Jewish Care

Clore Manor

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This inspection took place on 20 June 2017 and was unannounced. At our last inspection in October 2014 the service was rated as good.

Clore Manor is registered to provide residential care to a maximum of 72 older people including people with dementia. The home is split into three units. It is run by Jewish Care. On the day we inspected there were 67 people living in the home.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People were positive about the service and the staff who supported them. People told us they liked the staff and that they were treated with dignity and kindness.

However, we found errors with medicines administration and recording for some people using the service. We have asked the provider to take urgent action to address this.

Staff treated people with respect and as individuals with different needs and preferences. Staff understood that people's diversity was important and something that needed to be upheld and valued. Relatives we spoke with said they felt welcome at any time in the home; they felt involved in care planning and were confident that their comments and concerns would be acted upon.

The care records contained information about how to provide support, what the person liked, disliked and their preferences. People who used the service along with families and friends had completed a life history with information about what was important to people. The staff we spoke with told us this information helped them to understand the person.

The staff demonstrated a good knowledge of people's care needs, significant people and events in their lives, and their daily routines and preferences. They also understood the provider's safeguarding procedures and could explain how they would protect people if they had any concerns.

Risk assessments were in place for a number of areas and were regularly updated, and staff had a good knowledge and understanding of many health conditions.

There were sufficient numbers of suitably qualified, skilled and experienced staff to care for the number of people home.

Robust recruitment and selection procedures were in place and appropriate checks had been undertaken

before staff began work. People were satisfied with the food provided at the home and the support they received in relation to nutrition and hydration.

There was an open and transparent culture and encouragement for people to provide feedback. The provider took account of complaints and comments to improve the service. People told us they were aware of how to make a complaint and were confident they could express any concerns and these would be addressed.

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.The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).We found that the service was working within the principles of the MCA, and conditions on authorisations to deprive people of their liberty were being met.

The management team provided good leadership and people using the service, relatives and staff told us they were approachable, visible and supportive. We saw that regular audits were carried out to monitor the quality of care. However, daily and monthly medicines audits had not identified any of the administration and recording issues picked up during this inspection.

There was one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicines were not always managed safely for people and some records had not been completed correctly.

People were protected from avoidable harm and risks to individuals had been managed so they were supported and their freedom respected.

The premises were safe and equipment was appropriately maintained.

Sufficient numbers of suitably qualified staff were deployed to keep people safe.

Is the service effective?

Good

The service was effective.

People received care from staff that were trained to meet their individual needs. Staff felt supported and received on-going training and regular management supervision.

People received the support they needed to maintain good health and wellbeing.

People were supported to eat healthily.

The manager and staff had a good understanding of meeting people's legal rights and the correct processes were being followed regarding the Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

People and their relatives told us staff were kind and caring and we observed this to be the case. Staff knew people's preferences and acted on these.

People and their relatives told us they felt involved in the care planning and delivery and they felt able to raise any issues with staff or the registered manager.

Staff knew people's background, interests and personal preferences well.

Is the service responsive?

Good

The service was responsive. People's needs were assessed. Staff responded to changes in people's needs. Care plans were up to date and reflected the care and support given. Regular reviews were held to ensure plans were up to date.

Care was planned and delivered to meet the individual needs of people.

There was a robust complaints procedure in place.

Is the service well-led?

Good

The service was well led.

People living at the home, their relatives and staff were supported to contribute their views.

There was an open and positive culture which reflected the opinions of people living at the home. There was good leadership and the staff were given the support they needed to care for people.

There were systems in place for monitoring the quality of the service, however these had not had not identified the shortfalls found during the inspection relating to the medicines.

Clore Manor

Detailed findings

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 checked 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.

This was an unannounced inspection and took place on 20 June 2017.

The inspection team consisted of two inspectors, a pharmacist inspector, 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.

Before our inspection, we reviewed the information we held about the home which included statutory notifications and safeguarding alerts.

We spoke with 27 people who used the service and 11 relatives. We also spoke with the registered manager, the deputy manager, the chef, two team leaders, three care staff, the hotel services business manager and the activities social coordinator. We also spoke to one visiting health care professional.

During our inspection we observed how staff supported and interacted with people who use the service. We also looked at seven people's care records,37 medicines administration records (MAR),six staff files, a range of audits, the complaints log, minutes for residents meetings, staff supervision and training records, and a number of policies and procedures for the service.

Requires Improvement

Is the service safe?

Our findings

People and their relatives told us they felt safe whilst receiving their care and support. Comments included "I feel safe here, it's like a family", "I feel safe leaving him here, and they do a great job", "it's totally safe here because of the people who work here". And "Safety was the most important thing for us; mum was not safe at home. She was not eating properly and was dehydrated and now she is putting on weight, being looked after."

Staff knew how to keep people safe from abuse. The staff had all received safeguarding training as part of their induction and on-going training. All of the staff we spoke with were able to tell us about types of potential abuse and how to report any allegations. They spoke highly of the training they received in relation to safeguarding and said they would report all concerns to their senior or the registered manager. They told us they were confident that the responses of managers when they reported any allegations or concerns would be supportive.

We saw how there was a safe recruitment process in place. Staff files showed that the relevant checks had taken place before a staff member commenced their employment. We saw completed application forms which included references to their previous health and social care experience, their qualifications, employment history and explanations for any breaks in employment. There was an in-date Disclosure and Barring Service certificate [DBS] on each record we looked at. This meant staff were considered safe to work with people who used the service.

People living at the home were satisfied with the staff support provided. Comments included "The staff are very friendly, they always have a chat with you" and "It's very nice here, they really look after you well."

Staff told us that there were enough staff available to ensure people were well cared for. Our observations indicated that there were sufficient staff members to provide person centred care to people across the home. However at the time of this inspection the service was using a number of agency staff, the registered manager told us that this was because the organisation was struggling to recruit staff of the right calibre, but her current priority was to recruit to a full complement of staff.

Staff we spoke with told us there was never a feeling of being rushed in their work, but sometimes they felt that they needed more time to just sit and talk to people Our observations on the day were that we did not see staff rushing around and they were able to respond quickly to requests from those who used the service. A relative told us, "Staff are attentive and professional, responsive and hospitable. I am impressed by staff I have seen here."

We saw evidence of people's currently prescribed medicines on the Medicines Administration Records (MAR) and copy prescriptions. The allergy status of all people was recorded to prevent the risk of inappropriate prescribing and we observed instructions of people's individual preferences on how they liked to take their medicines. We observed medicines given to three people in one unit. We saw that the care worker was polite saying "Good morning Sir" and explained that they were giving medicines and offered water and waited for

the medicines to be swallowed before signing the medicines administration record. This unit had several residents who were unable to swallow and all had agreements in place to state that it was in the person's best interest to crush medicines. We saw only one crusher for all these people and although we were told that it was washed between uses, the home informed us after the inspection that all residents now had their own.

The home had a communication book in each unit and the GP and psychiatrist visited regularly and carried out reviews of medicines. We found several gaps in the MARs, double entries and inaccurate records of receipts of medicines received into the home or carried forward from the previous medicines cycle. For instance there was no record of administration of a patch of a pain killer but we saw from the controlled drug register that it was applied. There were gaps for a medicine to protect the stomach and we saw from the monitored dosage system that it was given. For another similar medicine there were two gaps on 31 May and 1 June and the medicine was still in the blister pack. We saw It was also still in the blister pack on 18 June but recorded as given.
There were also gaps on the MAR and discrepancies in audits for two people prescribed an antibiotic for urinary tract infections. Both people were reviewed by the GP after the inspection and the care workers involved booked for further training and competency assessments. Another concern was the recording and administration of anticoagulants with a variable dose as we were unable to reconcile the stocks with the records of administration. Another area of concern was the prescribing of amitriptyline for neuropathic pain for one resident. We saw two MAR in use both recording administration of amitriptyline. We were unable to satisfactorily evidence the exact dose given from the GP records and with records of stock and records of administration.

All medicines were stored safely in the home in locked clinical rooms and trolleys. There were records of fridge temperature so that the potency of the medicines could be maintained. One trolley had a broken lock and the home was waiting for a new one from the supplier, but they said they would make an immediate temporary repair.

We viewed the daily and monthly medicines audits for the last three months. They had not identified any of the administration and recording issues picked up during this inspection. The home took action immediately after the inspection but this needs to be maintained with rigorous audits to ensure that people always receive their medicines as prescribed and that the records support this.

The evidence above demonstrates a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A robust set of policies, systems and processes were in place to manage risk and health and safety. These assessed the likelihood and potential severity of risks to the person regarding, for example, falls, moving and handling, risk of pressure ulcers, incontinence and nutrition. All were done on admission and were reviewed regularly. The risk assessments we viewed were comprehensive, clear and easy to understand.

The home was clean and in a good state of repair and decoration throughout and signage was bright and visible. Appropriate health and safety certificates were available for the home, and maintenance records indicated that repairs were carried out swiftly when needed.

Good

Is the service effective?

Our findings

People told us staff had the knowledge and skills needed to provide an effective service.

Staff told us and training records confirmed that there was a comprehensive induction and rolling programme of training to ensure that staff had the necessary skills and knowledge to undertake their role and fulfil their responsibilities. Staff we spoke to said they were well supported by the management and received sufficient training to their job effectively. One staff member said, "the training here is good, it's always face to face."

Staff told us they were encouraged to pursue additional qualifications and encouraged to go for promotion and that they were supported to do this by the organisation. Staff told us that they felt supported by the management team and had regular supervision with the deputy manager or one of the senior staff. Regular staff meetings were also taking place at the home to facilitate communication, consultation and team work.

We looked at the training records and saw that each member of staff had completed training the provider considered mandatory. This included safeguarding adults, dementia, medication, health and safety, manual handling, fire safety and first aid. We saw that staff had also completed training on the Mental Capacity Act 2005 (MCA). In addition to this, staff had also completed specialist training which reflected the needs of those whom they supported. For example, they had completed training in diabetes, pressure sore prevention and understanding the Jewish faith. A healthcare professional told us that the staff were well trained and knew how to manage very complex cases.

New staff were given the opportunity to shadow experienced staff. This helped staff to learn and understand the expectations of their role. A number of staff had been supported to attain nationally recognised qualifications in care.

Staff we spoke with told us they received opportunities to meet with their line manager to discuss their work and performance. One member of staff said, "I enjoy my supervisions, we can discuss anything."

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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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

All of the staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLs). Staff were working within the law to support people who lacked capacity to make their own decisions. Staff understood the importance of assessing whether a person could make a decision and the decision making process if the person lacked capacity. They understood that decisions should be made in a person's best interests. DoLS referrals had been made to the relevant authorities where appropriate.

People were always asked for their consent by staff. We heard staff using phrases like, "What would you like to do" and "Would you like a drink now." Staff then gave people the time they needed to make a decision. One person told us, "They ask me what I need help with and give me choices. I like my independence here." Staff knew people well and understood people's ways of communication. We looked at how the service gained consent to care and treatment. We saw throughout our inspection that staff gained consent from people before they undertook any care tasks. We saw in care plans we read that people and their relatives were involved in the planning of care for each person at the home. We noted people and their relatives attended review meetings where appropriate where they had the opportunity to discuss the care their relatives received.

People we spoke with liked the food provided for them. Feedback from people about the food included, "Food is excellent. They put a lot of effort into it", "The food is very good and you get a choice. I have pureed food only and still get a choice" and "The food is very nice, lots to choose and always something to nibble on. They make you something else if you don't fancy it when it comes like a baked potato, omelette, and sandwiches. There is always fruit around."

Most people who used the service followed the Jewish faith. We saw that food was prepared on sight and complied with the religious practices of the faith. People were involved in choosing the meals and could request special meals if they did not like the meals suggested for any particular day. The chef confirmed they asked people daily if they wished to eat the meal on the menu, if not another meal would be prepared. People were provided with sufficient amounts of nutritious foods and drink to meet their needs. People's care files included assessments of their dietary needs and preferences. These assessments indicated their

diet type and their support needs. Where people required support with eating and drinking we saw that a SALT (Speech and Language Therapist) had assessed their needs and advised staff how these people needed to be supported.

Some people were on fortified diets to help maintain their weight. Food allergies were clearly detailed in people's care plans and kitchen staff had comprehensive records of people's dietary needs, including texture of food, and whether there were any specific cultural requirements. All of this information was updated weekly. We found the chef to be knowledgeable about people's health and cultural needs and how this related to their preferences. We saw that food was discussed regularly with relatives at 'food forums' and that there was a 'food communications' book available for people to write their comments. People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals had been made to the GP and dietician as needed. There was evidence of food and fluid charts being used where appropriate. We noted risk assessments had been carried out to assess and identify people at risk of malnutrition and dehydration.

People were supported to maintain good health and had access to health care support. The home had a dedicated GP who visited weekly and where there were concerns people were referred to appropriate health professionals. People also had access to a range of visiting health care professionals such as dentists, physiotherapists, dieticians, district nurses, speech and language therapists, opticians and podiatrists. Appointments with health care professionals were recorded in the care files together with results of tests and discharge letters from hospital.

We spoke with a health care professional who was changing dressings for some of the people living at the home. They said that the home was, "Very patient focussed" and "That care workers frequently discussed concerns with them" when they were visiting the home to treat residents.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were very caring. They were also respectful of people's privacy and dignity. Comments included, "Staff are very caring, some more than others but all of them trying constantly", "Staff are really nice and they have time for me. They help me do things and ask me to do things for myself. I know this is to help me stay independent" and "The care is excellent and they always have time for you here, I am always entertained and have independence still. I cannot fault it is lovely." A relative told us, "People who work here are considerate and caring and they are incredibly kind and thoughtful."

Staff were motivated, passionate and caring. Staff were observed interacting with people in a caring and friendly manner. They were also emotionally supportive and respectful of people's dignity. People told us that staff were caring and respected their privacy and dignity. One person told us, "They knock on my door and call out and they tell me who it is and ask if they can come in. If I'm in the bathroom and they knock and then wait outside because I don't always need them to help me. I think I get privacy and I feel I have dignity still. I can lock my door if I want to."

Our observation during the inspection confirmed this; staff were respectful when talking with people, calling them by their preferred names. We observed staff knocking on people's doors and waiting before entering. Staff were also observed speaking with people discretely about their personal care needs. We saw that staff spoke with people while they moved around the home and when approaching people, staff would say 'Hello' and inform people of their intentions. We heard staff saying words of encouragement to people. During our observations we saw many positive interactions between staff and people who used the service. Staff spoke to people in a friendly and respectful manner and responded promptly to any requests for assistance.

We saw that staff attended to people's needs in a gentle and compassionate manner. Staff were interactive, polite and communicated with people in a respectful way. We saw that staff were communicating well with one another passing on relevant information to each other regarding the care they were providing .We observed that people using the service appeared clean and well groomed.

We saw staff being gentle to people while supporting them with tasks such as eating, taking medicines, and personal care. Staff were patient, spoke quietly and did not rush people. We saw that if somebody refused a request to help them with their personal care, staff left them and tried again later. One staff member told us, "I enjoy talking to people, it's a lively environment" and another staff member told us, "We always give people options and try to keep them independent, by letting them do what they can themselves, for example some people prefer to have a strip wash so they can do it themselves."

We saw people's care plans included information about their needs around age, disability, gender, race, religion and belief. All staff we spoke with had received training in diversity and showed a good understanding of important festivals and events. Staff had also received training in working with people from different sexual orientations. People's plans also included information about how people preferred to be supported with their personal care. For example, care plans recorded what time people preferred to get

up in the morning and go to bed at night, and whether they preferred a shower or a bath. Staff we spoke with were able to tell us about people's preferences and routines. A care worker told us, "We always explain what we are doing and give people a choice for example we show them clothes from the wardrobe and ask them what colour they would like to wear."

We saw staff offered people choices about activities and what to eat, and waited to give people the opportunity to make a choice. For example, at lunchtime, staff reminded people of the choices of food on the menu and the drinks that were available.

People were supported to maintain contact with friends and family. Visitors we spoke with said they were able to visit at any time and were always made very welcome.

Good

Is the service responsive?

Our findings

People's care plans confirmed that a detailed assessment of their needs had been undertaken by a senior member of staff before their admission to the service. People and their relatives confirmed that they had been involved in this initial assessment, and had been able to give their opinion on how their care and support was provided. Following this initial assessment, care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to people. Comments from people and relatives included, "They always ask me what I need help with. I have a care plan and we chat about it quite often. They ask if they can help me with personal care, doing personal things, I get a choice" and "I know all about mums care it's written in her plan and I'm regularly asked what I think and if I would like to add anything."

The heath care professional we spoke with told us that the service was very responsive and always promoted independence and that they were proactive and knowledgeable.

Care plans contained detailed information about how to provide support, what the person liked, disliked and their preferences. People who used the service along with their families and friends had completed a life history with information about what was important to people. The staff we spoke with told us this information helped them to understand the person.

Care plans ensured staff knew how to manage specific health conditions, for example diabetes. Individual care plans had been produced in response to risk assessments, for example where people were at risk of developing pressure ulcers, entries in people's care plans confirmed that their care and support was being reviewed on a regular basis, with the person and or their relatives. Where changes were identified, care plans had been updated and the information passed on to staff.

People told us they enjoyed the activities on offer. One person told us, "There is lots to do. Exercise class and massage. There is a lovely lady who plays the piano and people come and sing."Another person said, "I try to join in most things. I like the artwork and even though I am old they work my brain and I learn new things all the time. I like the singing and entertainment here and they celebrate birthdays very well. I felt very special on mine."

The home employed a full time activities coordinator and a social care coordinator who told us, "I try to make it different to any other home; it's our job to keep people active." She told us activities were aimed to promote people's wellbeing and we saw that there was a wide range of stimulating activities on offer.In addition to scheduled activities, such as visits from entertainers, group activities were offered to those who wanted to participate. These included, quizzes, manicure, visits from mothers and babies, visits from local schools and nurseries, music and movement film afternoons, group quizzes, hairdressing, massage and exercise, arts and crafts and singing. We were told that every week a 'Pet Dog' came round for people to pet and that a number of volunteers had been recruited to assist with activities. We saw that the home was a member of NAPA (National Activities Providers Association) and that they worked closely with organisations that provided advice on activities for people with dementia.

The provider took account of complaints and compliments to improve the service. A complaints book, policy and procedure were in place. People told us they were aware of how to make a complaint and were confident they could express any concerns. One person told us, "I did complain when they lost some laundry. I told the manager who listened and got it sorted." Another person told us, "I feel I could complain to any of them and they would write it down and send it to the right person like the manager. They are very good at sorting out requests and I have no complaints really."

A relative told us she made a suggestion to brighten up the walls and had supplied a lot of blown up photographs of London. She said, "Like a lot of families I get involved. The managers are fabulous, could not fault them. I suggested dad's wheelchair was awful and they organised a new one."

Good

Is the service well-led?

Our findings

People who used the service, relatives and staff praised the registered manager and said they were approachable and visible. It was clear from our discussions that she was highly motivated and passionate about her role.

Comments included, "The manager is marvellous, she talks to me" and "She is an exceptional manager; she has her finger on the pulse. Always there talking to family and residents. She is a team player, she had transformed the place, given it a facelift. She had put up the user friendly signs, she is friendly and strong."

We saw evidence that a comprehensive range of audits were regularly completed by the senior staff of the home. This included care file audits, with actions to resolve identified issues being signed off by the registered manager. There were a range of daily, weekly and monthly audits that included medicines, food safety, and health and safety matters.

When we spoke with the registered manager, it was acknowledged that the system of quality management of the service had not identified the serious shortfalls found during the inspection relating to the medicines. We recommend that the provider takes appropriate action to ensure that the quality audit monitoring systems are used effectively and are able to identify any areas of non-compliance in relation to medicine management.

We found that people and their relatives felt consulted and involved in decisions about the care provided in the home. Regular meetings were held for people living at the home and their relatives at which they were able to participate in decision-making regarding activities and menu planning as well as provide feedback about the service. A relative told us, "They keep you well-informed here; they will tell you things when you are coming or call you and they display things that are happening like special celebrations. I feel well informed and come to the resident meetings. I like to meet other relatives to and have a chat and a cup of tea."

Observations and feedback from staff and relatives showed us that there was an open leadership style and that the home had a positive and open culture. Staff spoke positively about the culture and management of the service. Staff told us, "The managers are really engaging, they are always on the floor, anything we ask for we get" and "The manager is great, she takes up issues with muster, she knows the home inside and out." Staff said they enjoyed their jobs and described management as supportive. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided in one-to-one and staff meetings and these were taken seriously and discussed. Staff also told us that they were supported to apply for promotion and were given additional training or job shadowing opportunities to facilitate this.

Mechanisms were in place for the registered manager to keep up to date with changes in policy, legislation and best practice. The registered manager told us they were supported by the provider in their role. Up to date sector specific information and guidance was also made available for staff.

The management team and staff told us that the service manager visited the service on a regular basis, providing management support and guidance.

The provider had a number of arrangements to support the registered manager. Managers attended annual conferences, leadership meetings and a registered managers' forum. The manager also told us that she had also recently been provided with a coach to enhance her development.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to operate an effective system for recording and administering medicines.