

Joy Care Home Services Limited

Joybrook

Inspection report

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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

This comprehensive inspection took place on 15 and 23 May 2018 and the first day of the inspection was unannounced. We told the provider when we would come back for the second day of inspection.

At the last inspection on 18 May 2016 the service was given an overall rating of Good, with a breach and requires improvement in Effective. The breach was in relation to staff not receiving regular supervisions or annual appraisals. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question 'Effective' to at least good."

At this inspection on 15 and 23 May 2018 we identified the provider had made improvements to the frequency and support provided in staff members supervisions and annual appraisals. Scheduled supervisions took place when planned and staff were encouraged to participate in the agenda, ensuring areas of interest were discussed during the supervision.

Supervisions were recorded and staff were encouraged to request additional supervision meetings as and when they felt necessary. Although there had been improvements in the frequency of supervisions, we also identified the process was not as person centred as it could be. We raised our concerns with the registered manager on the first day of the inspection. One second day of the inspection, the registered manager provided us with an update of supervision records, which were person-centred and tailored to individual staff members.

Joybrook 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.

Joybrook accommodates up to 15 people in one adapted building. Joybrook is a large residential house situated in a quiet road in the London borough of Lambeth. At the time of the inspection there were 14 people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff received training in safeguarding and whistleblowing, which enabled them to identify, report and escalate suspected abuse. Risk management plans identified known risks and gave staff clear guidance on how to mitigate risks in a safe manner. Changes to risk management plans were shared with staff members swiftly.

People's medicines were managed safely. Medicine records were completed correctly and staff confirmed

they received training in medicines management. People continued to be protected against the risk of cross contamination as the provider had robust infection control measures in place.

Staff continued to receive on-going training in all aspects of their roles and responsibilities. People and their relatives felt staff were well trained and could effectively meet their needs. Staff were confident any additional training they wished to undertake would be provided.

People's consent to care and treatment was sought prior to care being delivered. The registered manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were encouraged and supported to eat sufficient amounts of food and drink to meet their dietary requirements and preferences. People with specific dietary requirements were catered for in corroboration with guidance from healthcare professionals. People described the food as, 'very nice', and 'filling'.

People received care and support from staff that treated them with dignity, respect and supported their diversity. People were encouraged to acknowledge their culture and faith as they wished. People's privacy continued to be maintained.

Care plans were person centred and gave staff clear guidance on how to support people in a way they preferred. Care plans were based on service needs assessments, were developed with people, their relatives and healthcare professionals and were reviewed regularly to reflect people's changing needs.

Complaints were monitored and responded to swiftly. People confirmed they felt comfortable raising matters of concern and felt confident these would be acted on. Incidents and accidents were regularly reviewed to ensure lessons were learned.

People's views were encouraged and sought regularly to improve the service. Where views were shared and issues identified, these were acted on in a timely manner. The provider carried out regular audits to improve the service delivery. The registered manager continued to encourage partnership working with other healthcare professionals. Guidance given was then implemented into the delivery of care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains safe.

Is the service effective?

Good ●

The service was effective. The provider had made improvements to the supervision and appraisal process. Supervisions were carried out regularly and enabled staff to reflect on their working practices.

Staff received on-going training to enhance their skills and knowledge. Staff confirmed they could request additional training and this would be provided.

The registered manager had sufficient knowledge and adhered to the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards.

People had access to adequate amounts of food and drink that met their dietary needs and requirements.

People were supported by staff that recognised their diversity and encouraged them to follow their cultural and religious faith.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well-led.

Joybrook

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 was planned to check 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.

This comprehensive inspection took place on 15 and 23 May 2018 and the first day of the inspection was unannounced.

The inspection was carried out by one inspector.

Prior to the inspection we reviewed the information we held about the service. This included the action plan the provider submitted to tell us about improvements they would make in relation to issues identified at the last inspection; and the provider information return (PIR). The PIR 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.

During the inspection we spoke with three people, four staff members, the deputy manager and the registered manager. We reviewed four care plans, four staff files, the training matrix, maintenance records and other records relating to the management of the service.

After the inspection we contacted three relatives and two healthcare professionals to gather their views of the service.

Is the service safe?

Our findings

People told us they felt safe living at the service. One person told us, "Oh yes, yes [I'm safe], the staff look after me." A relative said, "Yes, [relative is safe], the staff look after [relative] so well."

People continued to be protected from avoidable harm and abuse as the provider had systems and processes in place that were reviewed regularly to ensure the care delivered was safe. Staff were aware of the different types of abuse, how to recognise abuse, report their concerns and escalate these if not dealt with appropriately by management. Staff confirmed they'd received training in safeguarding and were confident in how to whistleblow if needed. Staff also confirmed they'd been made aware of the providers safeguarding policy, which detailed the definitions of abuse, signs of abuse, reporting abuse and how records are to be maintained.

Risk management plans in place gave staff a step by step guide on how to mitigate identified risks. Risk management plans included, dietary requirements, mobility, accessing the community and personal care. Records confirmed risk management plans were reviewed monthly, to ensure any changes to identified risks were documented and shared amongst those delivering care and support. Where additional input was required, the provider sought guidance from healthcare professionals in the development of the risk management plan.

The service continued to monitor incidents and accidents to minimise repeat occurrences and to learn from mistakes. Assessed incident forms were shared with the relevant healthcare professionals to gather further guidance and support; and updates made to people's care plans and risk assessments where appropriate.

People's medicines were managed safely. One person told us, "The staff give me my medicine in the morning and at night. I'm inclined to forget otherwise." A relative said, "There doesn't seem to be any problems with [relatives] medicines." A healthcare professional told us, "It's taken a long time to get [the service] to recognise the signs of hypo in insulin dependent people. They know how to do this now. They monitor their blood sugar and will respond appropriately."

Medicine administration records (MARs) were completed correctly, with no gaps or omissions. Medicines were stored securely and only staff who received medicines management training were authorised to administer medicines. Care plans detailed people's requirements in relation to medicines management and the level of support people required to receive their medicines. Where the use of covert medicine administration was required, the provider had followed their legal responsibility in ensuring this was done lawfully. Staff were aware of the correct procedure to report any concerns related to medicines errors and how to minimise the impact on people.

People received care and support from adequate numbers of suitable staff. Prior to gaining employment staff were required to satisfactorily complete an interview, provide two references and undertake a Disclosure and Barring Services (DBS) check. A DBS is a check employers undertake to make safe

recruitment decisions. Staff records also contained, proof of address, photographic identity and where appropriate proof of their right to work.

People confirmed there were adequate numbers of staff to keep them safe. One person told us, "There are enough staff." A relative said, "Whenever I'm there, it seems to be there are adequate numbers of staff around." A staff member told us, "We always cover shifts, we are never understaffed." Another staff member said, "Yes the shifts are covered, but staff (from the office) need to cover [staff absence]. We could benefit from having additional staff when people are bed bound." Records relating to staffing ratios were clear and all shifts were filled. Where shortages of staff were identified, office based staff, the deputy manager and registered manager would often cover, to ensure safe staffing levels.

During the inspection we observed staff using Personal Protective Equipment (PPE) to ensure they were working in line with the providers policy. A staff member told us, "We're provided with aprons, gloves, wipes. We have a separate washing machine for soiled items and clinical waste bags." Another staff member said, "We talked about [providers] infection control policy during the last staff meeting, so we're [staff members] all aware of it." The providers policy gave staff clear guidance on hand washing, protective clothing, clinical waste, spillages and notifiable infectious diseases.

Is the service effective?

Our findings

At our last inspection on 18 May 2016, we identified the provider had failed to provide staff with regular one to one supervisions or annual appraisals to discuss their development needs and reflect on their working practice. The lack of regular supervision and appraisals meant staff did not receive full support in their role.

At this inspection on 15 and 23 May 2018 we found the provider had made improvements in supporting staff with their personal development and reflecting on their working practices. Staff received regular one to one supervisions with either the deputy manager or registered manager. Supervisions looked at what had gone well, what areas they had found challenging and any additional support or training they required. A staff member told us, "I found the supervision to be helpful, I learn what I need to improve on and can talk about any training I would like." Another staff member said, "I've had lots of supervisions, it feels like we have them every week."

Although we identified improvements had been made in relation to supervisions and appraisal frequency, supervisions were not as person centred as they could be. We shared our concerns with the provider on the first day of the inspection. On the second day of the inspection the registered manager had made improvements to the supervision information recorded. We were satisfied with the registered managers response.

Subsequent to successful employment, staff received a comprehensive induction. One staff member told us, "The induction was helpful in me getting to know my job." Staff confirmed they found the induction process beneficial to the role and enhanced their skills and knowledge. Inductions covered all aspects of staff roles, including for example, safeguarding, roles and responsibilities, expectations, emergency procedures and policies.

The service continued to enhance staff's skills and knowledge through regular training. Staff told us, "There's been lots of training and I'm doing my National Vocational Qualification (NVQ) level 5." Staff confirmed training included both classroom based and E:Learning, staff also said they could request additional training and this would be provided. Records relating to staff training showed staff had received training in for example, medicines management, safeguarding, Mental Capacity Act 2005, infection control and health and safety.

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.

We checked whether the service was working within the principles of the MCA. At the time of the inspection there were six people currently subject to a standard DoLS authorisation. Records confirmed the registered manager had followed legislation in obtaining DoLS authorisation and staff had adequate knowledge on

their responsibilities within legislation.

People confirmed staff sought their consent to care and treatment, prior to delivery. One person told us, "I like the freedom I have here." A relative told us, "Some of the care they [staff members] provide means they have to take the lead as [relative] has dementia. For example, personal care. She seems happy with that. I'm happy with them doing it that way."

People were encouraged to access sufficient amounts to eat and drink, that met their dietary needs and requirements. People confirmed they liked the food provided and were offered choices on the meals available to them. People who had specific dietary requirements were catered to, for example, people who had diabetes and those that had cultural or religious dietary requirements. During the inspection we observed the lunchtime in the dining room. We noticed staff offered people choices, the option to have additional food if they wished and encouraged people to eat at a pace that suited them. There was a relaxed atmosphere and people were observed laughing and joking amongst themselves and with staff members.

People continued to be supported to access a wide range of healthcare professionals to monitor and maintain their health and well-being. People confirmed they had access to the G.P, optician, chiropodist, district nurse and social workers. During the inspection we observed a district nurse and a physiotherapist visit the service to deliver support. Care plan records confirmed what people told us.

Is the service caring?

Our findings

People and their relatives told us they were happy with the care and support they received at Joybrook. One person said, "[Staff] are pleasant and helpful. They talk to you and listen to us. They would reassure you if you needed it." A relative said, "I cannot look after [relative] and I'm satisfied with the care [relative] receives at Joybrook." A Healthcare professional said, "Yes, the staff are caring and respectful towards the service users."

People told us they received support that included emotional support. We observed one person who appeared slightly agitated, staff were attentive to their needs and gave them reassurance and support to remain calm and share their concerns. Throughout the two day inspection we also observed staff speaking with people in a compassionate and empathetic manner. Staff knew the people they supported well and had developed positive relationships, whereby people appeared at ease in the company of staff.

During our discussions with staff over the two day inspection, staff spoke of the people they supported in an incredibly compassionate and dignified manner. It was abundantly clear that staff valued the people they supported and thought highly of them.

People continued to receive support from staff that treated them with dignity and respect. Staff were aware of the importance of maintaining people's dignity and throughout the inspection we observed staff treating people respectfully, knocking on people's room doors and talking to people in a way that maintained their dignity. For example, supporting one person to understand the need to dress appropriately in line with the hot weather.

People's views on the care and support they received was sought and encouraged through quality assurance questionnaires, service user meetings and general discussions. During the inspection, we observed staff members seeking people's opinions and views and doing so in a respectful and patient manner. For example, what they wanted to do next and if they wanted direct support from staff to achieve this.

People were encouraged to follow and engage in their cultural and religious beliefs as and when they wished. Care plans documented people's cultural needs and gave staff clear guidance on how to support them to maintain their faith. One relative told us, "The vicar visits [relative] at the service at least once a month and the staff are accommodating, very much so." A staff member said, "I take someone to the church on a Sunday. We have people here who cannot eat certain food groups due to religious reasons and we support that." Where people were able to attend services in the local community, this was facilitated.

People's confidentiality continued to be respected. During the inspection we observed staff speaking to people quietly ensuring they weren't overheard. Information was stored securely in a locked office, only those with authorisation had access to the confidential records.

Is the service responsive?

Our findings

The service continued to maintain person-centred care plans. One person told us, "I've been very lucky, I've fared well here. I've not see a care plan but the staff do ask me how I want to be treated." A relative said, "They [the service] have shared the care plan with me and they ask for my views and implement them." Care plans were comprehensive and detailed all aspects of people's lives and the support they required, for example, likes, dislikes, life history, goals, social, emotional, physical and health needs. Records confirmed where people had requested a copy of their care plan, this had been provided.

Care plans were devised by the information gathered during the service needs assessment carried out by Joybrook and information shared by the local authority funding the placement. The service needs assessment identified the needs of the individual and what support was required to meet their needs. Staff confirmed they read people's care plans regularly and through conversations with staff, it was apparent they knew people well. Care plans were reviewed on a monthly basis and updated as and when required, this was then shared with the staff team to ensure the support provided was current and in line with the person's wishes.

People whose first language was not English or those who were observed as finding it difficult to express their needs, were supported to do so in their preferred method. Information was shared with people in a way they understood and in line with good practice. During the inspection we observed staff supporting people to understand the information provided; and were given time to process that information prior to providing an answer, or making a decision. One person who was unable to effectively communicate verbally, was supported by the staff to do so through visual aids. The service had liaised with healthcare professionals to support the communication and by doing so, were able to meet the person's needs.

People continued to be engaged in a range of activities provided by the service. One person told us, "I'm happy doing the activities here." Another person said, "We do have activities, like bingo but I find that boring. You do get to go out if you want to and I'll go out if I choose to." During the inspection we reviewed the activities provided by the service and found these included, in house board games, sing along and music and movement provided by an external organisation. Where possible, people were encouraged to access the community and engaged in activities such as, the Salvation Army, shopping, walks in the park and trips to the theatre.

Although activities were provided, people were not always aware of what activities were available. We shared our concerns with the registered manager, who on the second day of the inspection had implemented an activities board, which gave people a visual cue as to what activities they could choose to participate in.

People continued to know how to raise their concerns and complaints. People told us they would feel comfortable sharing their concerns with both staff and management if the need arose. For example, one person told us, "If I had a complaint I would tell them. I'd be the granny grump, but have never needed to complain." The provider had a complaints policy in place. We reviewed the

complaints policy and identified there had been two complaints in the last 12 months. Complaints received were reviewed by the registered manager and swift action was taken to reach a positive resolution for those involved.

People's end of life care wishes were documented. We reviewed the information contained in people's end of life care records and found these were not as person centred as they could be. We shared our concerns with the registered manager who told us, they worked in partnership with St Christopher's Home Care palliative team, to deliver person centred end of life care and support. On the second day of the inspection, the registered manager provided us with an updated end of life care plan that had been completed. This contained more personalised information and guidance for staff supporting people at the end of their lives. The registered manager also told us they would continue to work with St Christopher's and ensure they completed an in-house comprehensive end of life care document. We will review this at our next inspection.

Is the service well-led?

Our findings

We received mixed feedback about the registered manager and management team as a whole. One person told us, "[Registered managers] nice enough." A relative said, "I know two of the managers. They do their job efficiently and appropriately." Although people and their relatives spoke positively about the management team, staff comments included, 'They [management] don't communicate that well with us [staff members]', 'It's hard to speak to management, they become defensive' and 'Sometimes they just expect you to do things and want it done right there and then, you're already busy doing your job and have no time.' Despite these comments, during the two day inspection people appeared at ease in the deputy and registered managers company and sought their guidance and support throughout the inspection.

The service had a relaxed atmosphere, people were observed laughing and joking with one another and in their interactions with staff members. People were free to walk around the communal areas as they pleased and the service had a 'homely' feel. People also confirmed they were encouraged to have friends and relatives visit as and when they wished with limited restrictions.

The service notified the Care Quality Commission of safeguarding and statutory notifications in a timely manner.

The registered manager continued to carry out regular audits of the service to drive improvements. Audits included, for example, food safety, care plans, staff files, medicines management and health and safety. Weekly audits were reviewed by the registered manager and action taken to address these was taken in a timely manner. For example, we reviewed the maintenance audit and found issues relating to broken items had been addressed swiftly.

People and their relatives were encouraged to share their views of the service delivery, through regular and well attended house meetings and quality assurance questionnaires. Questionnaires were sent out throughout the year to people, their relatives and healthcare professionals. Upon receipt of the completed questionnaires, action was taken to address any identified concerns. For example, one person wanted a copy of their care plan which was then provided. We reviewed the questionnaires for four people and found these contained positive comments, and sought feedback on, health, care plans, nutrition, management and staff.

The registered manager told us the service was keen to maintain and develop relationships with outside agencies, to enhance the care and support people received. The registered manager was steadfast in her activism in ensuring people were able to access additional support from external agencies. A healthcare professional told us, "When [the service] need guidance they will ask us what they should do to do it better. They listen to our advice and they put it into practice." The registered manager regularly attended a 'Providers Forum', which enabled her to liaise with other providers and registered managers, to share ideas and new ways of working.

