

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

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September 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Jooma Care Homes Limited
Registered Manager	Mr. Yusuf Oomar Jooma
Overview of the service	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

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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'.

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Summary of this inspection

Why we carried out this inspection

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 unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 16 August 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We found before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. On the day of our inspection there was one person living in the service, they told us "they ask me what I want to do all the time."

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. One person we spoke with told us they felt "safe". One staff member we spoke with told us they knew how to respond to safeguarding adults concerns and they would report concerns to the manager.

We found there was an initial assessment and a support plan which set out how the person would be supported by staff to their outcomes. People were risk assessed to ensure they were not at risk of harm. One person told us they received "good" care from the service and staff.

The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained. We found the layout and design of rooms to be suitable to meet people's needs.

There were effective recruitment and selection processes in place. We found staff files we reviewed contained application forms which staff had completed which included their skills and experience for the roles they would be undertaking and the interview forms.

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. There was documentary evidence the views and opinions of the person who used the service were recorded and acted on.

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

More information about the provider

Please see our website 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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. One member of staff we spoke with told us they understood they had to obtain consent before delivering care. They told us "I ask X everything, he tells you what he likes and what he doesn't like."

We reviewed one care plan. There was a signed 'service-user' agreement which set out the care and support which would be provided. We saw there were other documents related to the person's care and treatment which had been signed by them. They confirmed they had signed the documents. We spoke to the person using the service they told us "they ask me what I want to do all the time."

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

Our judgement

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.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We reviewed one care plan. We found there was an initial assessment and a support plan which set out how the person would be supported by staff to their outcomes. One person told us they received "good" care from the service and staff. There was evidence of involvement from other health professionals including a GP and chiroprapist.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The care plan we reviewed contained risks assessments. Risk assessments we examined included risk of abuse, self-harm and health need. There were management plans in place to ensure the person's safety was monitored and managed appropriately by staff.

There was a health action plan in place, a document which sets out a plan of activities to keep people fit and healthy. X told us "I do keep fit, I do a lot of walking and travelling."

There were arrangements in place to deal with foreseeable emergencies. One member of staff told us how they would respond to an emergency. For example calling the emergency services for an ambulance or the police. The manager told us staff were first aid trained. Files we reviewed verified this.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider had a safeguarding vulnerable adults policy in place and was also using the local authority's safeguarding policy. One person we spoke with told us they felt "safe" in the service.

One staff member we spoke with was knowledgeable about the different types and signs of abuse. They were able to give examples of the different signs. For example bruises, withdrawn or quiet demeanour. They told us they would report allegations of abuse to the manager. The manager told us they ensured staff had safeguarding training. We saw evidence in staff files to verify this.

Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained. We found the hallway to be clear and free from obstructions. The main lounge was suitably furnished with a sofa and armchairs. We were told the floors were recently laminated and the carpets replaced.

One out of three bedrooms was occupied. We entered all the rooms, with permission and we saw they suitably designed and laid out. The rooms looked well maintained and there was enough furniture available, including chest of drawers and cupboard for people's personal possessions. We found the ensuite bathrooms in the rooms were clean, tidy and suitably maintained.

We found the dining area had a table and suitable number of chairs. We entered the extension towards the back of the home. We found there were some maintenance issues which needed to be addressed. For example there were areas of the extension which needed to be painted and ceiling panels which were not fully secured. We raised with the manager the general decor of the extension, we were told they would be addressed immediately. The provider noted our comments in their communication book. The provider may like to note they need to ensure the premises are adequately maintained to ensure the safety and suitability for people who used the service and staff.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Appropriate checks were undertaken before staff began work. We reviewed three staff files. We found documentary staff listed at least two references, one personal and one professional, we found criminal record checks had been undertaken to ensure people were of good character and suitable to work with vulnerable adults and proof of address had been provided. For example a bank statement.

There were effective recruitment and selection processes in place. One staff member told us they completed an application form and had an interview before they started. Staff files we reviewed contained application forms which staff had completed which included their skills and experience for the roles they would be undertaking and the interview forms.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. There was documentary evidence the views and opinions of the person who used the service were recorded and acted on. For example taking them on holiday.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. We reviewed the accident and incident folder, we saw where incidents had occurred they were recorded and investigated. We saw documentary evidence incidents were raised with staff to ensure they were monitored and changes were made in the care provisions.

There was a system in place for the provider to assess and monitor the quality of the service. We reviewed the findings of a medications audit. There were no issues raised. There was documentary evidence the provider had begun to review the quality of the service and contracted a consultant. We reviewed minutes of the 'continuing quality improvement' meeting and actions to be taken. There were still some actions to be implemented against the time lines stated.

The provider took account of complaints and comments to improve the service. There was a complaints policy in place. One staff member told us they would act on complaints if they were made. We reviewed the providers complaints file, we found there were no complaints made for 2013. There were comments from the person living in the home which we saw were acted on. The person we spoke with they had "no complaints" and that their comments were listened to by staff.

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.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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