

# Jewish Care Wohl Court

## 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:

Wohl Court is a specialist housing setting people live in. People using the service lived in flats in a single block located in a residential setting. As well as providing accommodation, the service is registered to provide personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

The service is operated and run by Jewish Care, a voluntary organisation. There are 32 flats at the service. At the time of our inspection, 23 flats were occupied with 26 people living in them. Only five people were receiving support with personal care.

People's experience of using this service:

People and their relatives told us staff were kind and the service was homely. People told us they felt safe and liked living at the service. Staff provided person centred care.

The service had recently opened and was clean and maintained to a high standard.

There were enough staff to meet people's needs and care records set out people's needs and preferences. Risk assessments were in place.

Medicines were stored in people's homes and documentation was regularly audited by the management team.

The local management team were very well regarded by staff, people using the service and relatives. We saw regular supervision took place and staff were suitably trained to care for people at the service. Quality audits took place to ensure the care offered was of a good standard.

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 had access to a broad range of activities both at the service and in the community including at the provider's local day services.

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:

This service was registered with us on 10 January 2019 and this is the first inspection.

Why we inspected:

The inspection took place as part of a schedule of planned inspections.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care.

Further inspections will be planned for future dates.

## 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 was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Wohl Court

## Detailed findings

### Background to this 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 team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

#### Service and service type:

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home.

People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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 announced. The service was given 48 hours of the inspection. This was because people are often out and we wanted to be sure there would be people at home to speak with us.

#### What we did:

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, the quality compliance manager and the director of operations. We also talked with three care staff including a team leader, the activity co-ordinator, two volunteers and a rabbi employed by Jewish Care to support a range of the providers' services.

We spoke with four people who received personal care support and three other people at the coffee morning which was taking place on the day of the inspection. We also spoke with one visiting relative.

We looked at three people's care records; records of accidents, incidents and complaints, audits and quality assurance reports and records of tenants' meetings. We reviewed recruitment records for three staff, training and supervision records and staff meeting minutes. We reviewed medicine administration records (MAR) audits along with other local and provider audits.

Following the inspection:

We received feedback from one health and social care professional and two relatives.

# 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.

### Assessing risk, safety monitoring and management

- Care records had risk assessments in place. Risks identified included risk of falling, daily living skills and domestic tasks, personal safety and social isolation. They were up to date but we noted that they did not always include actions staff were currently taking to minimise risk of harm. For example, one person could on occasion become agitated, and the staff knew how best to manage the anxiety, but this was not detailed on the risk assessment. The registered manager told us they would review all documents to ensure they included all actions to minimise risks and this was done by the time of writing this report.
- Suitable plans were in place to support people in the event of an emergency or fire.

### Staffing and recruitment

- Staff recruitment was safe with references and appropriate checks in place, including Disclosure and Barring Service criminal checks. This meant staff were considered safe to work with vulnerable people.
- People told us there were enough staff to meet their needs. There were staff available at the service 24 hours a day.
- People received three hours care free from the service, and if additional support was needed, people commissioned more hours either from the service or from private care agencies.

### Using medicines safely

- Medicines were managed safely. The service supported two people with their medicines which were stored in people's flats. The service ordered these people's medicines and recorded when they were given on medicine administration records.
- Management of medicines was audited by the local management team.
- Staff responsible for administering medicines were competency checked to ensure they were safe to administer them.

### Systems and processes to safeguard people from the risk of abuse

- The service had systems and processes in place to safeguard people from the risk of abuse. The service had made appropriate referrals to CQC and the local authority since opening the service.
- Staff spoke confidently regarding safeguarding and were able to tell us the different types of abuse and what they would do if concerned.
- People told us, "Yes, I feel safe. The girls are good" and "Yes this is a very safe place. I am happy living here."
- The building had been purpose built and was maintained to a high standard. Checks had taken place, including that of fire equipment, to ensure the safety of the building. We saw fire drills regularly took place.

The last one had noted some staff were unclear about the procedure and another fire drill was planned imminently.

#### Learning lessons when things go wrong

- The service recorded all accidents and incidents and serious incidents and safeguarding concerns were reviewed by the providers' health and safety and safeguarding committees. This meant learning was shared across the providers' services.

#### Preventing and controlling infection

- We saw the service was clean, and people confirmed this. People were provided with three hours of care per week and most people asked staff to support them with cleaning of their flats.
- The registered manager could show us audits of hygiene and people and their relatives told us staff used gloves and aprons to minimise risk of infection. A relative said, "Yes I notice they always wear these items" and one person told us, "It seems they are trained to use such things."



# 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 were safe and protected from avoidable harm.

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

- Pre-assessment forms were completed prior to a person moving in. They were comprehensive and identified holistically all the person's needs, even if other people were meeting these needs. People and their relatives were involved in drawing these together and they formed the basis of care plans and risk assessments.
- Assessments covered people's preferences and routines. We could see that they were drawn up in line with best practice, for example, if people were to receive support with medicines the document set out clearly their requirements.
- The service ensured they delivered care in line with guidance, standards and the law in a number of ways. For example, by carrying out suitable checks prior to employing people and ensuring staff were trained suitably to provide care. The provider ensured there were systems in place to update staff on changes in best practice.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Services providing domiciliary care are exempt from the Deprivation of Liberty Safeguards (DoLS) guidelines as care is provided within the person's own home. However, domiciliary care providers can apply for a 'judicial DoLS'. This is applied for through the Court of Protection with the support of the person's local authority care team.

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.

There were no people using the service that were subject to a judicial DoLS.

- Staff understood the importance of gaining consent from people prior to providing care. One person confirmed, "Oh yes" when we asked whether staff asked permission before offering help.
- We saw there were capacity assessments on care records which gave guidance to staff in relation to

specific areas of concern.

#### Staff support: induction, training, skills and experience

- Staff were trained and were competent to provide good quality, personalised care to people.
- Staff received a comprehensive induction when they started at the service and refresher training was available for staff. Key areas of training included safeguarding, moving and handling, infection control and medicines competency training. Staff told us, there is "Lots of training and we are always asked how you want to better yourself" and "I want to do a level three qualification and believe I will get opportunities for promotion."
- People told us the staff were skilled in supporting them. We asked if staff understood a person's health condition, we were told, "Definitely, they know." A relative told us, "My [family member] is difficult to handle but the staff have been passionate, kind and helpful." Another said the staff were a "huge credit" to the organisation.
- Supervision took place regularly and comprehensive notes were taken. One staff member told us, "We get to share information," another staff member told us it was very useful.

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

- For people who needed support with eating and drinking the service had a range of choices. Most people simply asked staff to heat up meals they had either bought or a family member had prepared. There was the facility in the communal kitchen to have frozen meals brought in from an external supplier, heated by staff. The registered manager told us options for lunch preparation were being reviewed as more tenants moved into the flats.
- Food prepared by staff was in line with kosher dietary requirements. One relative told us, "[Family member] has started to cook, but she likes the Friday brunch" the service offered.

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

- The service was wheelchair accessible, on three levels, with upper floors accessible by lift. The service was purpose built and maintained to a high standard.
- People's flat had level access showers and there was a range of one and two bedroom flats available for rent. Some people had utilised the additional space for sleep in care staff.
- There was a courtyard for people to sit out in with planted flowers and garden furniture.

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

- The service had opened in the last twelve months and the registered manager told us they were developing positive relationships with key health professionals locally.
- People were able to register with individual GP's but if they needed support for health appointments, they could be supported by staff. People and relatives confirmed staff were available to help them as they needed. A relative told us, "I have 100% confidence in the staff," another told us the staff visited their relatives in hospital and were "fantastic."

# 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; equality and diversity

- People told us the staff were, "Very kind and helpful." We saw staff were kind. There was a coffee morning in the lounge on the day of the inspection run by the activities co-ordinator and volunteers. Another person attending the coffee morning told us, "Very dedicated staff." Relatives told "The staff are fantastic" another said, "I can't praise them highly enough."
- The service was run for people of the Jewish faith, and people were supported to observe their faith and attend services and celebrations as they wished. Staff were trained to appreciate Jewish traditions, understood kosher dietary requirements and told us they felt confident in meeting people needs.
- The service was planning to start a Shabbat service to enable people to celebrate their religion at the service, but also to encourage the community into the service.
- Whilst staff were able to discuss supporting people's religious and cultural needs with confidence, the registered manager acknowledged the service provided less training to staff on issues of sexuality and relationships. They told us they would explore ways to support staff in this area so they speak with confidence with people on these issues.

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

- People were involved in setting out their care plans and each care document was signed by them. Relatives told us they were involved in people's care planning if it was appropriate.
- For those who needed more than the basic three hours of support, the service negotiated how they wished for their needs to be met. This either involved staff from the provider or privately commissioned care through another agency. For example, people were offered the opportunity to be spot checked during the day or night and gave their permission or refusal for this service.
- Most people were independent at the service and had moved to the service mainly due to a need for housing. This meant people were able to express their views and live independent lives.
- Tenants' meetings took place regularly and people discussed outings, the communal areas and activities they wanted at the service.

Respecting and promoting people's privacy, dignity and independence

- The service promoted people's independence. One couple told us, "We have our independence but we call for help when we need." A relative confirmed, "This place is ideal for my [family member], a combination of support and independent living."
- Care records highlighted what people could do for themselves. Staff told us, "We encourage independence and give them choices regarding food, clothing and if they want to join in activities" and most "People do their own shopping."

- People were treated with dignity and respect. One person told us, "The staff are very good and they respect my privacy." A relative added "We think they are professional, my sister never complains about it."
- People's family and friends were encouraged to be fully involved in their lives. One couple told us, "Our family and friends pop in, most of time we stay in our flat or go out."
- Care records indicated people's background including their profession, family members and personal history. This helped staff understand people and what mattered to them.

# 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

- Care plans were comprehensive, up to date and person centred. They contained detailed information for staff on how to meet people's needs. Areas covered included safety, personal care, and mobilising.
- Care plans provided some information on needs met by other people or services, but the registered manager acknowledged it may be useful to have more detail in the event of the service being asked to take over meeting the need at short notice due to an emergency. The registered manager told us they would review these issues with people.
- Care plans provided information on people's preferences and routines and staff could tell us how they met people's needs in a person-centred way.

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 held a broad range of activities at Wohl Court, and the provider had additional opportunities for involving people in leisure activities locally. This meant people had opportunities to participate in centre based activities such as exercise classes, discussion groups, a weekly brunch club and coffee mornings.
- External opportunities included day trips out to a local garden centre, to the cenotaph and to corporate events where tenants were invited for lunch.
- The service had made contact with a local primary school to join in an inter-generational craft project which people said they enjoyed.
- People told us they enjoyed living at Wohl Court. Comments included, "I am interested in coffee morning, film evenings and discussion on current affairs" and "We have social events."

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure. People and their families told us they knew how to make a complaint and felt confident any concerns would be dealt with.
- People told us, "I know the manager; I can speak to the management if I have any concern" and "[Registered manager] is very approachable." A relative told us, "I know the manager and I haven't had any complaints. If it is necessary I speak to [care worker] or the manager."

End of life care and support

- The service had an end of life policy in place. People were asked their end of life wishes at the point of assessment for the service, and in particular, details of who would be responsible for their removal and burial.
- The service had not supported anyone with end of life care to date, but the registered manager was beginning to make links with community health professionals so they were familiar with them should

people's needs increase.

- Staff had received training in 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.

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

- The service offered person-centred care to people, and it was clear talking with the registered manager and staff that this was a priority for the management team.
- The provider ran a range of residential, nursing and day care services locally. Any significant concerns were reviewed by the provider to share learning across the organisation, and people could also access activities at the other services locally which improved their leisure and learning opportunities.
- The management team was open and transparent and worked in conjunction with staff, people living at the service and relatives. As the service had recently opened the management team were continually reviewing how they managed current and future challenges. The management team acted promptly to remedy issues raised at the inspection.

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

- We found the registered manager, deputy manager and staff were all clear regarding their roles. They understood what good quality care looked like and aspired to achieving and maintaining it.
- Audits were carried out to ensure care was of good quality by both the local management team and the provider's representatives. These included medicines, hygiene and care plans and daily walk arounds to check the health and safety of the building. An additional post had been recruited to by the provider to review auditing processes to further improve quality systems.
- The provider and local management team had processes in place to notify the local authority and CQC of significant events, when required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; continuous learning and improving care

- Staff, people living at the service and relatives and friends had the opportunity to be involved in the running of the service. Tenants' meeting were held every six weeks and we saw from records that issues raised were reported back on to tenants via 'You said, we did' posters.
- We could see a concierge had been introduced as a result of tenants' requests and social events were clearly planned following feedback from people.
- We asked people if they thought the service was well run. They told us, "Fabulous" and "Very good."
- People really appreciated the communal areas and told us it was, "Our way of socialisation, I was

discharged from hospital and everyone in the lounge was asking about me" and "We enjoy spending time in communal areas, very homely atmosphere."

- The service had not been opened long enough for an annual survey to take place, but this was planned. Relatives told us the management team were very good at communicating with them and the service was "managed very well."
- Staff were positive about working for the service. Regular staff meetings took place. Feedback included, "I really enjoy working here. Good staff team and I think [registered manager] is very open to my ideas. It's a team effort" and "The manager is lovely, very approachable."

#### Working in partnership with others

- The provider was committed to running a range of services locally for the Jewish community and this meant that people could meet with others and access activities across the provider's other services.
- The provider also employed staff who could provide additional professional skills such as social work or physiotherapy; this was of benefit to people at the service.
- The service was developing links with local community health professionals as more people moved into the service and planned to expand these relationships in the coming year.