also ensured they liaised with mental health professionals such as care coordinators and psychiatrists to monitor people's mental health and ensure their medicines were reviewed when necessary.
- Professionals we spoke with gave positive feedback about how the service kept them informed about changes to people's health and social care needs.

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. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about. The purpose of this inspection was to check on concerns we had about the safety of people's care.

We will assess all of the key question at the next comprehensive inspection of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff told us they understood their roles and had regular handovers to share information about the service and people's changing needs. However, there was no record of the handovers and care plans and daily logs were not always updated with information on specific events and changing needs so we could not be sure staff had all the information they needed to maintain people's safety.
- The registered manager understood their role to manage safe care and treatment. However, the issues we identified with the risk assessments, care plans and incident reports had also not been identified and addressed through their own quality assurance processes.

The failure to assess, monitor and improve the quality and safety of the service effectively was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were positive about the service and the care they received. We received comments such as, "The staff are always here to talk to and help me" and "We are very appreciative of all the help [family member] gets. It's lovely to see them so settled."
- Staff were positive about how they were able to support people to achieve personal goals. One staff member told us, "The job has its challenges, but it is very rewarding when you help people to overcome their personal difficulties and make progress in their life."

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 responsibility to be open and honest and give people all the relevant information they required when things go wrong. They ensured they sent the appropriate notifications to CQC after significant events occurred.

Working in partnership with others

- The service worked closely with health and social care professionals to monitor the care, support and

mental health of the people receiving care. We saw evidence that the service kept people's care coordinators up to date with relevant changes to people's health and social care needs.

- We received positive feedback from one professional about how the service kept them informed with all relevant changes. One professional told us, "The service informs us if they have concerns about a decline in people's mental health. When they see the warning signs they alert us so we can make arrangements to visit and carry out assessments."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not do all that was practicable to ensure that care and treatment was provided in a safe way as risks to people were not always identified and mitigated. Regulation 12(1)(2)(a),(b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to assess, monitor and improve the quality and safety of the service effectively. The provider had failed to ensure people received a consistently safe service. Regulation 17 (1) (2) (a) (b) (c) (f)</p>