

Jooma Care Homes Limited

136 Langthorne Road

Inspection report

136 Langthorne Road
London E11 4HR
Tel: 0208 518 7409

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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 

Overall summary

We inspected 136 Langthorne Road on 27 January 2015. This was an unannounced inspection which meant the staff and the provider did not know we would be visiting. At the last inspection in September 2013 the service was found to be meeting the regulations we looked at.

136 Langthorne Road is a care home providing personal care and support for people with learning disabilities. The home is registered for five people. At the time of the inspection they were providing personal care and support to four people.

There was a registered manager at the service at the time of our inspection. A registered manager is a person who

has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We spoke with all the people who used the service and a relative and they told us they felt safe and were happy with the care and support provided. We found that systems were in place to help ensure people were safe. For example, staff had a good understanding of what constituted abuse and the abuse reporting procedures. People's finances were managed and audited regularly by staff. Medicines were safely administered.

Summary of findings

Staff had an understanding of the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

We found people were cared for by sufficient numbers of suitably qualified, skilled and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

Suitable arrangements were in place and people were provided with a choice of healthy food and drink ensuring their nutritional needs were met.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The support plans contained a good level of information setting out how each person should be supported to ensure their needs were met. Care and support was tailored to meet people's individual needs and staff knew people well. The support plans included risk assessments. Staff had good relationships with the people living at the home and the atmosphere was happy and relaxed.

We observed interactions between staff and people living in the home and staff were kind and respectful to people when they were supporting them. Staff knew how to respect people's privacy and dignity. People were supported to attend meetings where they could express their views about the home.

We found that people were supported to access the local community and wider society. This included education opportunities. People using the service pursued their own individual activities and interests, with the support of staff if required.

There was a clear management structure in the home. People who lived at the home and staff felt comfortable about sharing their views and talking to the manager if they had any concerns. The registered manager demonstrated a good understanding of their role and responsibilities and staff told us the manager was always supportive. There were systems in place to routinely monitor the safety and quality of the service provided.

Summary of 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?

The service was safe. There were robust safeguarding and whistleblowing procedures in place and staff understood what abuse was and knew how to report it.

Risks were assessed and managed well, with care plans and risk assessments providing clear information and guidance for staff. People were given their prescribed medicines safely.

We found that staff were recruited appropriately and adequate numbers were on duty to meet people's needs.

Good



Is the service effective?

The service was effective. The provider ensured staff received training and were well supported to meet people's needs appropriately.

The provider met the requirements of the Mental Capacity Act (2005) and DoLS to help ensure people's rights were protected.

People were supported to eat and drink sufficient amounts of nutritious and well-presented meals that met their individual dietary needs.

People's health and support needs were assessed and appropriately reflected in care records. People were supported to maintain good health and to access health care services and professionals when they needed them.

Good



Is the service caring?

The service was caring. People were happy at the home and staff treated them with respect and dignity.

Care and support was centred on people's individual needs and wishes. Staff knew about people's interests, preferences and aspirations.

People using the service and their representatives were involved in planning and making decisions about the care and support provided at the home.

Good



Is the service responsive?

The service was responsive. People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service and/or a relative.

We saw people's plans had been updated regularly when there were any changes in their care and support needs.

People had an individual programme of activity in accordance with their needs and preferences.

People using the service and their representatives were encouraged to express their views about the service. Systems were in place to ensure complaints were encouraged, explored and responded to in a timely manner. People knew how to make a complaint if they were unhappy about the home and felt confident their concerns would be dealt with appropriately.

Good



Summary of findings

Is the service well-led?

The service was well led. People were protected from risk because systems for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

Accidents and incidents were monitored by the manager and the organisation to ensure any trends were identified.

Good



136 Langthorne Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was led by an inspector who was accompanied by 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

Before our inspection, we reviewed the information we held about the home which included notifications and safeguarding alerts. The provider completed a Provider Information Return (PIR). This is a form that asks the

provider to give some key information about the service, what the service does well and improvements they plan to make. We also spoke to the local borough contracts and commissioning team that have placements at the home and the local borough safeguarding team.

During our inspection we observed how the staff interacted with people who used the service. We looked at how people were supported during our inspection which included viewing the bedroom of two people who lived at the home with their permission. We spoke to all four people who lived in the home. We talked with the registered manager, the deputy manager, support worker and the provider. We also spoke with one relative of a person who used the service after the inspection. We looked at four care files, staff duty rosters, four staff files, a range of audits, complaints folder, minutes for various meetings, resident surveys, staff training matrix, accidents & incidents book, safeguarding folder, health and safety folder, and policies and procedures for the service.

Is the service safe?

Our findings

People told us they liked living at the home and staff looked after them. No one that we spoke with raised any concerns about their safety at the home. We asked a relative of a person using the service if they felt the home was safe. The relative replied, "Very safe."

The home had safeguarding policies and procedures in place to guide practice. We saw an 'easy to read' adult protection policy on the hallway noticeboard with contact details for the local borough to report any issues of concern so people living at the home could be informed about safeguarding. Staff has received safeguarding training and were able to explain to us what constituted abuse and the action they would take to escalate concerns. Staff said they felt they were able to raise any concerns and would be provided with support from the management team. One staff member told us, "I would tell the manager and the social worker." Another staff member said, "I would report to the manager and the local safeguarding team." We saw records that safeguarding had been discussed in staff and resident meetings. Staff we spoke with knew about whistleblowing procedures and who to contact if they felt concerns were not dealt with correctly.

The registered manager told us there had been no safeguarding incidents since our last inspection. The registered manager was able to describe the actions they would take if an incident had occurred which included reporting to the Care Quality Commission (CQC) and the local authority. This meant that the service was aware of its responsibilities for reporting safeguarding. The local safeguarding team did not express any concerns about the service.

Systems were in place to reduce the risk of financial abuse. Records and receipts were kept of any purchases and these were checked by the senior staff. We examined some financial records which indicated monies had been spent appropriately in line with the assessed needs of people.

Individual risk assessments were completed for people who used the service. Staff were provided with information as to how to manage these risks and ensure people were protected. In the records that we saw, some of the risks that were considered included physical health, mental health, communication, personal hygiene, finances, and social and leisure engagement. Staff we spoke with were familiar with the risks that people presented and knew what steps needed to be taken to manage them. Staff told us they managed each person's behaviour differently according to their individual needs. Clear guidance was in place about how staff should work with people to de-escalate situations that might lead to behaviours that challenged others.

A relative told us there was always staff available to help their relative. At the time of our inspection the service was providing personal care and support to four people. Staff we spoke with told us that there was enough staff available for people. The registered manager told us the home did not use agency staff and would use staff employed by the home. There were sufficient staff on duty on the day of the inspection.

We looked at staff files and we saw there was a robust process in place for recruiting staff that ensured all relevant checks were carried out before someone was employed. These included appropriate written references and proof of identity. Criminal record checks were carried out to confirm that newly recruited staff were suitable to work with people.

People received their prescribed medicines as required. We saw medicines were stored appropriately in a locked metal cabinet that was kept in a locked office. We found that medicines administration record sheets were appropriately completed and signed when people were given their medicines. The manager told us and staff training records confirmed, that all staff authorised to handle medicines on behalf of the people who lived in the home had received medicines training.

Is the service effective?

Our findings

People told us they were happy with the way the service was delivered and how the staff cared for them. They felt their needs were being met by staff. One person said, “The staff look after me well here.” A relative said, “My relative is well looked after there. The staff know him.”

Staff told us they received regular training to support them to do their job. One staff member told us, “They send you on a number of trainings. They check when you need updating and will send you an email to remind you.” Staff received regular formal supervision and we saw records to confirm this. One staff member said, “I get supervision. We discuss ideas for what I need to do. I like it.” All staff we spoke with confirmed they received yearly appraisals and we saw documentation of this.

We looked at the training records which covered training completed. The core training included medicines, safeguarding for adults, food hygiene, first aid, health and safety, Mental Capacity Act 2005 & Deprivation of Liberty Safeguards (DoLS), fire safety, challenging behaviour and person centred care. We saw records of completed training logs and training certificates were kept in staff files.

The registered manager and staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS is law protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived in their own best interests. The home was applying for DoLS authorisations for all the people living at the home. We found most people had capacity to make decisions. People identified at being of risk when going out in the community had up to date risk assessments and we saw that if required, they were supported by staff when they went out. We observed that

people were able to make choices about their daily lives, such as if they wished to attend college and go shopping. We saw people during the inspection going out throughout the day.

People’s care records indicated that they sometimes challenged others. The staff were able to tell us how they responded when this happened. Care plans included information about how to support people in a way they were happy with and in order to reduce the risk of challenges and information about how the staff should respond to any challenges. For example, one care plan explained that the person could be anxious meeting new people and holding their hand would relax them.

People were supported to get involved in decisions about their nutrition and hydration needs in a variety of ways. These included helping staff when buying food for the home and providing input when planning the menu in resident meetings. We saw fruit was available to people in the kitchen. Staff told us people could ask for alternative food choices not on the menu and we saw this on the day of our inspection. We saw food and fluid intake was recorded in a daily diary so people’s intake could be monitored. One relative told us, “The food is very good.” The care plans we looked at included information on any nutritional issues which might need monitoring and what the person’s favourite foods were. We saw weight records for each person which were up to date, which meant staff could easily identify any problems with weight.

A staff member told us that all of the people using the service were registered with local GP’s. We saw people’s care files had a health action plan which included records of all appointments with health care professionals such as dieticians, dentists, GPs, chiropodists and psychologists. People were supported to attend annual health checks with their GP and dentist and records of these visits were seen in people’s files.

Is the service caring?

Our findings

People told us they were happy with the level of care and support provided at the home. One person told us, “I love the staff.” A relative said, “The staff are like family.”

We observed interaction between staff and people living in the home on the day of our visit and people were relaxed with staff and confident to approach them throughout the day. We saw staff interacted positively with people, showing them kindness, patience and respect. There was a relaxed atmosphere in the home and staff we spoke with told us they enjoyed supporting the people living in the home. People had free movement around the home and could choose where to sit and spend their time.

Staff knew the people they were caring for and supporting. Each person using the service had an assigned key worker. Keyworker meetings were held regularly and we saw records of this. Staff we spoke with were able to tell us about people’s life histories, their interests and their preferences. A staff member told us, “I talk to them. I ask what help they need.” Another staff member said, “We are there to support the people.”

We saw people were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. People were supported in maintaining their independence and community involvement. On the day of our inspection we saw people had gone horse riding, one person went to exercise class, one person went to visit a relative and other people spent time in the communal areas.

People we asked told us their privacy was respected and staff didn’t disturb them if they wished to be left alone. We saw staff knocked on people’s bedroom door and waited to be invited in before opening the door. One relative said, “Privacy and dignity is definitely respected. No one is allowed in [relative] room without his permission.” Staff we spoke with understood what privacy and dignity meant in relation to supporting people with personal care. They gave us examples of how they maintained people’s dignity and respected their wishes. One staff member said, “Personal care I will always close their door. I don’t discuss their business in the hallway.” The home supported people to become more independent in other ways, for example with helping with food shopping, doing laundry and money management.

Is the service responsive?

Our findings

A relative told us the service was able to meet their relative's needs and that they were satisfied with the level of support provided. They said, "The service is very good." The same relative said, "They ask me if I want anything in the care plan or if my relative needs anything."

People's needs were assessed and care and support was planned and delivered in line with their individual support plan. People living at the home had their own detailed and descriptive plan of care. The care plans were written in an individual way, which included family information, how people liked to communicate, nutritional needs, likes, dislikes, what activities they liked to do and what was important to them. The information covered all aspects of people's needs, including a profile of the person and clear guidance for staff on how to meet people's needs. One person told us they liked to go to a place of worship twice a week and this was reflected in their care plan.

Staff told us people living in the home were offered a range of social activities. People's support plans contained a weekly activities programme. People were supported to engage in activities outside the home to ensure they were part of the local community. We saw activities included going horse riding, attending place of worship, exercise classes, attending college, cinema and household activities. One relative we spoke with said, "The activities are quite alright. My relative goes out quite a bit to exercise

class and [place of worship]." The same relative told us, "My relative goes out more than they ever did when they lived at home." One person told us, "I go to club and I go to [place of worship] on Wednesday and Sunday."

Resident meetings were held every two months and we saw records of these meetings. The minutes of the meetings included topics on activities, complaints, safeguarding, home décor, and the food menu. We noted that the last meeting was held in December 2014. One relative told us, "I get invited to the resident meetings."

There was a complaints process available and this was displayed in the communal area so people using the service were aware of it. There had been no complaints recorded since the last inspection. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaints policy and we saw there was a clear procedure for staff to follow should a concern be raised. The relative we spoke with felt able to raise any concerns or complaints with staff and were confident they would be acted upon. The relative we spoke with said, "I would speak to the manager or the provider. They would do something about it."

People were supported to maintain relationships with their family. Relatives spoken with confirmed they were kept up to date on their family member's progress by telephone and they were welcomed in the home when they visited. The home collected formal feedback from people and relative through the completion of annual surveys. We looked at completed survey results for 2014. The survey results included the four people who used the service and one relative. The results were positive about the service.

Is the service well-led?

Our findings

A relative told us they found the registered manager to be accessible and approachable. They told us that if they had any concerns they were able to raise them with the manager and these were acted upon. The relative said they were able to contact the registered manager if needed. The relative said, “The manager is very good.”

There was a registered manager in post. We saw leadership in the home was good. The registered manager worked with staff overseeing the care given and providing support and guidance when needed. Our discussions with people who lived in the home, a relative, staff, and our observations showed the manager demonstrated good leadership. A staff member said, “[the registered manager] is very supportive. You can talk anytime.” Another staff member told us, “He always helps us.”

There was a clear management structure with a registered manager, deputy manager, and support workers in the service. Staff we spoke with understood the role each person played within this structure. This meant that people’s roles were clear to staff so they would know the best person to approach for the issue at hand. The commissioning team at the local authority had no concerns about the service.

Systems were in place to monitor and improve the quality of the service. The registered manager told us they had brought in an external consultant to do monthly audits and look at the quality of the service. The registered manager told us, “[the external consultant] is a great resource. It helps me prepare for my role and they will do my supervision and the deputy manager.” We looked at the

supervision records for the registered manager which included discussions on quality assurance audits, training plan, supervision and appraisals, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and the home development business plan for 2015.

The provider conducted regular audits to assess whether the home was running as it should be. The audits looked at premises, medicines, infection control, human rights, safeguarding, records and requirements relating to workers. We saw an action plan that resulted from the medicines audit which included who was responsible and actions that had been completed. The registered manager also told us they did a daily check of the home which included checking medicines, the premises, records which included daily diaries for people had been completed. We saw records to confirm this.

There were systems in place for the maintenance of the building and equipment and to monitor the safety of the service. We saw evidence that fire extinguisher, doors, light and alarms were tested regularly. Daily fridge temperature checks, portable appliance testing and gas safety inspections were carried out at appropriate intervals to ensure people’s safety.

The provider had effective systems to monitor incidents and implement learning from them. There had been eight recorded incidents since the last inspection. We saw that the incidents were recorded accurately and people’s care records had been updated following these incidents to ensure that the most up to date information was available to staff. For example, we saw one person’s incidents of falls had greatly reduced since being assessed for one to one care to minimise falls.