

Jewish Care

Jewish Care North London and Hertfordshire Home Care Service

Inspection report

Amélie House, Maurice and Vivienne Wohl Campus
221 Golders Green Road
London
NW11 9DQ
Tel: 02089222557

Date of inspection visit:
11 December 2017

Date of publication:
27 March 2018

Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 11 December 2017. Jewish Care North London and Hertfordshire Home Care Service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults. At the time of the inspection the service was supporting 34 people.

At our last inspection on 10 and 11 August 2016 there was a breach of the regulations related to safe care and treatment as risk assessments were not always in place to provide guidance to staff. The service had been rated as 'Good' overall in August 2016.

A registered manager was in post at the time of the inspection. 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.

Medicines were not always managed safely although the provider was addressing this at the time of the inspection.

Whilst there were quality assurance processes in place they did not always find the issues of concern we found at the inspection. The registered manager was well regarded by people using the service, and staff told us they felt supported and that they received sufficient training and supervision. Records confirmed staff received appropriate training for their role.

At the last inspection we found issues with risk assessments but this was addressed by the time of this inspection.

People told us they were happy with the service provided and they usually had the same carers which they valued. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, and understood issues of consent. The provider had policies and systems in place to support this practice.

Safe recruitment processes were in place so staff were considered safe to work with vulnerable people. Staff understood the importance of safeguarding and the provider referred concerns to the appropriate authority and notified CQC as required.

The provider had a complaints process in place which dealt with formal complaints, but were not always capturing day to day concerns, however the provider told us they would consider how to do this.

We found the provider was in breach of two fundamental standards. These related to safe care and treatment and the governance of the service.

You can see what action we told the provider to take at the back of the full version of the 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 management was not always safe although the provider was in the process of addressing this at the time of the inspection.

Risk assessments were in place to provide guidance to staff.

The provider had safe recruitment processes in place to ensure staff were suitable to work with vulnerable people.

People told us they felt safe and staff understood what to do if they had any safeguarding concerns.

Is the service effective?

Good ●

The service was effective. Care staff received appropriate training and support to carry out their role.

Staff understood about consent and how important it was to obtain this was before providing care.

The service made contacts with health professionals where there were concerns regarding people's health.

People were supported to eat and drink when this was required.

Is the service caring?

Good ●

The service was caring. People told us staff were kind and treated them with dignity and respect.

People's care plans were signed by them, although they did not always view they were involved in support planning. The provider had plans to address this.

People usually received care from a regular team of care staff.

Is the service responsive?

Good ●

The service was responsive. People's care records were detailed and personalised.

The provider had a complaints policy in place and addressed formal complaints, they were reviewing how to capture day to day concerns expressed by people.

Is the service well-led?

The service was not always well-led. Whilst there were quality processes in place they did not capture issues related to lack of recording.

The provider could not always show that management priorities were informed by assessment of risk.

The registered manager was viewed positively by staff and people using the service, and we found them to be open and transparent.

Requires Improvement ●

Jewish Care North London and Hertfordshire Home Care Service

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 was planned to check 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 inspection took place on 11 December 2017, and was undertaken by two adult social care 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 care service. Their involvement was phoning people who use the service and their relatives to gain their views of the service.

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supported staff or providing care. We needed to be sure that they would be available for the inspection visit.

Due to technical problems on the part of CQC, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually 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.

Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law.

On the day of the inspection there were 34 people using the service. Inspection site visit activity started and ended on 11 December 2017. It involved a visit to the office to look at records held by the provider. During the inspection, we spoke with the registered manager, the service manager, a care co-ordinator who is also one of the deputy managers and two members of care staff. We also visited one person receiving a service in their own home, and spoke with seven people on the telephone, some of whom were family carers.

We looked at five people's care plans and one person's daily care logs in their home. We reviewed two care staff recruitment files and four care staff supervision records. We checked the training matrix across the staff team and a variety of policies and procedures, staff meeting minutes, staff rota for two weeks and quality survey results.

Subsequent to the inspection the registered manager and service manager sent us additional information to evidence actions by the service and we spoke with three additional care staff. We had feedback from two health and social care professionals as part of this inspection.

Is the service safe?

Our findings

People told us "Yes, I feel safe with the carers" and "I feel safe." We could see there were systems and processes to safeguard people from abuse, and the service had sent the CQC notifications in the past 12 months when they were concerned about a person. Staff were able to tell us about safeguarding and what they would do if they had concerns. "Safeguarding training is good. I would report concerns to my manager. It would get dealt with."

However, we found one incident where a person had made an allegation of abuse to a member of the care staff, and the registered manager had been out to visit this person to discuss the allegation. But there was no record of the visit or the outcome of the discussion on care records. The person confirmed to us that the registered manager had visited them and no abuse had taken place.

This same person was offering money to carers in October 2017 and carers notified the registered manager who visited the person to explain this was not necessary or appropriate but this visit was not recorded on their care records, although a follow up letter to the person was on file. This meant that whilst the registered manager had taken appropriate action in both examples above, there was not sufficient recording to evidence this action.

These concerns were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we noted that where care staff were required to administer medicines as part of a person's support plan a detailed medicine record was not completed by care staff. As part of the inspection feedback we highlighted this to the provider who acknowledged this was an area to be looked at and that they would ensure appropriate records were put in place to evidence the safe administration of medicines. At this inspection we found that whilst the provider was in the process of adopting and implementing a new medicines policy and procedure this was not yet in place. This meant staff were undergoing specific medicines competency training in line with the new process but competency assessments had not routinely been taking place in the previous 12 months, although staff undertook medicines training.

At the time of this inspection we found evidence of the old system still in place. For example, when starting to set up a service for people, their medicines were recorded and the blister pack dispensing them was photocopied for office records as this provided information on the colour and shape of the tablet. Staff then completed a record daily stating the time they had given medicines. We found care staff did record they had supported people with medicines and the time staff supported people with them, but this was not on a detailed medicine administration record (MAR) and not all records listed the individual medicines given.

There was also no effective system in place to update the office when people's medicines were changed. For example, we found the copy of one person's medicines and blister pack dated August 2016. The service was not able to evidence they had the up to date medicine list until this person's care was reviewed following the inspection when it was clear their prescription for medicines had changed. This person's carer

had not been recording the medicines on the daily record.

These concerns were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

By the time of writing this report the registered manager told us they had been completing medicines competency assessments with staff and only had three left to complete. Full implementation of the new medicines system would be in place by April 2018 when everyone's care had been reviewed and the most up to date medicines been recorded on MAR. The service had also negotiated with a local pharmacy they would provide MAR records with details of people's medicines. The carers would also be expected to notify the office immediately if a person was prescribed an additional short term medicine, for example an antibiotic and this would be added to the MAR.

We also had concerns that following a review of one person's care, medicines management by the service was altered. Office staff could not tell us the date of the review nor the changed plan regarding medicines management on the day of the inspection. Subsequent to the inspection visit the service sent through updated review documentation and a medicines support plan, which showed the review had taken place 12 days earlier. The registered manager also sent through information following the inspection visit that care staff had been notified of the changes in supporting the person with their medicines via a rota update sheet. This meant the person was being supported appropriately but there was a lack of contemporaneous recording of decisions taken in relation to the care and treatment provided. Lack of contemporaneous recording of decisions can place people at risk of unsafe care.

These concerns were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection there was a breach of the regulations as there were not always risk assessments in place to provide guidance to staff in mitigating the risks identified. At this inspection we found people were protected from avoidable harm because risk assessments were up to date and contained detailed guidance for staff on how to support people. They included key areas such as moving and handling, mental health and cognition and safety to self and others. When people wore a safety pendant this was noted in care records and highlighted in red. Staff were reminded to check they had their pendant on before leaving the premises. Thorough environmental risk assessments had also taken place which assisted staff to manage their personal safety when supporting people in their homes. At the last inspection we did not always find information for staff on people's medical conditions or for symptoms to look out for. At this inspection we found useful health information regarding conditions on people's files and what to do if symptoms were noted. For example for someone with diabetes there was information on hypoglycaemia and hyperglycaemia.

The provider followed robust recruitment processes to ensure that staff members were assessed as safe and suitable to work with vulnerable people. This included criminal record checks, identification verification checks and obtaining appropriate references confirming potential staff member's previous conduct and suitability for the job that they had applied for.

People told us they usually got the same carer which meant staff understood their needs, although staff did not always attend on time. People were understanding if carers were late, but wanted to be notified. One person said "They usually send the same carer. She phones when she is late". Another said "They come on time and phone me if they're going to be late." A third said "They do not always come on time, and they do not always let me know but usually they do, some are prompt and some late; I understand if they are late."

One person told us "they switch over days without telling me. I always get the same person, twice a week. They phone me if carer does not turn up." This person valued continuity of carer over receiving care on the same day. Another said "They send other carers and they are OK but I like one who is more flexible. They usually send the same carer. She phones when she is late." The responsibility lay with carers to tell the person or ask the office to do so, if they were running late. This did not always happen. One final person told us "Jewish Care is excellent. Apart from when I phone to see where the carer is and they tell me to give them half an hour. They should notify me."

We could see from records that the registered manager had an overview of late or missed calls and told us they talked with staff if there was a pattern of lateness in supervision. The new electronic care system due to be implemented in early 2018 would provide further evidence for the registered manager to be able to monitor and take action. Staff told us they had enough time between visits and "I am never pressured to do extra work. There are enough staff I think." People told us staff did not rush them.

People were kept safe and protected by the prevention and control of infection by using gloves and aprons when assisting people with personal care. People told us "They all wear gloves."

We could see the registered manager had oversight of the accident and incident forms and actions were outlined following incident. We could see that lessons were learnt when things went wrong. For example, one person fell whilst walking outside with a care staff member. We could see from records the registered manager went to review the person's care and evaluated their ability to walk unaided following the incident in a timely way.

Is the service effective?

Our findings

People told us "The carers understand what I expect because they get to know me and because they are well trained." Another said "The carers are good at their job, even the one I did not get on with was good at her job." This person told us the service had now provided her with staff she did get on with. A third person said "They vary, some are better than others; mostly good. To a considerable extent they know what I need. I might have complex needs and they used their judgement as much as knowledge. It's difficult if new to a situation but they do their best and my experience is positive."

Records showed that staff received an induction when they joined the service. One member of staff said, "My induction was very good, very detailed." Staff told us the training was very helpful in their role and they shadowed more experienced staff.

The training matrix showed that staff were up to date with training such as medicines management, moving and handling, safeguarding, issues of consent, and infection control. A number of staff undertook additional training, for example in working with people with dementia or diabetes. Refresher training took place every year for key courses such as safeguarding and moving and handling, and every three years for courses such as food safety and infection control. There were six staff members due for refresher training in fire safety and they were booked onto a course in February 2018.

The service had introduced via a mobile phone application, an electronic learning system to supplement formal training courses. These short sessions on specific subjects were to remind or provide guidance to staff. We saw evidence of this style of learning in relation to pushing wheelchairs, food hygiene and dietary laws. The provider intended to roll these out further in 2018 across the organisation. One staff member we spoke with had used this new facility the others were due to have further training before they could use it.

Staff has signed a supervision agreement which stated they should have six one to one supervisions and three other documented sessions which may be group supervisions, team meetings, spot checks or use of the new electronic training system to encourage reflective practice. It was not possible to confirm from records that supervision always took place in line with this agreement. However, there was evidence that supervision meetings took place with regularity and staff said they felt supported. The registered manager told us they were a little behind with some supervisions but we could see supervisions and appraisals were on the provider action plan and were being prioritised. One member of staff told us, "Supervisions are regular. I have had about three in the last year."

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.

The service demonstrated an awareness of their responsibilities under the MCA. We found people or their

legal representative had signed their care records to confirm their consent to care and support. Paperwork in care records showed that the service had confirmed when people had a legal representative. People told us "She asks permission but she knows exactly what to do" and "[Staff] asks permission, never do anything without asking first."

People's preferences for eating and drinking were noted in care records when people were supported with food. Staff were trained in kosher dietary laws and one person told us they were looking forward to their evening meal that would be prepared by staff. "Carers come four times a day. Tonight [Staff] will cook for me and change my pad. It's lasagne and melon slices." Another person said "[staff] makes breakfast but otherwise I make my own food. She is an understanding lady, she does not rush." A third said "I am very fussy and I know she washes her hands, and she understands I am fussy about food as I keep kosher."

The majority of people were able to organise their own health appointments or their friends and family supported them with this task. However we could see that where people's health declined the service had made contact with health professionals to alert them, had visited people if there were concerns regarding their mobility and referred on appropriately and they had booked dentist appointments on people's behalf.

Is the service caring?

Our findings

People told us of staff "She is very good. She is very helpful. We have a good relationship and she is very friendly." Another said of her carer "I am very happy, very nice lady." One person told us "They are mostly caring."

We asked people if they were treated with dignity and respect. We were told "You can tell if someone is doing something willingly. They understand privacy and dignity." We were also told "They are particularly good at protecting privacy and dignity for example when having a shower." Staff told us what they would do to protect people's dignity and respect, one staff member said "I make sure if people have memory problems I make sure I read up about them" to understand people's history and background. Another staff member told us they are "always polite and speak to people in a respectful tone."

Care records were written in a personalised way and contained detailed information. Care records detailed people's background and history and provided detail on key people in their lives. People usually received care from regular carers. This and personalised care records helped staff understand people's preferences and choices. One care record noted the activities the person enjoyed and was involved in. Another explained specifically how carers should involve a family member.

Care plans noted what people could do for themselves and staff were keen to promote their independence. One staff member said they suggested to people to "do the small tasks first then try the bigger things" sometimes this may mean simply doing up their buttons. Another staff member told us to give people opportunities to be independent "You have to give people time." They also said they tell people "don't worry I am behind you" and "reassure them". People had signed their care plans which showed they were involved in care and support planning. However, the survey 2016-2017 found that only 50% of the respondents had stated they felt involved in care and support planning. The registered manager told me they planned to be more forthright at reviews regarding people's involvement and if there were concerns about a person's ability to contribute carry out a mental capacity assessment.

The service was set up to support Jewish people and staff received training to understand people's religious and cultural requirements and expectations. This training included the importance of particular holidays as well as dietary laws. People confirmed staff were able to meet their cultural and religious needs.

Is the service responsive?

Our findings

Pre-assessments took place which informed the development of care plans and risk assessments. There was good information about people's health conditions and what this meant for their care.

People's care plans were detailed and comprehensive and covered a range of key areas including activities of daily living such as personal care, mobility and mental health needs. People's choices and preferences were included and combined with background information regarding the person and their personal history, this meant they were personalised. People told us, "they come at times that suit me" and "Carer comes at 7.30 and that is my choice."

In relation to reviews we found of five care records checked, one had only started in November and was therefore not due a review. Another person's care had started in May 2017 and had had their care reviewed twice. Two additional people's reviews had taken place but had not been written up, and the fifth person had been visited several times to discuss their care, but not had their care formally reviewed. This was confirmed by the person to us. This person had not had their care support plan updated either.

We discussed this with the registered manager who acknowledged that the system for reviewing people's care needs was not sufficiently robust. They had set up a spreadsheet to record when reviews were due which they would review for accuracy and the action plan included prioritising reviews as part of the implementation of the new medicines policy and procedure.

The provider had a complaints policy in place and we could see that people's complaints were dealt with in a timely way in accordance with the policy. We saw however that the provider was using a formal definition for complaints and was not always keeping records of how they dealt with minor issues or day to day concerns that arose that related to quality. This meant the service could not evidence they dealt responsively with day to day concerns. For example, a person told us of an incident that they had raised that had been dealt with appropriately by office staff but there was no record of this in the complaints log. Similarly we noted that one person had complained in January 2017 that the carer had arrived early but there was no evidence of what the service did to address this concern, although the registered manager could tell us verbally what they did.

A survey carried out by the service in 2017 for the previous 12 months noted that 80% of respondents knew how to make a complaint. People were given information at the start of receiving the service regarding how to make a complaint. People told us "I have never complained; people you ring listen" and "I don't complain but if there was something my son would tell them." We asked another person if they thought a complaint would be addressed. They told us "I think so. I don't lift up the phone every time I get annoyed." Only one person was not sure how to make a complaint. They said "I am not sure who to complain to as [there are] different numbers to phone."

The registered manager told us they were considering a number of matters to discuss at review, and would ensure people knew how to make a complaint. They also told us they would consider how to capture day to

day concerns and evidence how they managed them as they clearly dealt with the issues raised.

Is the service well-led?

Our findings

The provider had a governance framework in place to review key areas of the service. Key areas of information included formal complaints, hours provided, missed calls, numbers of spot checks and supervisions. There was also a provider action plan in place. This meant there was oversight by the provider in some key areas, and the provider had identified some areas that required improvement, for example, medicines management and appraisals.

However the format of the information provided for scrutiny on a monthly basis by the registered manager related to statistical information in the main. The provider told us they audited specific care records but did not have evidence to confirm this. The current system of auditing had not identified the concerns raised with recording at this inspection. Also, systems had not been audited to explain the rationale behind figures provided. For example it may have been helpful to understand how many reviews had been undertaken but effective auditing would also address the rationale for prioritising who is reviewed. We were provided with a document that showed there were reviews outstanding for a number of people receiving care. If it is not possible to carry out all reviews in line with provider policy, a risk based approach would prioritise those with the greatest needs. This was an example of a lack of risk based systems to prompt management actions to safely mitigate risks to people using the service.

For example one person who had the most intensive care package offered by the service, of four visits a day did not have updated care records to confirm they had received a review of their care since April 2016 (although their support plan was dated August 2016). The person confirmed they had been visited by the registered manager on a number of occasions since this date and their care had been discussed but this had not translated into a documented review. The provider later showed us that this person had their care reviewed in May 2017, however, care records had not been updated to reflect this; the registered manager had not been aware of this review and the document setting out the reviews completed and reviews due, showed this person's care as not being reviewed since April 2016. The inspector therefore concluded that if the review took place this was not documented by the provider. Subsequent to the inspection the person referred to above has had their care needs formally reviewed and this has been documented.

Also, we found that 47 telephone monitoring checks had taken place in six months to Nov 2017. We were told on the day of the inspection that people were randomly phoned and the calls were documented, and we saw this was the case. The provider subsequently told us that the system for calling people was risk based and people who had made a complaint were prioritised for a monitoring check. However, the provider did not have a policy or guidance which stipulated how often people should be phoned which was based on the risks identified in providing the service. Spot checks on care at people's homes took place and the provider told us these were risk based.

We found concerns related to the requirement to maintain an accurate, complete and contemporaneous record in respect of each service user. For example, there was no stated requirement for how quickly review notes should be written up following a review meeting. We found reviews for two people were not on care records despite being completed 12 days and nine weeks previously. We also found the document related to

reviews undertaken and those due was not completed accurately, as it didn't include reviews that we found out after the inspection visit had been undertaken. Subsequent to the inspection the registered manager was able to show these reviews had now been written up and appropriate action taken to safeguard the people involved, but on the day of the inspection staff were not able to confirm if reviews had taken place or not.

The registered manager reported a courtesy call took place following a new service starting, but this was not recorded unless there was an issue.

The concerns above indicated a lack of risk based effective systems and processes in place to assess, monitor and mitigate the risks to people using the service. They also indicated a lack of contemporaneous recording in respect of each service user including a record of the care and treatment provided.

These concerns were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were other ways in which this service was well managed. For example, four staff team meetings took place per year and staff were required to attend at least two. We could see that relevant issues were discussed, for example, lateness, people's care needs and use of staff phones as well as training. Staff told us they felt supported in their role. "I feel supported. The office staff are excellent" and "Team working is very good." Another staff member said "[Registered manager] is really helpful and supportive." Staff told us office staff were always available to give guidance in office and out of hours which reassured them. We could also see supervision was taking place with staff and there was a training matrix in place. Observed supervisions took place. We found the registered manager and operational manager open and transparent throughout the inspection process.

People were, in general positive about the management of the service and told us "The service is well managed as far as I can judge" and "The office staff are good and very nice."

We could see the provider had undertaken a survey to get the views of people and the results were dated January 2017 and they related people's experience of the previous 12 months. The results were in general positive, for example, 100% of people reported being either very satisfied or satisfied with the service, 80% of people knew how to make a complaint, and 70% of people stated their carer arrived on time. However, the provider identified areas where they scored less well. These related to involvement in support planning, support plans being up to date and being visited by a senior member of staff once a year. We discussed these areas with the registered manager who told us the response rate was quite low at 14.7% so the information related to 10 people's responses.

Going forward the registered manager told us they planned to glean further information from people at reviews and if they were concerned regarding people's ability to be involved in support planning this would be assessed using mental capacity assessments. The registered manager acknowledged that the service had yet to get up to date with reviews of people's care, but this was being prioritised due to the implementation of the new medicines policy and an electronic care planning system.

We saw the implementation schedule for an electronic care records system to be introduced between December 2017 and March 2018. The provider told us the new system would provide electronic tracking of care staff with GPS technology which would automatically monitor start and end of visits to service users. The new system would assist with routing for visits and provide monitoring of late or missed calls. The service manager also told us the system would enable regular auditing of information and enable the

service to reduce the number of late or missed calls.

The provider had highlighted additional benefits which they hope would improve quality, these include: aligning appropriately trained care staff to work with service users as staff training records would be input to the system, and quality reports for the provider and other stakeholders.

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
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider could not evidence the system for managing people's medicines was proper and safe.</p> <p>Regulation 12 (1)(2)(g)</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.</p> <p>The provider did not have effective systems in place to assess, monitor and mitigate the risks related the health, safety and welfare of people using the service.</p> <p>Regulation 17 (1)(2)(a)(b)(c)</p>