

Jooma Care Homes Limited

135 Norman Road

Inspection report

135 Norman Road
London
E11 4RJ

Tel: 02085390596

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

135 Norman Road is a residential care home providing personal care and support for people living with learning disabilities, autistic spectrum disorder, mental health, younger adults, physical disabilities and older people. The care home is registered for three people. At the time of the inspection they were providing personal care and support to three people with learning disabilities.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them

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

People were supported by kind and caring staff who treated people as individuals and with dignity and respect. The provider had recruitment systems to ensure staff were safely recruited. Staff spoke knowledgeably about the systems in place to safeguard people from abuse. People were supported by staff who were inducted, trained and supervised.

People told us they felt safe. Risks to them were identified and managed. Where required people were safely supported with their medicines needs. The support required by people with health and nutritional needs was identified and provided. Infection control measures were in place to prevent cross infection. However, we found the home needed modernising with the décor.

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

People's privacy and independence were promoted. Systems were in place to deal with concerns and complaints. This enabled people to raise concerns about their care if they needed to.

People had person centred support plans in place. People were actively involved in their care and contributed to the development of care plans and reviews. People's communication needs were identified, and their end of life care wishes were explored and recorded. People were supported with activities.

Staff told us they felt supported by the registered manager. People liked the registered manager. The provider had effective quality assurance systems to monitor the quality and safety of the care provided.

The service applied the principles and values of Registering the Right Support and other best practice

guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 12 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

135 Norman Road

Detailed findings

Background to this inspection

The inspection

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

The inspection team consisted of one inspector.

Service and service type

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

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

Notice of inspection

This inspection was announced. We gave 48 hours' notice of the inspection. This was because people are often out, and we wanted to be sure there would be people at home to speak with us. We also needed to be sure the registered manager would be available to support the inspection.

What we did before the inspection

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

During the inspection

We spoke with three people who used the service about their experience of the care provided. We also spoke with three members of staff including the registered manager, and two care workers.

We reviewed a range of records. This included two people's care records and two medicine records. We looked at two staff files in relation to recruitment and at the staff supervision and appraisal records. 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. The provider sent us various documents we requested during the inspection.

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.

Preventing and controlling infection

- The home environment was clean, and the home was free of malodour. However, the laundry room and toilet at the back of the home had cobwebs around the window and a build-up of dust. We showed the registered manager who told us he would get the laundry area deep cleaned. After the inspection the registered manager told us the laundry area and toilet had been cleaned.
- Staff completed training in infection prevention and control. Records confirmed this.
- Staff had access to and used disposable protective items, such as gloves and aprons. Observations confirmed this. A staff member told us, "We have to wear gloves and aprons. We are very careful about cross contamination. We disinfectant everything."

Learning lessons when things go wrong

- There were clear accidents and incidents records in place that showed appropriate and timely actions were taken when things went wrong.
- The provider did not record lessons learnt. We discussed this with the registered manager who told us they would review, and record lessons learnt moving forward.

Systems and processes to safeguard people from the risk of abuse

- People continued to be cared for safely. People told us they felt the service was safe. One person said, "Yes [safe]. The building is safe."
- The registered manager was aware of their responsibilities to report safeguarding incidents to the local authority and the Commission.
- Staff we spoke with had a good understanding of their responsibilities. One member of staff said, "If I suspected abuse I would tell senior staff and the manager. We would have to whistle blow [if no action taken]."
- Staff completed safeguarding training to provide them with knowledge of abuse and neglect.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were assessed, managed and regularly reviewed. These included areas such as medicines, physical health, mental health, fire safety, finances and mobility.
- Staff demonstrated a good understanding of the risks people might face and how to prevent or manage them.
- Each person had a personal emergency evacuation plan which detailed the support they required to leave the premises in an emergency.
- Fire systems and equipment were monitored and checked to ensure they were in good working order.

- The environment was checked regularly to ensure that it was safe and appropriately maintained.

Staffing and recruitment

- People were supported by staff who were appropriately recruited. People told us there were enough staff available to support them and meet their care needs. One person said, "Yes [enough staff] to protect us and look after us."
- Staff told us there was sufficient staffing levels and their shifts were covered when they were off sick and on annual leave. One staff member told us, "We are fully covered. [Registered manager] is always around if we need any help. We have staff at the other home who can help."
- Appropriate recruitment checks had been undertaken. Records showed checks had been made with the Disclosure and Barring Service (criminal records check) to make sure staff were suitable to work with vulnerable adults.

Using medicines safely

- There were safe arrangements for the storing, ordering and disposal of medicines. The staff responsible for the administration of medicines were up to date with their training.
- The service had a medicines policy in place which covered the recording and administration of medicines.
- Medicine Administration Records (MARs) were completed and audited appropriately.

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.

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

- The home was accessible to meet people's needs. The service was over two floors, three bedrooms with an en-suite bathroom, a kitchen, a communal lounge, and a dining area.
- People had personalised their bedrooms to their own tastes.
- The communal lounge, dining room and hall entrance had not been decorated and updated for a long period of time. The lounge had pictures on display of a birthday from 2015 and the hallway had on display a person's certificates for a college course they completed in 2012.
- The kitchen had not been modernised for a long period of time. The sealant around the kitchen sink had deteriorated which meant the water had leaked into the counter. This had damaged the kitchen top behind the sink.
- We spoke to the registered manager about the kitchen repairs and updating the communal areas. After the inspection the registered manager advised us they had booked builders to address the concerns raised during the inspection. The registered manager also told us they would consult with people who used the service about how they wanted the home decorated.

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

- People's physical, emotional and social needs, abilities and choices were assessed before they moved to the service. This enabled the service to decide the staffing levels and whether they were able to meet people's individual needs. The registered manager told us there had been no new admissions to the service since the last inspection.
- People told us they were given choices. One person said, "You can choose food, and when you go to bed. You can go to bed anytime."
- Staff knew people's preferences, likes and dislikes. One staff member told us, "We always ask [people] about food and drink. We ask what they like. They have choice." Another staff member said, "[People] are given a choice about food and if they want to go out. This week I am planning to take them Christmas shopping."

Staff support: induction, training, skills and experience

- Staff were provided with regular training, supervision and appraisal to enable them to provide effective care. People told us staff were good at their job.
- Staff told us they received regular supervision to enable them to undertake their role and records confirmed this. One staff member said, "We do supervision every three months and appraisals are yearly. We talk about how we are doing."
- Training was provided in subjects such as medicines, safeguarding adults, food hygiene, first aid, health

and safety, fire safety awareness, challenging behaviour, consent, diabetes, epilepsy, moving and handling, Mental Capacity Act 2005, and Deprivation of Liberty Safeguards.

- Staff told us the training was helpful in performing their role. One staff member said, "The training is good. We do online training. [Registered manager] will organise [trainers] to come into the home to do fire and first aid training. Two weeks ago, we had fire training. All the training is up to date."

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

- People told us they liked the food. One person said, "[Staff] cook the food I like. Like a burger, pasta, rice and chicken. Sometimes we eat the same thing together or sometimes we all eat different things."
- People's dietary needs were recorded in their care plans along with any associated risks and instructions for staff to meet those needs safely.
- Staff recorded what people ate to enable them to monitor their food intake.
- Records confirmed staff had received training in food hygiene.
- The kitchen was clean. The Food Standards Agency had rated the home five stars at their last inspection which meant the hygiene standards were very good.

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

- People's health care needs were met. One person said, "[Registered manager] tells me when my [health] appointments are. I go to the dentist once a year."
- People's care records showed relevant health care professionals were involved with their care, when needed. One staff member said, "I [attend] dental, [and] chiropodist appoints with [people]."
- People's oral health care needs were met. Care records gave detailed guidance about oral care. Records showed people visited a dentist regularly. One person said, "[Staff] trust me to brush my teeth." A staff member told us, "[Person] we have to support with the toothbrush. We show her how to do it. She uses mouthwash. [Another person] can do himself. They have an appointment every six months for the dentist. The dentist will call when it is due."

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 with appropriate legal authority. 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.

- There were systems in place to assess people's mental capacity to consent to care. People told us staff asked their permission and gave them choices. One person said, "[Staff] ask my permission."
- DoLS authorisations were in place for people who did not have the capacity to make a decision to live in the home. This ensured that their rights were protected.
- Mental capacity assessments had been completed. Where people were unable to make a decision for

themselves, decisions had been made in their best interests. Where appropriate, the decision-making process involved those who were important in the person's life.

- During the inspection, we heard staff seeking consent from people before providing support with day to day tasks.

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 supported by staff who were caring and kind. One person said, "[Staff] treat me good. [Staff] help you with things. Sometimes we watch [television streaming service] together."
- Staff showed a good awareness of people's individual needs and preferences. Staff talked about people in a caring and respectful way. One staff member said, "[Relationship with people] is very good. [People] like me as well. I feel good when I do something for them." Another staff member told us, "I have boundaries because I am [staff] but it is still a family."
- We saw staff took time to chat with people on a social and personal level. For example, we saw staff sitting down and having a coffee with people and engaging in conversation.
- People's cultural, spiritual and religious wishes and needs were identified, recorded and respected. People were supported to attend religious facilities. One person said, "We go to church."
- Discussions with the registered manager and staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. The registered manager said, "We would have to respect [LGBT people]. We have to respect their rights." One staff member told us, "We would support [LGBT people] the same. At the end of the day we are all human. I don't like to be treated differently. Most importantly we want to make them safe and comfortable."
- People's care records reflected their needs in relation to their protected characteristics including religion, culture, language, and gender. This enabled staff to provide person-centred care. The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act. It is unlawful to treat people with discrimination because of who they are.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received.
- People confirmed they were involved in care planning and review. One person said, "I did go to the [review] meeting yesterday. We talked about [holiday abroad] and about food, and if I have any complaints."
- People told us privacy and dignity was respected. One person said, "If I am [in my bedroom], [staff member] phones me if I want to come down and watch television. I prefer that. This other [staff member] knocks on the door to help me clean my bedroom or when I am in the shower."
- Staff we spoke with gave examples about how they respected people's privacy. One staff member told us, "Their privacy comes first. We give them as much privacy as they need. We always ask if we can do this and

that." We overheard staff asking people's permission before they went into their bedroom during the inspection.

- Staff promoted and encouraged people's independence. A staff member told us, "We try our best for [people] to do things. We always let them choose their clothes. [Person] will put her plate in the sink. We will thank her. [Person] likes to bring her clothes down to the washing machine. She is happy doing that and we are helping her."

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

- People and those who were important to them were involved in planning their care and people said the care they received met their needs. Records confirmed this. One person said, "If I have a problem I ask [staff] for help. They help."
- The care plans reflected people's care needs and were reviewed regularly.
- People's care plans contained information about their life history, hobbies and interests, likes and dislikes and wishes. Staff also had guidance on how each person liked to be cared for, to ensure personalised care. For example, one care plan stated, "[Person] has many interests and hobbies. Her main interests are dancing, singing, reading, watching television, riding exercise bikes and playing games. She also loves her arts and crafts. When out, she loves to socialise with everyone. She also loves going out to eat and shopping."

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.

- People's care plans contained their communication needs, preferred communication methods, and instructions for staff on how to communicate effectively. For example, one care plan stated, "Due to [person] being deaf in one ear, she finds it hard to listen sometimes. A raised but calm voice will keep her interested in the conversation. She tends to answer yes to everything if she is distracted. However once you do have her full attention she is able to answer questions fully."
- Staff were seen communicating with people with patience and as per their preferred methods.

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 encouraged and supported to develop and maintain relationships with people that were important to them, build social networks and links with the local community.
- One person told us, "We went to Morocco for a holiday. We go on holidays once a year. [People] go to day centre. We go to church on Wednesdays. I feed the ducks in [park]."
- People's organised activities were based on their preferences. Records showed people attended the library, day centre, fitness sessions, swimming, places of worship, movie nights at home, and coffee shops.

Improving care quality in response to complaints or concerns

- The home had a complaint's process to ensure people's complaints and concerns were addressed appropriately and responded to promptly. The provider's complaints policy was available in an easy read format in the communal areas of the home.
- People knew how to make a complaint or raise a concern. One person said, "I would speak to [registered manager]. Haven't made a complaint."
- The registered manager told us they had not received any complaints since the last inspection.

End of life care and support

- The provider had a policy and systems in place to support people with their end of life care needs.
- At the time of our inspection, the service was not supporting anyone with end of life care needs.
- The service explored people's choices in relation to end of life care including cultural and spiritual needs. Where people had disclosed their wishes, these were recorded in their care plans including funeral wishes. This enabled staff to meet people's end life 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. 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 promoted a positive culture which encouraged openness and enabled staff to provide care that achieved positive outcomes for people.
- People told us they got on well with the registered manager and were happy with the service provided. One person said, "[Registered manager] is good and kind. Sometimes he is cheeky in a good way."
- Most of the staff had worked for the home for a long period of time. This enabled positive relationships to develop. One staff member said, "It is like a family home. I look forward coming to work." Another staff member told us, "It is very lovely. It is a homely place. I have been working here for a long time. We are like a family."
- Duty of candour requirements were met. The registered manager had a good understanding of duty of candour.
- Staff told us they felt supported by the registered manager. One staff member told us, "[Registered manager] is very good and helpful. He is there all the time to help. Any problems with the house you can call him even at night." Another staff member said, "[Registered manager] is brilliant. He is like a father figure to me. He is very good as a manger. We work as a family team."

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

- The provider had effective systems and processes in place to enable the registered manager to have an oversight of the management of the regulated activity.
- The registered manager was visible about the service and was responsive to the needs of people and supported staff well. The registered manager was supported with supervision and learning from an external consultant. Discussions they had included CQC updates including notification forms, duty of candour, and data protection. Records confirmed this.
- The service had a number of effective quality monitoring systems in place. These were used to continually review and improve the service. The audits included regular unannounced night checks, health and safety checks and daily handover checks. The daily handover checks included medicine audits, environment, record keeping and temperature recording for the fridge and freezer.

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

- Systems were in place to enable people and staff to give feedback. The provider carried out surveys with people who used the service.
- The latest annual survey conducted in August 2019 indicated that people were happy with the service provided.
- Resident meetings were used to encourage people to raise suggestions regarding activities, food, holidays, complaints, and feedback. Records confirmed this. One person said, "Have a meeting with [registered manager]. We talk about the food and things like that."
- Effective communication systems were in place to ensure that staff were kept up to date with any changes to people's care and support systems to staff. For example, staff meetings were held on regular basis. One staff member said, "[Staff meetings] are every two months. We have a date when all staff get together. We discuss about any improvements, and who needs more support. We have to work as a team."

Working in partnership with others

- The registered manager worked in partnership with others including local authorities, mental health community team, healthcare professionals and other care homes in the local area to improve the service and people's experiences.