

Juga Homes Ltd

# Juga Homes Domiciliary Care Service

## 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

### About the service

Juga Homes Domiciliary Care Service is a domiciliary care agency. It provides personal care and support to people living in their own homes. At the time of the inspection one person was using the service.

### People's experience of using this service

The provider had a safeguarding policy and abuse reporting processes in place at the service. Staff were trained in safeguarding and understood the different types of abuse.

People's individual care and support needs were identified and assessed. The information was used to develop an effective plan of care so people received support that met their individual needs.

Risks associated with people's needs were identified and assessed with a plan put in place to mitigate those risks found.

There was an effective system for the management of people's medicines. Records used in the administration of medicines were completed accurately and reviewed for completeness.

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

People arranged social activities independently but were supported by staff to discover new hobbies. When required staff supported people with the preparation and cooking of meals that met their individual preferences.

People were confident to make a complaint about the service if they were unhappy. People gave positive feedback about the staff, care received and of the management of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Rating at last inspection and update

This service was registered with us on 22/01/2019 and this is the first inspection.

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings.

**Good** ●

### **Is the service well-led?**

The service was well led.

Details are in our well led findings below.

**Good** ●

# Juga Homes Domiciliary Care Service

## **Detailed findings**

## Background to this inspection

### 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.

### Inspection team

This consisted of one inspector.

### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

### Notice of inspection

We gave the provider 48 hours' notice because we needed to ensure somebody would be available to assist us with the inspection. Inspection activity started on 11 December and ended on 24 December. We visited the office location on 11 December to see the registered manager and to review care records and policies and procedures.

### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the registered manager and one care worker. We reviewed a range of records including one person's care record, two staff files and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with one person about their experience of care provided.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff provided safe care and people were comfortable receiving support from them. A person told us they felt safe with the care worker who supported them daily.
- The provider had safeguarding processes and a policy in place that was followed by staff to keep people safe from abuse. Staff completed training in safeguarding which helped them to gain an understanding of the types of abuse and how to reduce the risk of abuse.
- The registered manager confirmed there were no safeguarding allegations at the service. They described the process they would take to investigate and report allegations to the local authority.

Using medicines safely

- People had their medicines managed by staff in a safe way. Records showed that people had a list of their medicines in their care records.
- Staff encouraged people to manage their medicines independently if they were able to. Staff assessed people's abilities and whether they could manage their medicines safely and independently, the outcome of the assessment was recorded in their care records.
- Each person had a medicine risk assessment that identified whether they had specific risks in relation to allergies or the risk of the misuse of medicines. Actions staff would take to support this person were also recorded.
- Staff completed Medicine Administration Record charts (MARs) once a person had taken their medicines. MARs were audited for their completeness and the sample we looked at were accurate and had no unexplained gaps in them.

Staffing and recruitment

- The provider had robust recruitment processes in place to recruit suitable experienced members of staff to work with people. Pre-employment checks completed included job references, proof of the right to work in the UK and a criminal record check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working in care services.
- Staff were deployed to meet people's individual needs and this was reflected in the staff rota. People had regular care workers who visited them. A person said, "[Care worker] is really good she/he helps me a lot."

Assessing risks, safety monitoring and management

- Staff completed risk assessments for each person receiving services. The assessment identified potential risks associated with people's health and well-being needs including their mental health needs. A detailed

risk management plan was put in place for staff to follow that guided them to protect people from and to mitigate those risks. These plans were updated when people's needs changed.

- People had a risk assessment of their home environment completed by staff to ensure potential risks associated with the home environment were identified and managed. This ensured people and staff working in the home were safe.

Learning lessons when things go wrong

- The provider had systems in place to record accidents and incidents that occurred at the service. The monitoring of incidents at the service enabled the registered manager to identify patterns and reduce any risks. At the time of the inspection no incidents or accidents had occurred.

Preventing and controlling infection

- The provider had an infection control policy staff followed which helped to protect people from the risk of infection. Staff had access to Personal Protective Equipment (PPE) including gloves and aprons to help reduce the risk of infection and cross contamination.
- Staff had completed training in hygiene which helped people receive safe care. Staff followed best practice and guidance in preparing and cooking meals in line with food safety standards and guidance for the handling, preparation, and supporting people with the storage of food in ways that reduced the risks of food-borne illness.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Each person had an assessment that identified their needs and the support required to meet their individual requirements. People's assessments identified areas they needed support including, medicine management, personal care, health and mental health.
- The information from assessments helped staff to develop a plan of care that was used by staff to provide safe and appropriate care for people. Care records were updated when people's needs changed and following a review of their care.
- The registered manager acted on the guidance of the Equality Act (2010) including recognising the protected characteristics such as religion, culture, sexuality needs protected in the were respected. Staff had completed training in equality and diversity and LGBT+ needs and had a clear understanding of how to support people who had any specific needs.

Staff support: induction, training, skills and experience

- The provider had systems for staff induction, training, supervision and appraisal. Newly employed staff completed an induction on employment at the service. This allowed staff to become familiar with the service and the people they would support.
- Staff completed training which supported them in their roles. Training included the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Other training included safeguarding, first aid, medicines management and infection control. A member of staff said, "I enjoy the training, it is really good."
- The registered manager arranged meetings with staff, so they were able to review their performance. Staff had supervision and a yearly appraisal which were used to discuss their daily practice, identify their developmental needs and to reflect on their individual achievements.

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

- People had meals and drinks that met their needs. Staff supported people with the preparation food and drinks to meet their individual preferences when this was required.
- Care records detailed the foods that people enjoyed so staff were familiar with these preferences.

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

- Staff made arrangements for people to access health and social care services to meet changing needs. When a person's mental health needs had changed contact was made with the Community Mental Health

Team (CMHT). The CMHT offers support to people living in the community who have complex or serious mental health problems for advice. Staff made referrals to the GP for treatment or for an appointment in an emergency.

- Care records were updated when people had contact with health care professionals. This helped staff keep up to date with people's current needs and the support they required.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- A person confirmed that staff asked them for their consent before being supported.
- People were encouraged by staff to make decisions about how they received care and support.
- Staff had training in MCA and understood how to support a person in the least restrictive way and within the legal framework of the MCA. No one using the service had care provided within the MCA.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff understood the needs of the people they supported, these relationships enabled people to receive appropriate care. Feedback was positive and a person said that staff treated them well.
- People's care records contained details of their lives before receiving care, which gave staff a good understanding of people's individual needs. Discussions we had with a person using the service and staff showed there was mutual respect.

Supporting people to express their views and be involved in making decisions about their care

- Staff encouraged people to become involved in their assessments and they contributed with information to develop their individual plan of care. People's decisions made for example, a request for a specific time of their care visits was respected by staff.
- A person said staff were approachable and they felt confident to discuss any concerns they had regarding their care. Staff had made changes to the care delivery in accordance to people's individual choices.

Respecting and promoting people's privacy, dignity and independence

- People said care and support was delivered in a way that was respectful. Staff followed people's care plans and asked the person how they wanted their care provided on each care visit.
- Care and support were carried out by staff who protected the person's dignity and privacy. Staff understood how to ensure people were treated in a dignified way and to protect their rights.
- People's care record contained details of their individual abilities and what aspects of their care people could do independently.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had assessments of their needs completed by staff before receiving a service. Assessments explored people's lives including their life histories, hobbies, mental health, physical care needs and any medical conditions. This helped staff to understand people and their identified needs so care and support could be tailored to meet those needs effectively.

- Staff kept clear records of how they provided care and support to meet people's needs. Daily logs were kept when staff provided care for people. These records also detailed how people responded to their care. The registered manager reviewed these records to ensure people received their assessed care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager worked with people to maintain relationships with relatives if this was agreed with people using the service. Once consent was given staff spoke with relatives and kept them updated with their family member's care and support as required.

- Staff and people had developed relationships with each other and knew each other well. One care worker said, "When [person] is unwell I know straight away, because there are some changes I notice. I tell the manager when that happens."

- People managed their social activities independently and went out into their local community as they chose.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff recorded people's communication needs in their care records, so staff had this information available to them. The registered manager had access to large print and easy read documents for people who needed information.

Improving care quality in response to complaints or concerns

- The provider had a system to enable complaints about the service. People and relatives had copies of the complaint process when they began using the service. A person said, "I have no complaints", but understood how they would make a complaint if they wanted.

- At the time of the inspection there were no complaints made about the service. The registered manager

had a system for recording and managing complaints as necessary.

#### End of life care and support

- At the time of the inspection no one using the service required end of life care. Care records contained details of people's end of life care views and wishes and staff understood who to contact at that time.
- Staff had completed training in end of life care which gave them an understanding of how to support people when they required this specialist care.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and staff gave positive feedback about the registered manager. They said they were supportive and helpful to them. A member of staff said, "The [registered manager] will give advice when you need help."
- The registered manager understood their responsibilities to the Care Quality Commission (CQC). All incidents of concerns were reported to CQC as legally required.
- The registered manager understood their responsibilities regarding the duty of candour and to share information when concerns are raised or when things go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was clear about their role with the management of the service. The registered manager had oversight of the service and could take action promptly if required.
- The registered manager monitored and reviewed the quality of the service. There were regular checks, including safety, risks, care records and medicine administration records. These checks enabled the registered manager to identify areas for improvement and shared these with staff to drive the development of the service.

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

- The registered manager had systems in place for people and their relatives to give feedback about the service. Records showed and a person gave us positive feedback about their experiences of receiving care and support.
- Staff attended team meetings which provided them with learning opportunities, to meet the registered manager and other colleagues to discuss any developments in the service and to share their work experiences.

Continuous learning and improving care

- The registered manager described the changes in the service which involved improving their knowledge to improve their effectiveness at the service. The registered manager completed training and the provider

attended engagement meetings with the local authority. This helped the provider to gain knowledge and share ideas to improve the service. For example, the provider had plans to develop the service while working with local services.

#### Working in partnership with others

- The registered manager and staff had developed working relationships with staff in the local authority and health care services. This relationship helped the registered manager to make referrals to mental health services, so people received appropriate care, advice and coordinated care.
- The registered manager had developed working relationships with local voluntary services. They provided an advocacy support service and practical support for people living in the local community. This support benefitted people using services because they were also able to access this support.