

Joy Care Home Services Limited

Joybrook

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Joybrook is a residential care home providing personal care to 12 people at the time of the inspection. The service can support up to 15 older people; some of whom may also have a diagnosis of dementia, or be living with a learning disability or autism.

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

Right Support: Governance systems required improvements to ensure there was consistent oversight of the service. Staff enabled people to access specialist health and social care support in the community. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

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.

Right Care: Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

Right Culture: Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views. People's quality of life was enhanced by the service's culture of improvement and inclusivity.

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 requires improvement (published 17 March 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to

improve.

At this inspection we found the provider remained in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 31 January 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Joybrook on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to good governance at this inspection.

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 work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was not always well-led.

Details are in our 'well-led' findings below.

Requires Improvement ●

Joybrook

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 2 inspectors and an operations director, who works for CQC.

Service and service type

Joybrook is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Joybrook is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed records of statutory notifications that the provider submitted to the CQC. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person living at the home, 6 care staff and the deputy manager. We reviewed 3 people's care files and medicines records, 4 staff files and a range of documents related to the running of the home. This included incident and accident records, premises information and audits. We received feedback from 3 relatives.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people were safe and protected from avoidable harm.

Using medicines safely

At the last inspection we identified that medicines were not always safely administered. This issue was a breach of Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) 2014.

At this inspection we found enough improvements had been made and the service was no longer in breach of regulation 12.

- People received their medicines as prescribed.
- Medicines administration records (MAR) were completed to show that staff had given people their medicines.
- Where people were prescribed 'as required' (PRN) medicines, protocols were in place to inform staff as to when to administer these to people.
- We found some concerns in relation to management oversight of medicines records; please see the 'well-led' section of this report.

Assessing risk, safety monitoring and management

At the last inspection we identified people did not always have suitable risk assessments in place. This issue was a breach of Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) 2014.

At this inspection we identified improvements had been made and the service was no longer in breach of the regulations.

- Risk assessments had improved, and people had these in place for areas of need that were relevant to their individual presentation. This included needs such as daily habits, mobility, diet and behaviours.
- Some people would have benefited from clearer formatting of risk assessments so that key risk areas could be clearly identified with staff. We raised this with the registered manager who took immediate action to improve the completeness of these records. We were satisfied with their prompt response.
- At our last inspection we found that where people could require enhanced support, Antecedent Behaviour and Consequence (ABC) charts were not always completed. At this inspection we found that ABC charts were now completed.

Preventing and controlling infection

At the last inspection we identified infection control processes were not always followed to minimise the

spread of infection. Staff did not always wear their masks correctly. This issue was a breach of Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) 2014.

At this inspection we identified enough improvements had been made and the provider was no longer in breach of the regulations.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visitors were supported to access the home safely and had access to face masks and hand sanitiser where required.

Staffing and recruitment

- There were enough staff to meet the needs of people living at the home. Whilst some staff felt more staff would have been helpful the provider was actively recruiting additional staff.
- Where there were shortfalls staff told us that management would support in providing care for people on the floor.
- People continued to receive support from staff that had undergone robust checks prior to commencing the role.
- We reviewed staff recruitment files and found these included, an application form, photographic identification, proof of address, satisfactory references and a Disclosure and Barring Services (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- People received support from a service that effectively managed incidents and accidents to mitigate repeat occurrences.
- We found that incidents were thoroughly investigated, lessons learned and positive outcomes sought.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from risk of abuse. People told us they felt safe at the home and relatives said, "Yes, staff are very good and keep an eye on the residents to try and minimise falls."

- Staff were able to recognise types of abuse and the potential ways these could present. Staff were confident they would whistle blow should they witness poor practice and knew they could contact the local authority safeguarding team.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Applications for DoLS had been applied for in a timely manner, and the provider ensured that copies of any authorisations were accessible to staff.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At the last inspection we identified that governance systems were not always sustained effectively as the provider had not been prompt in identifying issues and areas for improvement.

These issues were a breach of Regulation 17 of the Health and Social care Act 2008 (Regulated Activities) 2014.

At this inspection we identified not enough improvements had been made and the service remained in breach of regulation 17.

- Issues identified at this inspection had not always been remedied by the provider in a timely manner. Staff had been inaccurately completing medicines administration records for two weeks, with the provider not taking action to remedy this prior to our inspection.
- We also identified where people had been prescribed PRN 'as and when required' pain relieving medicines, this was not clearly identified on the MAR chart. Staff had failed to record in line with good practice, the outcome of the PRN medicines being administration. Thus, not following PRN protocols.
- Records also confirmed medicines had not been signed for 3 people. Including 1 persons' Alzheimer's medicine. Whilst the above issues had not impacted on the safety of people, we could not be assured that medicines administration was accurately recorded and audited.
- Whilst incidents and accidents had been investigated these records had not been easily accessible on the day of inspection. During the inspection we identified the provider had failed to record all incidents.
- Improvements were still needed to the environment to ensure it was dementia friendly. This had been raised at the last inspection and more efforts were needed to ensure the environment supported people with orientation around the home.

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

- People and relatives were positive about the management support. Comments included, "All staff are very friendly" and "As far as I am concerned all is being run well at Joybrook."
- Staff felt well supported telling us, "Whatever the issue she [registered manager] will work out how to deal

with it. I can't fault neither of them [management team]' they help us and go above and beyond for us" and "They ask if there are issues to address, we have meetings once a month, we can raise what we want and they'll look into it when they don't have an answer."

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 responsibilities under the duty of candour, and the need to apologise where mistakes were made.

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

- People, their relatives and staff views were sought. This included regular surveys and meetings to seek people's views on the home. Where issues were raised, records showed that actions were addressed.
- The provider worked in partnership with other agencies to meet people's healthcare needs. This included district nurses, mental health teams and the local authority. Where people required support with additional healthcare needs, records showed that staff dealt with this in a timely manner.

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	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance and governance systems needed further improvement and embedding to ensure issues were remedied in a timely manner