

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## 135 Norman Road

135 Norman Road, London, E11 4RJ

Tel: 02085390596

Date of Inspection: 26 June 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Management of medicines</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Jooma Care Homes Limited
Registered Manager	Mr Yusuf Oomar Jooma
Overview of the service	135 Norman Road provides care and support for people with learning disabilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<hr/>	
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Management of medicines	8
Supporting workers	9
Assessing and monitoring the quality of service provision	10
<hr/>	
<b>About CQC Inspections</b>	11
<hr/>	
<b>How we define our judgements</b>	12
<hr/>	
<b>Glossary of terms we use in this report</b>	14
<hr/>	
<b>Contact us</b>	16

## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 26 June 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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A single inspector carried out this inspection. The focus of the inspection was to answer five key questions; is the service safe, effective, caring, responsive and well-led?

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with people using the service, the staff supporting them and from looking at records.

Is the service safe?

Risk assessments were in place which included information about how to support people in a safe manner. The service carried out various health and safety audits, for example in relation to fire checks and medication audits. We found that medication was stored and administered safely. Staff received appropriate professional development.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. While no applications have needed to be submitted, proper policies and procedures were in place. Relevant staff have been trained to understand when an application should be made, and how to submit one.

Is the service effective?

People's needs were assessed and care was planned and delivered in line with their individual care plan. We spoke with one person who used the service. They told us they were happy with the care and support provided. The person told us "it's good here. The staff are friendly." Staff we spoke with had a good understanding of the individual needs of people.

Is the service caring?

People's views and experiences were taken into account and this informed how their care was delivered. The person told us that they were involved and consulted about decisions affecting their care. Care records showed that people had been involved and consulted about their care.

Is the service responsive?

People's needs were assessed and support was delivered to meet their individual needs. We looked at the care file for the one person living at the service. This provided information about the person's needs. Care plans gave guidance for staff about how they should meet people's needs.

Is the service well-led?

The service had a registered manager in place and a clear management structure. Staff we spoke with said they found management staff to be approachable. Quality assurance and monitoring processes were in place.

You can see our judgements on the front page of this report.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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As part of the inspection we spoke with one person who used the service and two members of staff which included the manager. At the time of our visit only one person was living at the service. The person told us "the staff treat me with respect." We observed staff interacting with the person in a polite and friendly manner. The person appeared relaxed and at ease in the company of staff member.

People told us they were able to make choices over their lives. The person told us "I can stay up and choose what food I want." We found that there were no restrictions on people's liberty. The person was able to come and go from the service as they chose without staff support. We observed that the person who used the service at the time of our inspection left it independently during the course of our inspection. The person told us "I go to Oxford Street for a coffee with my friend and I go to the football."

People were supported in promoting their independence and community involvement. Activities included attending college, horse riding, watching films and going away on holiday to the seaside. The person told us "I go to college to study money management."

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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The person living at the service told us they liked living there. The person said "it's good here. The staff are friendly."

During the inspection we checked the care file with the one person living there. They were able to confirm they had been involved with the planning and the information was correct. We saw the person had an individual care plan and this had been reviewed regularly and updated when needed. Staff were aware of the person's needs and preferences and the support the person using the service required. The care plans detailed communication needs, medical care, food choices, and social activities. The care plan was kept up to date with changes in the person's care and contained relevant information to help staff provide appropriate care and support. The person's care plan included risks assessments.

Care was planned and delivered in a way that was intended to ensure people's safety and welfare. Staff supported people to receive the healthcare that they needed. Records showed that people visited the GP, dentist, optician and other healthcare professionals when needed. The person told us "I see the GP once a year for a check-up and I get my eyes checked yearly." The person had a 'Hospital Passport' with information for hospital admissions.

**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## **Reasons for our judgement**

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We saw that appropriate policies and procedures were in place to cover the management of medicines which included home remedies, and were available for staff to reference in the policy and procedure file.

Appropriate arrangements were in place in relation to the recording of medicine and they were kept safely. The person told us the service supported them with their medication. The person told us "my medication is kept in the office in a locked cupboard. Staff give me medication."

Medications were stored securely in a designated medication cabinet located inside the office. We found this was kept locked and the staff member on duty held the key. Audits were undertaken of medications. We checked all medications and found the amounts held in stock tallied with the amounts recorded as been in stock. Medication administration record charts were in place. We found these were accurate and up to date. Staff we spoke with and records confirmed they had completed medication administration training.



**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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We spoke with people who used the service but their feedback did not relate to this standard.

Staff received appropriate professional development. Staff were able, from time to time, to obtain further relevant qualifications. Staff undertook regular training which included safeguarding for vulnerable adults, challenging behaviour, first aid, Mental Capacity Act 2005, fire safety, infection control and medication. Records confirmed staff attendance at training.

Staff attended regular staff meetings. We saw records on any concerns and ways to support the people they were caring for, training needs and medication. Staff received one to one supervision meetings every two months which we saw records of. This gave staff the opportunity to discuss issues of relevance with their manager.

Records showed staff received an annual appraisal where they received feedback on their performance over the previous year, identified areas for development and any training needs.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive

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### Reasons for our judgement

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People who used the service, their representatives and staff were asked for their views about their care and they were acted on. The person told us "I meet the staff once a month if I like the food." The same person also told us "I would speak to the manager if I was not happy."

People using the service were given the opportunity to make comments about the service during a monthly residents meetings. We saw minutes of residents' meetings that showed topics on food, complaints, activities, and health and safety. We saw in the minutes the person using the service was consulted on going on summer holiday. The person told us "I went on a holiday to Fenton on Sea." Satisfaction surveys were undertaken every six months. The last survey was conducted in February 2014. Overall the results to the questions were very positive. One comment included "I am happy with the home."

In addition to seeking people's views about the service, the provider carried out various audits related to the care provided. A daily health and safety checklist was recorded where various health and safety matters were checked by the registered manager for example making sure the premises were clean and fire doors accessible. We also saw a range of regular audits which included various fire safety audits and checks, and health and safety checks. The provider met monthly with an external company looking at continuing quality improvement for the service. We reviewed the minutes for these meetings which included checks on supervision for staff, Deprivation of Liberty Safeguards, policies and procedures, and dignity and respect.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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