Service To The Aged

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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:
Service to the Aged (Sage) is a residential care home providing personal care, nursing and accommodation to 60 people of the Jewish faith. The service has two floors offering nursing care and one floor with a focus on supporting people with dementia. At the time of the inspection there were 58 people living at the service. The service also offers a respite service.

People's experience of using this service:
People told us staff were kind and caring. We witnessed kind interactions between staff and people at the service.

Care plans and risk assessments were comprehensive and up to date. People were safeguarded against the risks of abuse and harm by the systems in place and by the staff. Risks to people were assessed and mitigated. There were enough staff to meet people's needs and provide flexible, responsive care.

The service was person-centred and staff understood people's needs and preferences well. Medicines and staff recruitment were safely managed. The service was clean with infection control processes were in place. People were supported to access external health professionals to help promote good health and wellbeing.

Staff undertook training and received regular supervision and told us they felt well supported by the registered manager.

The registered manager and deputy ensured the service provided good quality care through a range of checks including quality audits in key areas. The building was safely maintained.

The service encouraged inclusion with the local community by facilitating daily religious prayer services and encouraging involvement of friends and family at the service. In addition, at the care home a range of activities took place.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection:
The last rating for the service was good (published 21 June 2017).

Why we inspected:
This was a planned inspection based on the previous rating.

Follow up:
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 below.	Good
Is the service well-led? The service was well-led. Details are in our Well-Led findings below.	Good

Service to the Aged

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. This inspection was planned 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:
The inspection was carried out by two inspectors, a nurse specialist advisor and two Experts by Experience. 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:
Sage 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.

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:
This inspection was unannounced.

What we did before the inspection:
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection:
We spoke with 17 people at the care home and five relatives who were visiting to ask their views of the

service. In addition to talking with people, we spent time observing the daily life at the service and we looked around the building to check the service was safe and clean. We also observed lunch being given at the care service.

We sat in on a staff handover meeting and spoke with three nursing staff, three care staff and the registered manager.

We reviewed seven care plans, three recruitment records and medicines administration records for four people. We observed medicines being given to individuals, checked stocks against records for medicines and reviewed the procedures for giving of medicines covertly. We also reviewed 'as needed' PRN protocols to ensure they provided guidance for staff in when to give them.

We reviewed quality measures at the service including complaints, compliments, accident and incident logs and quality audits. We checked staff were receiving regular supervision, training and that management and staff meetings took place.

We checked building and fire safety maintenance checks.

After the inspection:
We requested additional training logs and information regarding fire safety. We also received feedback from two health and social care professionals.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

● People were protected from the risk of harm, abuse and discrimination. People told us "I feel safe" and "I'm very safe. I know that if I need anything, someone is always there." Relatives told us they thought people were safe.

● Staff had a good understanding of abuse and what they would do if they had any concerns. A staff member commented, "If you see a bruise or anything different report it straight away."

● The service made appropriate referrals to the local authority and CQC if they had any safeguarding concerns.

Assessing risk, safety monitoring and management

● Risks to people's health and safety were assessed and mitigated. Risk assessments were embedded in care plans and covered a wide range of risks including mobility, eating and drinking, mental health and behaviours that can challenge. Staff understood people's behaviours so were proactive in mitigating risks.

● Safety checks of the building and equipment, including fire safety equipment took place regularly. Fire drills were regularly held and records noted effectiveness of each fire drill. We noted the last fire drill in July 2019 noted a lack of confidence by some staff in following evacuation procedures. The service committed to carrying out additional fire drills at different times of the day to ensure their evacuation procedures were practicable for staffing levels at different times of the day and night. Another fire drill had taken place by the time of writing this report which had run smoothly. Personal emergency evacuation plans were in place for people.

● The service had a fire risk assessment completed by an external organisation in January 2019 but this had not identified issues which the London Fire Brigade (LFB) identified during their visit in May 2019 as requiring alteration. We discussed this with the registered manager and a trustee of the organisation who told us that they would use another organisation for their next fire risk assessment. The work required by the LFB was completed at the time of writing this report.

Staffing and recruitment

● Staffing levels were suitable to meet people's needs. The staff team were supported by privately commissioned staff and volunteers at the service. Staff told us there were enough staff, "they cover quickly during sickness" and "They use agency staff, but they are regular."

● The service followed safe recruitment procedures to help ensure staff were of suitable character to work with vulnerable adults.

Using medicines safely; Preventing and controlling infection

● Medicines were obtained, stored, administered and disposed of safely by staff. Staff received training and

had their competency checked annually.
● Guidance was available for staff for 'as needed' PRN medicines, and medicines given covertly had all the appropriate documentation in place and were regularly reviewed. We were told, "If I need painkillers, I get them."
● The service was clean and fragrant throughout. It was clear that good infection control procedures were in place with gloves and aprons readily available, and hygiene audits taking place regularly. We observed staff using PPE appropriately to prevent the risk of cross infection. Feedback from people included, "It's clean, the home is well looked after. The people who clean the place are devoted to what they do."
● Food was labelled and stored hygienically and the service had received the highest rating from the Food Standards Agency in 2019.
● The service had 42 showers for 60 people living at the service and although there were communal bathrooms, some of them were used for storage. We discussed this with the registered manager and the trustee who confirmed they would continue to monitor each person's personal preference for showering would be supported. One person without an ensuite shower told us, "Yes I do have a choice about when I'm washed."
● The service was kept clean and there was an effective infection control system in place. Staff had access to personal protective equipment (PPE) such as gloves and aprons.

Learning lessons when things go wrong
● Accident and incident logs were kept and the registered manager reviewed these monthly to see if any patterns were evident to minimise re-occurrence. Although learning was not recorded in the accident and incident folder the registered manager could tell us what learning took place. This was evident in the management of falls at the service where remedial action was taken to minimise future falls.

Good

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At the last inspection we made a recommendation in relation to staff training and understanding of the Mental Capacity Act (MCA) 2005.

At this inspection we were confident staff had received sufficient training and the service had embedded issues of capacity and consent in their care planning and processes.

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. 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.
- People's rights were protected. There were DoLS applications in place and a system to prompt renewals.
- The service kept a log of people for whom 'power of attorney' was held by another friend or family member and for what purpose. This meant they could consult appropriately when significant decisions were being made.
- We saw that mental capacity assessments were decision specific and best interest meetings had taken place, and were recorded, to explain why bed rails were in place or why medicines were given covertly. This was important as a service has to show they are regularly reviewing restrictions are proportionate and still necessary in the person's best interest.
- Staff sought appropriate consent to care prior to carrying out any tasks and told us "All residents have capacity unless proven otherwise" and "If they lack capacity, we can see by their reaction if they agree like nodding and other facial gestures."
- Staff had completed training in the MCA.

Staff support: induction, training, skills and experience
- Staff members spoke highly of the management team. They told us the managers are "all helpful" and"

the registered manager is visible and approachable and solves problems quickly."

●Staff received an induction which involved shadowing experienced staff and training in key areas including moving and handling, safeguarding and infection control. Staff undertook the Care Certificate, an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

● The service had recently celebrated staff achievement in completing the Care Certificate and planned to role it out to existing staff as well as new staff.

● Staff told us "We do lots of training including the Jewish faith." Staff were able to speak knowledgably about people's conditions.

● Much of the training was on-line with tests to check understanding, with external courses in areas such as pressure ulcer training; cultural diversity and end of life training.

● The service was part of a project with Kings College London to improve oral health and staff had recently been trained by a dentist to ensure they could offer good oral health care support.

●Staff told us the registered manager and members of the senior management team were supportive and they were encouraged to train for nationally recognised qualifications, for example, a passport into leadership for nurses course. Supervision and appraisals took place regularly.

● People and their relatives were very positive about the staff. Comments included, "Can't fault the staff" and "Very good staff."

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

● The registered manager thoroughly assessed potential new referrals to ensure people's health and care needs could be met by the service. The registered manager included the person, family and professionals who were familiar with the care needs of the person. A health professional told us staff consistently displayed excellent in skills in assessing and caring for the people at the service.

● The registered manager was working to deliver care in line with guidance standards and the law.

Supporting people to live healthier lives, access healthcare services and support; staff providing consistent, effective, timely care within and across organisations

● Many of the staff team had been in post for many years and understood people's health needs. The staff team was effective in providing support to people to maintain their health and well-being as well as enabling access to external healthcare services as required. For example, we saw evidence of people who had been admitted to the service with pressure areas were cared for through effective nursing care and nutrition to make significant improvements. Tissue viability nurses were involved as necessary and then discharged people from their care to the care of the service.

●Care records showed the involvement of a range of health professionals including the local GP, dentists, opticians and mental health professionals. This meant that people's health needs were addressed swiftly and effectively. Health professionals praised the skills of the staff who worked in close partnership with them.

● The service employed a physiotherapist to promote good mobility for individuals and to support staff in their caring role. This was viewed positively by people and their relatives. We were told, "Every day physiotherapy. Up and down one flight of stairs, moving legs and arms for an hour" and, "Have been trying [with the zimmer frame] every day with the physiotherapist. I wouldn't try on my own due to my arthritic leg."

● The provider used technology to assist in the effective delivery of care, for example some people had sensor mat and alarm pendants. For other people at risk of falls the service used a range of methods to minimise re-occurrence including one to one care for some people, regular checks, review of medicines and ensuring people had proper footwear. The service was working with the local authority to minimise falls and was in the process of introducing a 'Falls Champion' role to ensure best practice was shared.

● We received positive feedback from external professionals about the agencies multi-disciplinary working to ensure good outcomes for people they supported.

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

● People's care plans contained detailed information on how to support people to have enough to eat and drink. People's preferences for foods was also documented. This was helpful for staff, especially if people were no longer able to communicate verbally.

● In the main people were positive about the Kosher food. Feedback included, "The food's okay, satisfactory" and, "Excellent". People told us, "Yes you do get a choice." and, "I think there are vegetarian options. They make sure you're eating enough."

● We saw that food was discussed at resident's meetings with people able to give their views. There was an ongoing discussion between the provider, the contractor and the residents' to achieve the best options within the financial constraints.

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

● The home was purpose built and had lift access to each floor.

● Downstairs there was a large living space which was used for communal activities, prayer and dining which provided a large space to walk around.

●People who chose to, had photos and their name on their bedroom doors to help them find them.

● There was a well-kept garden which people could access.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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 had developed strong and supportive relationships with people.
- People and family members told us staff were kind and caring. Comments included, "They are very hard-working and caring," and, "Lovely environment, staff friendly, brilliant and very helpful." Another person told us, "Everyone is very nice here. They say 'please' and 'thank you.' I am very happy with them." A relative told us they loved seeing the vases of flowers and that their relative was, "Treated like a guest in a hotel." Professionals confirmed staff were kind and caring in their role.
- Each person had their life history recorded within their care records which set out who was important to them, both in the past and now. This helped staff to get to know people to build positive, caring relationships with them.
- The service was for people of Jewish faith and culture, and the service prioritised meeting these requirements. This gave people and their families comfort. Staff understood the religious and cultural requirements of people at the service. One staff member told us, "On Shabbat men wear black with a white shirt we help them with this." Kosher dietary requirements were met and people from the local community visited the service daily to take part in religious prayer services. Staff and people at the service spoke a range of languages and people were matched appropriately.
- One person told us, "This is my home for although it's not a home as a person would wish it, but it's a second home to me."

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

- People told us, "I have my own things (furniture and paintings) and the room is laid out in sections, my bedroom here, my living area and the bathroom."
- People's rooms were personalised. One person who enjoyed living in a room that was quite messy had a photo on the door which showed it in a messy state, it said, "This is my room and it's the way I like it" and also, "No visitors without prior consent".
- The service ran a residents meeting regularly and people were involved in their own care and how it was provided. Feedback included, "Yes, it's very good. They have an ear to listen" and, "They take on things that need to be done."

Respecting and promoting people's privacy, dignity and independence

- Staff were able to tell us how they supported people with dignity and respect, this included, "Letting people eat themselves if they can, giving people choices in what to eat and to wear, and speaking to them in a respectful way." A relative told us they thought the care provided was, "dignified."

● People's care records highlighted what they could do for themselves and people told us their independence was encouraged. A person told us, "They help me to keep independent through the physiotherapy I have every day for 30 minutes."

● The service ensured people's care records were kept securely. The language used in daily notes and care plans was respectful and was written in a positive manner. Information was protected in line with General Data Protection Regulations.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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 a summary document of their family and social background, needs and preferences including areas of risk which new staff and agency staff, used to familiarise themselves with people. The service had electronic care records which staff updated as they carried out tasks.

● We could see detailed information on people's wishes and preferences. For example, "Other things I would like you to know: I always put my make up on, do my hair, dress nicely, apply perfume. I love to look nice. I also need a shower on a daily basis."

● Care plans also gave advice to staff about people and what was important to them and which may help if they were anxious or agitated. For example, one care plan stated, "I used to love my parents very much that is why I ask for them" and, "Things that comfort me are my husband [name], family, tea, chatting and singing."

● One person told us they liked to get up early and were supported with personal care at 4.30am every morning. They enjoyed visiting the shops early, "I was out every day in the summer at 5am." Another person's care record stated, "Likes to wake up between 5-7am, shower and go back to bed, likes 2 pillows, likes to go to bed 9-9.30pm, but not a good sleeper."

● These examples showed us that the service provided a personalised service to people as staff understood and could tell us about people and their lives.

● People's care plans were written with people and their family's input as much as possible. They were reviewed when a person's needs changed and people and their families were involved in the review process. People and their relatives made very positive comments about the support provided.

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 service was embedded in the local community, family and friends were very involved at the service. There were visitors constantly taking people out or visiting them in their rooms or communal area. Relatives told us they were always made to feel welcome so could pop in whenever they liked.

● The service also acted as a religious hub for local people. This meant the people at the service were able to participate in prayer sessions daily should they wish to.

● The service had volunteers from the community involved in activities such as supporting people at mealtimes, taking them out into the local community, or assisting with activities at the centre. We saw one volunteer painting with a group of people. There were two paid staff who supported activities at the service. We were told, "I go downstairs for the learning activities."

● The service had recently bought a new dementia friendly activity table which used light and animation to offer people meaningful activities designed to stimulate physical and mental activity.

● A number of people told us they had their own pursuits and hobbies, including volunteering on the

reception regularly. "I am very self-contained. I read decent fiction." Only one person told us they wished there were, "More activities for the mind than painting."

Improving care quality in response to complaints or concerns

● People told us they felt confident they would be listened to if they had concerns. Feedback included they would, "Talk to the deputy [name] who is very nice" and, "If I had any concerns, I'd say it directly to the person." Another person told us, "I'd tell my husband to do it for me." A number of people told us they had no complaints at all.

● The service had detailed log of complaints, what action they had taken and the outcome. It was clear that complaints were dealt with in a detailed and timely way.

● One person told us, "I would say that over the past 18 months things have improved here. They responded well to make sure that things are corrected."

● Health professionals told us issues were dealt with appropriately when they arise.

● The service also kept a log of compliments and cards of gratitude, of which there were many.

Meeting people's communication needs

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.

● The service ensured people had access to the information they needed in a way they could understand it and complied with the Accessible Information Standard. Care records detailed any communication support needs. For example, some people communicated in their language at birth, and the service ensured they had access to staff who spoke various languages where possible. If people could not communicate verbally, care records gave advice on how to understand their needs.

● Use of a pain scale assisted staff in assessing if people were in pain.

End of life care and support

● The service had advance care plans in place for people who chose to give this information. We also saw that 'Do not attempt cardiopulmonary resuscitation' (DNACPR) documents, were in place for some people. Files were colour coded so all staff could see quickly if there was a DNACPR. This provided clarity and so was helpful.

● The service and trustees had thoughtfully devised a leaflet for people and their relatives to explain the benefits and problems with resuscitating frail older people.

● As a service for Jewish people, the service was fully aware and met with people's religious requirements at the point of death and burial.

● Staff had also received training in end of life care.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We found the service to be well-led in a number of ways. The standard of care was high; staff were knowledgeable about people's needs and preferences and were skilled in providing dementia and nursing care for people.
- The registered manager and deputy provided good leadership and understood their roles in ensuring good quality care was provided. The registered manager was also a registered clinician and this expertise and support was invaluable in supporting nursing staff.
- Quality audits were in place to check medicines management, infection control, building safety and maintenance and care planning. Management oversight was evident through reviewing of accidents, incidents, complaints and safeguarding referrals. Supervision and training took place and were monitored by the management team.
- The management team ran a series of meetings to ensure communication was effective and staff understood their roles and responsibilities. These included shift handover meetings, weekly heads of department meetings, nurses' meetings every second month and quarterly floor meetings, clinical governance and health and safety meetings. This meant the registered manager and deputy were fully aware of any issues and were able to share best practice and information across the service.
- The management team were open and transparent if issues occurred.
- Feedback from professionals was positive regarding the management of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- The registered manager and staff team demonstrated a commitment to providing person-centred, high-quality care to people. We were told, "The care side is excellent." People's wishes were respected, staff understood people's needs well and care was arranged around people's preferences and requirements."
- Health and social care professionals spoke positively about the service. We could see that the service had well organised records which were up to date and easy to find. People were supported to achieve good outcomes, particularly in relation to maintaining good health.
- There were opportunities for people to be involved in meaningful social, religious and cultural activities.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● The service worked proactively in partnership with other health and social care organisations to provide a quality service and to ensure people they supported were safe.
● People told us, "I'm happy to have found this place," "I would definitely recommend it, 100%," and "It's absolutely first class." Family members told is, "Yes, it's well run" and, "There's not much they can improve."
● The service gained the views of the people and families they supported through meetings and annual surveys. Results were positive and staff told us, "It's a good place to work," "It is organised and there's good team work" and, "I love it here." Staff told us they could contribute views to how the service was run and staff meetings took place regularly.

Continuous learning and improving care
● A service action plan was in place that was reviewed and updated regularly. Any issues raised at the inspection were acted on immediately, and plans were in place to address longer term issues such as storage space.
● The management team attended local authority and best practice forums to remain up to date with best practice.
● The service and in particular the registered manager was innovative in their practice. There were various examples to illustrate this. The service was participating in a creative oral health project at the time of the inspection which would contribute to better health outcomes for people. The service had developed a leaflet to assist the religious community in making informed choices regarding end of life decisions and finally, the service had introduced a system to take people's bloods on the premises. This meant that people were saved taking unnecessary trips to health venues for this purpose. This saved staff time and minimised distress for people, particularly those with memory problems.
●These were all examples of a forward thinking service, led by an dynamic registered manager.