

## Hannah Levy House Trust

# Hannah Levy House Trust

### 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

Hannah Levy House 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 home is registered to accommodate a maximum of 34 people who require personal care. There were 27 people living there at the time of our inspection. The home does not provide nursing care. The provider is a charitable trust which is run by a board of trustees. Hannah Levy House provides care for Jewish people in a Kosher environment with facilities to meet their religious, spiritual and cultural needs.

The home was led by 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.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Is the service safe?

People were protected from potential abuse and avoidable harm by staff who were knowledgeable about abuse and safeguarding procedures. Risks to people were managed so that the service was as safe as possible. There were enough appropriately qualified staff available on each shift to ensure people were cared and supported safely. Medicines were managed safely and effectively. People were protected by the prevention and control of infection. There was a system in place to review and learn from incidents when things went wrong.

Is the service effective?

Staff received training to meet the needs of people accommodated. People told us staff were skilled and well trained. Staff said they were well supported to carry out their roles and told us everyone worked very well together as a team for the benefit of the people. People's needs were fully assessed and they had access to the specialist health care professionals who worked closely with the staff at the service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People had access to nutritious, home cooked food that they enjoyed and were given choice in their menu selections. People's independence and wellbeing was enhanced by the environment of the home with improvement being made.

Is the service caring?

People and staff were relaxed and comfortable with each other. People were supported with kindness and compassion by staff who knew them and understood the care they needed. There were processes in place to ensure people did not experience discrimination in relation to their care and support. People were treated with dignity and respect and were supported to make their own choices.

Is the service responsive?

People received personalised care and support and in the ways they preferred. Staff took the time to get to know people and their life and social histories so they could provide appropriate activities and keep people meaningfully occupied. People knew how to complain if they needed to and there was a clear complaints process available.

Is the service well led?

The management team that was approachable and respected by the people, relatives, professionals and staff. People, their relatives and staff were consulted and involved in their care and support. There was a programme of quality checks and audits to ensure the quality of the service was maintained with an emphasis on seeking continual improvement.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good	<b>Good</b> ●

# Hannah Levy House Trust

## **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 comprehensive inspection took place on 24 and 25 September 2018 and was unannounced. The inspection was carried out by one inspector on both days of the inspection.

We met most of the 27 people living or staying at Hannah Levy House and spoke with nine people about their experience of living at the home. We also spoke with two relatives who were visiting people at that time. The registered manager assisted us throughout the inspection and we also had opportunity to speak with one of the directors of the provider organisation. We spoke with seven members of staff, who included care staff, and ancillary staff.

We looked at three people's care, health and support records and care monitoring records in detail and samples of monitoring records such as food and fluid monitoring and mattress checks. We looked at people's medication administration records and documents about how the service was managed. These included three staff recruitment files and the staff training records, audits, meeting minutes, maintenance records and quality assurance records.

# Is the service safe?

## Our findings

Everyone we spoke with was positive about the service they received and felt safe and supported appropriately. Comments included; "This is the number one place", "It has been a God send; wonderful place", and "From the minute I came in, I felt at home".

There was clear guidance available for people and staff to follow if they needed to contact the local safeguarding team. The staff demonstrated a good understanding of safeguarding people, being able to identify the types of abuse as well as any possible signs of abuse. They also knew how to report any concerns they may have. The registered manager had notified the local authority and CQC of any safeguarding concerns or incidents. The registered manager had taken appropriate action when incidents had occurred to protect people and reduce the risk of repeated occurrences.

There were safe and effective systems in place to manage risks. People had their health and care needs assessed for areas of risk such as those associated with falls, moving and handling, nutrition, and pressure area care. Where risks had been identified for people, records were detailed and gave staff clear guidance on how to support people. People were involved in assessing risks about their care and support. The service recognised that people had the capacity to make their own choices and decisions about the risks they faced. The staff worked with people to devise strategies to minimise risks.

The premises were maintained safely. The registered manager showed us up to date service and maintenance certificates and records relating to fire, electric, gas, water systems, lifts and hoists. A full water system check including legionella testing had been completed, which showed the premises were free from legionella. Legionella is a water borne bacteria that can be harmful to people's health.

People and staff we spoke with all felt there were sufficient care staff employed to meet their needs. The registered manager kept staffing levels under review and were based on each person's individual assessed needs.

At the time of this inspection there were good staffing levels with sufficient ancillary staff to allow care staff to focus on care duties. There were six or seven care staff on duty in the mornings, five or six in the afternoon and evening. At night time there were three staff on awake duties. There was a core of staff working at the service who had worked there for a long time, some having worked at the home for over ten years, so they knew people well. Everyone commented favourably on the staff team, with comments such as; "I am very happy here and the staff are excellent", and "If you are not well, there are there in a minute".

Recruitment practices were safe and the relevant checks had been completed before staff worked unsupervised at the home. These checks included the use of application forms, an interview, reference checks and criminal record checks. This made sure that people were protected as far as possible from staff who were known to be unsuitable.

Arrangements were in place to keep people safe in an emergency and staff understood these and knew

where to access the information. Each person had a personalised plan to evacuate them from the home and these were regularly reviewed. The home also had plans in place to manage interruptions to the power supply, breakdown of equipment or other emergencies.

There were safe systems in place for the administration and management of medicines. Medicines were recorded on receipt, when they were administered and when any were returned to the pharmacy. Staff received regular training and competency checks. People told us they were satisfied with the way staff managed their medicines. Medicines administration records, (MAR), contained information about people's allergies and had a recent photograph of the person. Medicines administration records were complete and contained the required information where doses were not given. Some medicines were prescribed to be given 'when required', and protocols were available to guide staff on when it would be appropriate to give doses of these medicines for each person. Creams and other externally applied preparations were recorded on separate MAR charts with body maps and guidance for care staff on how to apply these correctly.

There were suitable arrangements for storing medicines. Storage temperatures were monitored in the medicines refrigerators to make sure that medicines would be safe and effective.

The home was clean with systems for managing infection control. One member of staff was delegated as an infection control lead. All staff were trained in infection prevention and there were robust monitoring systems in place. Staff wore their personnel protective equipment when it was appropriate to do so.

There was a system in place to record and review any incidents and accidents that took place. Incidents were periodically reviewed to make sure there were no trends where action could be taken to prevent a recurrence.

## Is the service effective?

### Our findings

Before moving into the home, the registered manager had carried out a pre-admission assessment of each person's needs, to make sure staff at the home could meet these. Once accepted and admitted, each person's needs had been further reviewed using a range of assessments tools. These had been used in developing people's care plans, which reflected people's care needs. People were involved and consulted in their care, support and treatment. Everyone we spoke with was satisfied with the way their care was managed. A relative responded in a quality survey, "I can't imagine anywhere in the UK where Mum would get a better service. They act on concerns immediately".

We discussed equality, diversity and human rights with staff and the manager. Staff had a good understanding about treating people as individuals and ensuring they were given choice and their preferences respected. People's assessments detailed all aspects of their needs including characteristics identified under the Equality Act. This made sure the service was able to meet their care, health and support and cultural needs and provide them with individualised care.

People were cared for by staff who had been effectively trained and received on going refresher training when this was needed. People spoke positively about the skills of the staff. Staff told us that they were up to date with training and could also elect to do to more in depth training in certain topics where people had specific needs. New staff confirmed that they had undertaken a comprehensive induction as well as working some shadow shifts to enable them to observe and understand their role and the range of people's needs. The registered manager confirmed that induction training had been updated in accordance with the Skills for Care, Care Certificate which had recently been introduced. Skills for Care set the standards people working in adult social care need to meet before they can safely work unsupervised.

Staff told us they were very supported and received regular supervisions and annual appraisals.

People's dietary likes and dislikes were recorded in their care plans and the chef and kitchen staff were also aware of any special diets, such as gluten free, which people required. The chef had created menus following consultation with the people living in the home and the staff as well as using their own knowledge regarding nutrition. People made positive comments about the standard of food. One person told us, "The food is good; if you don't like something and want something else, they will do their best to give you something you like. People can make suggestions; they are very accommodating". Another person said, "The food is always fresh and is very good". Mealtimes during the inspection were well-managed and a positive experience for people.

People were weighed regularly and appropriate action taken if they were losing weight, such as fortifying their diet or making a referral to a dietician or their GP.

The service worked collaboratively with health and social care professionals. Records showed that the service engaged with a range of health professionals such as, specialist condition consultants, speech and language therapists, opticians, podiatrists, occupational therapists, physiotherapists, and GP's to assess



and meet peoples' needs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Dols had been applied for appropriately and the service was working within the principles of the MCA.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. The 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.

Staff respected people's capacity to consent to their care and support. People confirmed they were always offered choice and encouraged to be as independent as possible with their consent sought in decisions making. Where best interests decisions were required these were always the least restrictive option and were made in consultation with relevant parties.

The premises are comprised of an old converted residential property with extensions added. The registered manager was working to up-grade and modernise some of the older parts of the premises to provide more space. New carpets had been laid in communal areas. There was a very homely feel to the building which was in good structural and decorative order throughout. The home has well-maintained gardens for people to enjoy.

## Is the service caring?

### Our findings

Everyone spoken with said the care at Hannah Levy House was very good. People and relatives all praised the staff for how kind and caring they were. Comments included; "I genuinely feel so well looked after", "They really do genuinely care", and "Fabulous, wonderful care; second to none".

People felt that they were treated with dignity, respect and kindness. One person said, "My husband had been looked after in Hannah Levy and he had wonderful care, which is why I was happy to come here." The registered manager had appointed a dignity champion to emphasise the importance of these values. They had introduced a "dignity tree" in one of the communal areas where people and relatives could hang and capture ideas and suggestions about dignity. People told us staff referred to them by their preferred form of address, that any personal care was carried out in privacy and that staff were always respectful in conversations and interactions.

People also felt the staff had the right skills and knowledge and they had confidence in them. They told us that staff responded appropriately if their needs changed. During the inspection we saw staff responding quickly to any requests by people for assistance. This meant that overall, people had control over their lives.

Relatives told us that they were able to visit the home at any time and that when they did so they were made to feel very welcome. People told us that the home was supportive in encouraging and supporting people to maintain and also develop their social networks and maintain links with the community. On the day of our inspection some people went out of the home.

## Is the service responsive?

### Our findings

We received very good feedback from people, relatives and professionals about the way the service planned and supported people's care needs, making it a person centred service. One person told us, "From top to bottom its is excellent", and "From my point of view it is excellent".

Care plans and assessments showed that people's needs were fully assessed and care plans reflected these. The registered manager had developed a care plan for each person that reflected their individual needs. The plans had been developed with the person concerned and also using the information from the assessments that had been undertaken. Care plans we looked at were up to date, being updated when needs changed or reviewed periodically. They were also written in a person centred way, giving clear direction and guidance for staff and reflected people's individual preferences and needs.

Staff knew everyone very well. There was a system of handovers at the start and end of each shift where staff discussed with staff coming on duty how each person had been that day. Staff were also given a handover sheet that recorded key information about each person's care and support needs. Staff told us this kept them up to date with people's changing care needs.

The home employed an activities coordinator who had worked with people to gain an understanding of their personal histories and lifestyle preferences. This information had then be used to develop with people activities and opportunities to keep them occupied and to access the community. There was a mixture of one to one time with staff as well as organised group activities such as art and music therapy. Communal activities included, Zumba, motivation and wake up sessions and swimming. Activities were also personalised to people's individual needs. For example, following the death of one person's spouse, the home arranged for two staff to take the home's minibus to the person's former home on two occasions to sort out belongings and to come to terms with their loss. The home also assisted in disposing of belongings in local charity shops and allowing the person to bring personal belongings back to the home.

The service met the Accessible Information Standard, which became law in 2016. It requires that people with a disability or sensory loss are given information in a way they can understand and are supported with their communication needs. The service met people's information and communication needs by identifying, recording, flagging, sharing how these needs were to be met in their care plans. Each person's plan detailed how they communicated and what if any aids they needed.

People and relatives told us they knew how to complain if they needed to. They all said they had never needed to make a complaint because any concerns or worries were always addressed. There was guidance available informing people how and who to make a complaint to if required. No-one raised any complaints with us during the inspection. Any complaints were fully investigated in line with the service's complaints procedures.

People were consulted and involved in determining any advanced care plans. The home had also achieved Gold Star Framework award, which is a model that enables good practice to be available to all people

nearing the end of their lives. At the time of inspection, one person was nearing the end of their life and we found the service was working well with community health professionals to make the person's death in accordance with their wishes and pain free. The home had also provided a bed for the person's relative so that they could stay with the person.

## Is the service well-led?

### Our findings

Everyone spoken with felt the home was particularly well run with the needs of the Jewish community at the heart of the service. People made comments such as; "Excellent. I can't find fault with anything", and, "From my point of view it is excellent".

The registered provider is a registered charity and the home was overseen by a team of four trustee's, who each held individual roles, but worked as a team to ensure the smooth, safe running of the Hannah Levy House. They visited the home at least twice weekly to keep fully informed of all the home's news. The registered manager said there were good working relationships with the trustees who were always willing to listen to ideas for improvement and support change. This had resulted in a very well-run home that had clear strategic goals and a vision of maintaining high standing in the community. Part of the strategy was to up-grade some of the bedrooms to provide more space and better facilities, so that the home could compete with new build services.

Everyone spoke highly of the registered manager and their contribution to the running of the home. A member of staff, who had worked at the home for many years, told us, "She is a very good leader. When she came she made a lot of small improvements. She always comes round and speaks to people; anyone can go and talk to her". A person living at the home told us, "The manager and deputies are wonderful.....very kind". People told us that the registered manager and deputies were always available, contributing to the high morale amongst staff. This was reflected in the low turnover of staff, many of whom had worked for many years at the home.

The service had recently been accepted to a scheme which seeks to reward 'hidden heroes' who have contributed above and beyond their job role. This scheme provides three staff the opportunity to stay in a hotel of their choice and to take another person with them. One member of staff had received this recognition. The registered manager had also introduced an employee of the month award with people at the home and staff colleagues putting forward nominations.

The well-developed management structure in place ensured good delegation of responsibilities with staff knowing their responsibilities and who to turn to for advice or authority on decision making. On the days of our inspection, all the records and documentation we required, was readily available, accurate and up to date. There were also regular staff meetings, the minutes of which showed that staff were consulted, informed and their views taken into account in decisions that affected the running of the home.

Relatives and people living at the home all told us of the high regard of the home in the local community. Some relatives were actively involved in raising money for the home and its residents. People were taken out to local places of worship and the home had strong links with local synagogues.

Discussions with the registered manager and one of the trustees showed there was a strong emphasis in seeking continuous improvement. The registered manager had recently purchased a massage chair for people to use who suffered aches and pains. The money for the chair had been donated by a relative who

wished to show their gratitude for the care of their relative. As one relative told us, "The home is very special, I think Hannah Levy is an excellent place".

The registered manager was able to give examples of where they had learnt from concerns, accidents or safeguarding, putting into place actions for improvement. There were also very strong auditing processes that identified weaknesses in systems or areas where improvements could be made.

The views of people using the service were at the core of quality monitoring with annual surveys carried out. Views of relatives were also sought. The last surveys were carried out in April 2018 and the results had been collated and analysed. Returned comments were all very positive with examples such as; "Everything is good". The care is excellent and the environment is spotless". I have every regard for the staff here". "I think that Hannah Levy is a wonderful place".

The service's rating was displayed both in the office and on the website as required.

The registered manager had a good understanding of what notifications they needed to send to CQC. The notifications always included what actions the service had taken in response to any incidents.