

Jewish Care

Jack Gardner House

Inspection report

184-186 Golders Green Road
Golders Green
London
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Tel: 02087310300

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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

Jack Gardner House is a care home registered to provide accommodation, personal care and support for up to 15 adults with mental health issues. The home is operated and run by Jewish Care, a voluntary organisation. On the day we inspected there were 15 people living in the home.

People's experience of using this service

People were very happy living at the home because they felt safe and all their needs were met by kind and caring staff. Relatives were pleased with the service provided to their family members and staff enjoyed working at the home.

Everyone we spoke with praised the registered manager and agreed that they were approachable, knowledgeable, fair and did their job well. A staff team who worked well together supported the registered manager. The provider employed enough staff to make sure people's needs were met in a timely way. The provider had designed a recruitment process to make sure they only employed suitable staff.

The staff team was committed to providing a high-quality service and keeping people safe. They had undertaken training in a wide range of topics so that they were skilled and knowledgeable to effectively meet people's needs. Staff understood their responsibilities to report any concerns.

Staff encouraged people to be as independent as possible and respected people's privacy and dignity. All staff welcomed relatives and visitors warmly and treated them as part of 'the family'.

Staff knew people well. They followed the guidelines in each person's care plan so that they delivered care and support in the way each person wanted. Staff managed the risks to people's health and welfare well.

The home was extremely clean, modern and well maintained. Staff used effective infection control measures to protect people from the spread of infection.

The home kept accurate records of medicines and staff were competent in administering people's medicines.

The service had appropriate documentation in place in relation to consent and compliance with the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The registered manager actively sought the views of people and their relatives about the running of the home and they dealt promptly with any concerns that people raised.

The provider had a thorough system in place to monitor and improve the quality and safety of the service provided.

More information is in the full report.

Rating at last inspection

At the last inspection we rated this service Good. The report was published on 11 October 2016.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated Good.

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 remains effective.

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.

Jack Gardner House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

One inspector, a specialist mental health advisor and an expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Jack Gardner House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and we looked at both during this inspection.

The home 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 carried out the inspection visit on 2 April 2019. It was unannounced.

What we did

Before the inspection visit we looked at information we held about the home and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home that the provider is required by law to let us know about. On 5 September 2018, the provider had sent us a completed 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 our inspection we observed how the staff interacted with people who lived at the service. We spoke with five people who lived there and two people's relatives. We spoke with three care support staff, the deputy manager, the registered manager and the chef.

We looked at seven people's care records and four staff files as well as other records relating to the management of the home.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt people were safe at the home. One person said, 'I never felt safer. A relative told us, "My son feels very safe and happy here."
- A member of staff told us, "We can identify all the risks of abuse, most people here can freely express themselves."
- The provider had systems in place to protect people from abuse and avoidable harm. Staff knew what to do and to whom to report if they had any concerns about people's safety.
- The provider had displayed information on the notice boards about reporting any concerns.

Assessing risk, safety monitoring and management

- The registered manager assessed all potential risks to people and guidance were in place so that the risks were minimised. People who may be at risk of self-neglect, moving and handling, nutrition and hydration, medicines, smoking and mental health were identified.
- We found a number of ligature points around the home particularly on the nurse call system. A ligature point is anything which could be used to attach a cord, rope or other material for hanging or strangulation. We saw that some of these were over beds and in bathrooms where vulnerable people spent time alone, including people who have a history of suicide. We discussed this with the registered manager who told us they would remove these immediately. After our inspection, a risk assessment in relation to ligature points was also sent to us.
- The building was well maintained, the service had their own maintenance person and we found that all maintenance certificates were up to date and in place.
- Each person had a Personal Emergency Evacuation Plan in place so that staff and others such as the fire service would know how to help evacuate the person in an emergency. A fire risk assessment was in place and staff tested fire safety equipment regularly as required.

Staffing and recruitment

- The registered manager followed a recruitment policy so that they were as sure as possible that people were suitable to work at this service. They carried out criminal record checks and references.
- People told us that there were enough staff to meet people's needs and keep people safe.
- The service also deployed a number of volunteers and health and social care students.
- A member of staff told us: 'We have enough staff to spend time with people. In mental health, communication is 100% of the job, so you must know your service users.'

Using medicines safely

- The majority of people were encouraged and able to administer their own medicines.
- People were happy with the way staff gave them their medicines.

- Staff had undertaken training so that they could give people their medicines safely and as they had been prescribed.
- Staff managed medicines well. The provider had supplied appropriately secure storage, at the correct temperature, for medicines.
- We checked a random sample Medicine Administration Records (MAR) and found no gaps which meant medicines had been administered as prescribed.
- A member of staff told us "We take medication very seriously, it is a big responsibility and I am very careful. We have support."
- MARs contained sufficient information such as photographs and allergies of each person to ensure safe administration of their medicines. MAR sheets were completed accurately.

Preventing and controlling infection

- The provider had systems in place to make sure that infection was controlled and prevented as far as possible.
- We found the home to be immaculately clean, modern and welcoming.
- Staff had undertaken training and were fully aware of their responsibilities to take appropriate measures to protect people from the spread of infection. They followed good practice guidelines, including washing their hands thoroughly.

Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents and understood how to use them as learning opportunities to try and prevent future occurrences.
- The management team would review risk assessments and care plans following incidents to prevent re-occurrence.

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.

Good: 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

- People and their relatives confirmed that the registered manager had assessed their needs before they offered them a place at the home.
- The registered manager considered protected characteristics under the Equality Act. For example, she asked people about any religious or cultural needs they had so that they could plan for those needs to be addressed.
- The registered manager told us that they kept up to date with good practice in many ways, including attending meetings with the providers head office and reading numerous publications. This ensured that staff delivered care in line with all relevant guidelines.

Staff skills, knowledge and experience

- Staff had undertaken training in a range of topics so that they could do their job well. Staff said that the registered manager reminded them when they needed to do their refresher training. The registered manager arranged further training that staff requested.
- Most staff had been supported to gain nationally recognised qualifications in social care.
- People received very effective care, based on best practice guidance. Staff had an in-depth knowledge of people's care and treatment needs and were skilled and confident in their practice. A member of staff told us, "We have lots of training and the standard is very good."
- All staff felt very well supported. They had supervisions and appraisals and told us "[registered manager]'s door is always open."
- New staff underwent a thorough induction, which included shadowing more experienced staff. A member of staff told us that new staff had training before the registered manager allowed them to be "hands-on."

Supporting people to eat and drink enough with choice in a balanced diet

- The service employed a full time chef and provided Kosher meals for all the residents.
- People told us they enjoyed the food and there was always a good choice. Menu planning meetings were held monthly.
- The chef knew people's individual likes and dislikes as well as whether a person had any food allergies. They provided special diets for people, including reduced-sugar puddings and foods fortified with extra calories if people were at risk of losing weight.
- People had an initial nutritional assessment completed on admission to the home and people's dietary needs and preferences were recorded, along with any known allergies. Where a specialist diet was required the provider has sought guidance from speech and language therapists and from dieticians.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with other agencies such as the local mental health services to make sure that people's needs were met.

Supporting people to live healthier lives, access healthcare services and support

- Staff worked in partnership with people, other professionals and continually developed their skills. Staff spoke confidently about the care practices they delivered and understood how they contributed to people's health and wellbeing.
- People told us "The doctor's surgery is just next door." And "I had a headache, my blood pressure was taken."

Adapting service, design, decoration to meet people's needs

- The home had been refurbished and adapted to meet the changing needs of people who had come to live at the home.
- The provider worked hard to make sure that they decorated and furnished the home to meet people's needs. They involved people living at the home in decisions about changes to the environment.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found there was no one subject to a DoLS who was living at the home. Staff had undertaken training about the MCA and DoLS and were aware of how this legislation affected their work. Staff asked people for their consent before they provided any support and they offered people choices in all aspects of their lives. One member of staff said, "people always have a choice and most people here are independent, sometimes you have to remind them kindly "and another told us, "people can come and go as they please."
- The service had signed consent forms for people using the service including using photo, sharing of personal information and medicine records. There were clear records in the care plans on people's ability and capacity to make decisions.

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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We observed kind, compassionate and attentive care throughout our inspection. The atmosphere was warm and welcoming and visitors commented that they were always made to feel welcome.
- We observed that when staff noticed a person becoming anxious, they immediately went to comfort and calm them.
- One person told us, "The staff are very caring, my privacy is as good as it can get." and a relative told us, "He feels like everyone cares for him. He feels he lives in a nice and secure home."
- Staff told us how they made sure people's privacy and dignity was respected. They said they knocked on doors and asked people for their permission before entering their rooms. They tried to maintain people's independence as much as possible by supporting them to manage as many aspects of their care that they could.

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

- The registered manager told us that everyone who lived at the home had families who were able to help them, if they needed help, with decisions about their care.
- Information about advocacy services was available to people if they wanted an independent person to help them with their affairs.
- Staff told us that most of the time they had time to sit and chat with people to make sure that each person had everything they needed.
- Staff had all been trained in the Jewish way of life and a rabbi visited often to provide people with support for their spiritual needs.
- A staff member told us, "I speak Hebrew to most of them that understand the language."

Respecting and promoting people's privacy, dignity and independence

- Staff did not talk about people in front of others and they made sure that they stored any confidential information about people securely.
- Staff encouraged people to be as independent as they wanted to be. Care plans included what the person could do for themselves and guided staff to help the person retain their skills.
- The staff team always made visitors and relatives very welcome. A person using the service told us, "I am helped to keep in touch with my family. My son came last week and took me to Pizza Express."
- The service benefited from a team of volunteers that supported people pursuing their hobbies and activities.

Is the service responsive?

Our findings

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

Good: 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

- Each of the people living at Jack Gardner House had a written care plan which was personalised to make sure it met their individual needs. People were involved in planning their care and reviewing the plan regularly to make sure it still met their needs.
- Care plans gave staff guidance so that staff knew each person's individual likes and dislikes.
- Care plans included details of mobility, meals, personal hygiene, sleep, social activities communication and cognitive impairment. There were also clear details of relapse indicators, identified intervention strategies and contact details for various external agencies involved in people's care.
- There were scheduled activities organised, such as music therapy, cookery, playing board games and meals out. Some people also did voluntary work and attended college courses.
- The service worked with Jami (the mental health service for Jewish community) in accessing their student occupational therapist on a placement. The student occupational therapist worked with people in enabling them to become independent. They conducted individual assessments, and provided staff with awareness workshops, regimes and tools that supported people in their behavioural management and gaining independent living skills. The student occupational therapist also delivered confidence workshops to people and thereby, developing their self-confidence.
- People told us they enjoyed the activities on offer. A person using the service told us, "There is always enough to do and I do voluntary work at head office."
- A member of staff told us, "They have a lot of activities in the community, they go to Jami centre to socialise. They have cookery activity, dance class and IT training."

Improving care quality in response to complaints or concerns

- There was a guide to the service and information on making a complaint displayed at the entrance hall. The registered manager had a log for complaints so that she could analyse any patterns.
- People and their relatives told us that they had never had to formally complain. Relatives told us, "He is able to talk to staff about his concerns" and "he has never complained about anything."
- People and their relatives were comfortable raising any issues. They were confident that the registered manager would address and resolve these quickly.
- People were also actively encouraged to raise their concerns or complaints through weekly residents' meetings.

End of life care and support

- The service had an end of life policy and worked to support people to remain at the service for as long as possible with the support of community health professionals.

- Care plans provided personalised information regarding the support people wished to have during their end of life 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.

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People, their relatives and staff all made very positive comments about the service and all said they would happily recommend the home. A relative told us, "The house is like a role model. They treat everyone with respect. They want to do the best for each person here" and "Yes, I will recommend this place to anyone else."
- Staff were fully aware of their responsibility to provide a high quality person-centred service. Staff told us, "The manager is being very supportive of the residents". And "The team is wonderful and we have the best manager ever."
- The registered manager promoted transparency and honesty. They had a policy to openly discuss issues with relevant parties if anything went wrong.

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

- The registered manager provided very strong leadership and everyone we spoke with said they liked and respected them.
- Staff were happy, and proud to be working at Jack Gardner House. One member of staff told us, "I know I can always voice my opinion and it is always valued. X is one of the best managers I've ever had. She's very encouraging and supportive."
- The registered manager understood their legal duties and submitted notifications to CQC as required.
- The provider had a quality assurance system in place. The provider made regular visits to the home to check that the service was providing high quality care. The management team and the provider carried out audits of various aspects of the service such as medicines, health and safety and care records. Any shortfalls were actioned.
- Regular unannounced visits were carried out by managers, including out of hours.
- We also saw our latest CQC inspection report, summary and rating was on display available for people to read in the home. In addition, the inspection rating and a link to the report was available on the registered provider's website. The display of the rating is a legal requirement, to inform people who use the service and those seeking information about the service of our judgments.

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

- The provider and staff team encouraged people and their relatives to express their views about the running of the service. Regular residents' meetings took place. Staff felt involved in the running of the service and

had opportunities to have their say about how the service could improve. Staff attended regular staff meetings and one-to-one supervisions and there was an open door to the office. A member of staff said, "We can always voice our opinions – I feel listened to."

- The provider sent surveys to people, relatives and staff each year. A recent survey showed that all relatives were all very satisfied with all aspects of the service that staff were providing. A relative commented, "Being in Jack Gardner has totally changed my son's life, from years of deep depression and social isolation, he is now happy and thriving."

Continuous learning and improving care

- The registered manager told us that the service was continually striving to improve. She discussed any issues with staff and put action plans in place to monitor and drive improvement.

Working in partnership with others

- Staff and the management team worked in partnership with other professionals and agencies, such as the GP and mental health professionals.
- The registered manager also worked with local Jewish and non- Jewish organisations to improve accessibility and opportunities for the people using the service in areas such as employment, volunteering, independent living and peer support groups.