Hannah Levy House Trust

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an unannounced inspection that took place on 24 and 25 February and 7 March 2016. The aim of the inspection was to carry out a comprehensive review of the service. At our last inspection in July 2013 there were no breaches of legal requirements.

Hannah Levy House is registered to accommodate a maximum of 34 people who require personal care. There were 26 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.

People told us that their care and support needs were met and that staff were kind, caring and respectful. People also felt safe and had confidence in the staff.

Staff knew people well and understood their needs. Care plans were detailed and regularly reviewed. This meant that there was always information for staff to refer to when providing care for people.

The provider had implemented satisfactory systems to recruit and train staff in a way that ensured relevant checks and references were carried out and staff were competent to undertake the tasks required of them. The number of staff employed at Hannah Levy House, and the skills they had, were sufficient to meet the needs of the people they supported and keep them safe.

People were protected from harm and abuse wherever possible. There were systems in place to reduce and manage identified risks and to ensure medicines were managed and administered safely. Staff understood how to protect people from possible abuse and how to whistle-blow. People knew how to raise concerns and complaints and records showed that these were investigated and responded to.

There was a clear management structure in place. People and staff said was the manager was approachable and supportive. There were systems in place to monitor the safety and quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Systems were in place to protect people from harm and abuse. Staff knew how to recognise and report any concerns.

Staff were recruited safely and there were enough staff to make sure people had the care and support they needed.

Medicines were managed safely and staff competence was checked.

Is the service effective?

Good

The service was effective

Staff received induction and ongoing training to ensure that they were competent and could meet people's needs effectively. Supervision processes were in place to monitor staff performance and provide support and additional training if required.

People were supported to have access to healthcare as necessary.

People were supported to eat and drink if this was required

Is the service caring?

Good

The service was caring.

Support was provided to people by staff who were kind and caring.

Staff understood how to support people to maintain their dignity and treated people with respect.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care was planned and delivered to meet their needs. Staff had a good knowledge and understanding of people's needs.

The service had a complaints policy and complaints were responded to appropriately.

Is the service well-led?

Good

The service was well led.

There was a clear management structure in place. People and staff told us that the registered manager and management team were approachable and supportive and they felt they were listened to.

Feedback was regularly sought from people and actions were taken in response to any issues raised.

There were systems in place to monitor and assess the quality and safety of the service provided.

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 inspection was unannounced and took place on 24 and 25 February and 7 March 2016. One inspector undertook the inspection.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service; this included incidents they had notified us about. We also contacted the local authority safeguarding and commissioning teams to obtain their views of the service as well as health professionals at the three GP surgeries used by people from the home, district nurses, social workers and other health professionals such as occupational and physio therapists and community mental health support staff.

We spoke in detail with eight of the people who were living in the home. Because some people were not able to communicate with us, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

We also spoke with three relatives, the registered manager and 13 staff including carers, senior staff, housekeeping, maintenance and catering staff. We looked at four people's care and medicine records and a further three people's medicines records. We saw records about how the service was managed. This included four staff recruitment, supervision and training records, staff rotas, audits and quality assurance records as well as a wide range of the provider's policies, procedures and records that related to the management of the service.

Good

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe and well cared for. When we asked one person if they felt safe and respected they replied, "The staff treat us like we have a label which says "handle with care", I'm so glad I moved here". Relatives told us that they believed that Hannah Levy House was a safe place for their relative or friend to live. On person told us, "We have tried hard to find fault with something but we can't!".

There were satisfactory systems in place to safeguard people from abuse. The staff we spoke with demonstrated a good understanding of safeguarding people: they could identify the types of abuse as well as any possible signs of abuse and knew how to report any concerns they may have. Records showed that the provider had notified the local authority and CQC of any safeguarding concerns or incidents and the registered manager had taken appropriate action when incidents had occurred to protect people and reduce the risk of repeated occurrences. Information about safeguarding adults was available on notice boards in the office and staff room to assist and prompt staff should they have any concerns. All staff confirmed that they would have no hesitation in reporting concerns to either the registered manager or any of the trustees.

There were satisfactory systems in place to assess and manage risk and hazards in order to support and protect people. Individual risk assessments covered areas such as moving and handling, pressure area care and the risk of falls. Environmental risks were managed safely. These were regularly reviewed and updated. There were risk assessments for each part of the home and for various systems such as the heating, hot water, electricity and gas supplies. There were comprehensive maintenance and servicing records for all of the equipment and fire prevention systems.

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 enough staff employed to meet people's needs. The registered manager explained that they had undertaken a review of people's needs and as a consequence had recently increased staffing levels. We saw that, whenever people needed assistance, staff were able to respond quickly and that there were always staff available when people were in the communal areas of the home. Staff confirmed that they felt able to meet people's needs with the current staffing level and were pleased that the registered manager had increased levels recently partly due to feedback from them that they needed more staff. People and relatives also confirmed that they rarely had to wait very long for assistance when they needed it.

There were satisfactory systems in place to ensure that people were supported by staff with the appropriate experience and character. Recruitment records showed that the service had obtained proof of identity including a recent photograph, a satisfactory check from the Disclosure and Barring Service (previously known as a Criminal Records Bureau check) and evidence of suitable conduct in previous employment or of good character.

There were satisfactory systems in place for the administration and management of medicines. The registered manager advised us that they had undertaken a review of medicines management systems and implemented a number of improvements including creating a new area for storage and management of medicines. We checked the storage and administration of medicines, and discussed medicines management with staff. Records showed that medicines were recorded on receipt, when they were administered and when any were returned to the pharmacy or destroyed. Regular audits were carried out and there were records showing that any issues identified through an audit were investigated and resolved.

Staff confirmed that they had received regular training and competency checks. Those we spoke with told us they felt confident when administering medicines. We observed a member of staff giving medicines to people. They spent time with people, explained what their medicines were for and stayed to check that people had managed to take them safely.

Medicines administration records, (MAR), contained information about people's allergies and had a recent photograph of the person. There was clear information about medicines that were prescribed as "when required" (PRN) which was contained in a care plan. There were pain management care plans in place for people who were unable to verbally communicate. Medicines administration records were complete and contained the required information where doses were not given. The administration of prescribed creams and other topical medicines had also been reviewed. Care plans gave clear instructions and records were complete and up to date.

Good

Is the service effective?

Our findings

People told us they felt they were well looked after and had confidence in the staff that cared for them. One relative told us, "The staff are proactive, Mum's hearing aids broke and they had them fixed and back to her very quickly. They also recognised a possible medical problem and sought help from the GP." A visiting community nurse confirmed that staff called them whenever they had concerns and always followed any instructions that they were given. Many of the staff told us that the registered manager's door was, "Always open", they were also proud to tell us that the staff team was very stable with many people having worked in the home for a number of years.

People received support from staff with suitable knowledge and skills to meet their needs. Staff confirmed that they received the training they needed in order to carry out their roles. Training records showed that most staff had received refresher training in essential areas such as safeguarding adults, consent and mental capacity, infection prevention and control, moving and handling and fire prevention. Some staff had not completed refresher training within the timescales laid down by the provider. The registered manager demonstrated that they were aware which staff this was and had training sessions scheduled with a trainer to address this. 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 were provided with support and supervision. Staff confirmed that regular supervisions took place to enable them to discuss their work, resolve any concerns and plan for any future training they needed or were interested in undertaking. Records showed that supervision sessions were documented on staff files and there were clear processes in place to inform and support staff where issues or concerns were identified.

Staff had a good understanding of how people preferred to be cared for. During the inspection there were many examples of staff reassuring people if they became upset, and chatting to them about their family or previous events in their lives. Discussions with staff showed that they understood when people had the capacity to make decisions for themselves and that these decisions should be respected.

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). The registered manager confirmed that they were

aware of the requirements and had made DoLS applications to the supervisory body when necessary.

People's rights were protected because the staff acted in accordance with MCA. People and their relatives told us staff provided the care and support they expected and that their wishes regarding their care were respected. Care plans contained consent forms and these had been signed by the people receiving care or the person they had nominated to do this for them. The registered manager confirmed that, at the time of the inspection, everyone in the home had mental capacity to make decisions but that there were systems in place to ensure that when someone did lack capacity a full mental capacity assessment and best interest decision process would be carried out.

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 told us they enjoyed the food. Three meal times were observed during the course of the inspection. These were sociable occasions with enough staff available to support people, offer encouragement and generally engage people in conversations.

People had access to healthcare professionals such as GP's, district nurses, occupational and physiotherapists and community mental health nurses. Staff told us they supported people with appointments if this was appropriate and were also able to liaise with health professionals if necessary. During the inspection we asked health professionals, who had involvement with Hannah Levy House, for their views of the service. Their responses were positive and highlighted that the staff asked for support appropriately and carried out instructions properly.

Good

Is the service caring?

Our findings

People, who were able to, told us that they were happy living at Hannah Levy House and found the staff to be kind and caring. One of the people living in the home told us, "I'm living again and enjoying life since I came here, I'd never even had a cup of tea made for me before. It's lovely what the staff do here." Interactions between people and staff were good; staff offered choice, prompted discussions and started conversations with people. We observed staff kindly and gently helping a person who had become distressed by bringing the home's pet dog to sit with them and holding their hand as well as talking reassuringly. The person quickly settled and clearly enjoyed the conversation as they were soon smiling and patting the staff on the hand.

People received care and support from staff who had got to know them well. The relationships that were observed between staff and people receiving support demonstrated dignity and respect at all times. The main lounge and dining room were also the main routes through from one part of the building to another. Whenever staff passed through an area they took time to say hello to people and smile or wave. They would notice that someone needed their blanket readjusting or a cushion repositioning in order to protect their dignity or promote their comfort. They did all this quietly and gently and people were left smiling and looking happy.

During this inspection we spoke with staff from the catering, housekeeping and grounds departments of the home. They told us that the registered manager had encouraged them to feel part of the team that cares for people living in the home and that they enjoyed this aspect of their role.

Staff were attentive to people's needs; they were quick to offer assistance or provide discreet support when it was needed. People's records included information about their personal circumstances, how they wished to be supported and how to encourage people to maintain and improve independence where possible.

Staff respected people's choices and supported people to maintain their privacy and dignity. We heard staff offering people choices throughout the inspection. This included choices of which area of the home they would like to sit in, when to get up, meals or activities. Staff told us that they knocked on people's bedroom doors before entering, ensured doors, and curtains if necessary, were closed when people were receiving personal care and used screens in public areas if necessary.

Good

Is the service responsive?

Our findings

We saw that staff were responsive to people's needs. They responded to people's verbal and non-verbal gestures and communications. One visitor to the home told us, "The staff are super. I see a lot of compassion and patience and they are good at seeing what is needed and doing it".

A range of activities were available including music and art therapy. During the inspection a music therapist was visiting the home. One person had played piano all their life but was no longer able to sit at a piano or press the piano keys. The therapist had new computer technology that enabled the person to create piano sounding music through touching special large buttons and clearly they gained huge pleasure from creating music again. Other people and the staff also enjoyed seeing the pleasure this gave the person.

People and relatives told us that they felt their needs were met and that staff were quick to consult GP's and other health professionals such as the community nurses if they had any concerns.

People had their needs assessed before moving into the home. Assessments were detailed and covered both physical and mental health as well as a person's general wellbeing, social and emotional needs. Assessments were used to create initial care plans so that staff were informed of people's needs and how they should be met.

People's needs were regularly reviewed and their care plan, medicines and risk assessments. People and their relatives told us that they were consulted during reviews. Where staff identified concerns either through the review process or through daily care provision, records clearly showed the actions they had taken such as contacting a GP, dietician, speech and language therapist or tissue viability specialist nurse.

Staff had a good knowledge and understanding of people and their needs and could quickly recognise when someone was showing signs of being unwell or in pain. Handovers between staff at the end and start of shifts ensured that important information was shared and people's progress could be closely monitored. We observed one handover and saw that staff were clearly allocated tasks and given information about any concerns or issues that needed to be followed up.

Information about how to complain was available on notice boards in the home. Details about how to make a complaint were also included in the information pack given to people and their relatives when they moved into the home. The information was detailed and set out clearly what an individual could expect should they have to make a complaint. There was a procedure in place to ensure that complaints were responded to within specific timescales and that any outcomes or lessons learned were shared with the complainant and other staff if this was applicable. Records of complaints that had been received and investigated showed how the concern had been investigated, the timescales this was done within and the outcome for each complaint.

Regular meetings were held for the people living in the home to enable them to contribute to the running of the home and raise concerns. Meetings were also held for relatives. Records of the meetings showed that

recent discussions had been included menu plans, activities and outings and the previous inspection report, rating and warning notices.

Good

Is the service well-led?

Our findings

All of the people, relatives and staff we spoke with during the inspection spoke positively about the registered manager and the way the home was managed. People and relatives told us that the registered manager and the deputy managers were always available to them if they had queries or concerns and that other staff in the home were also very helpful. They added that they knew that they would be listened to and that action would be taken when they raised any issues.

The service had a positive, open, person-centred culture. Staff said they felt able to raise any concerns with the management team and were confident that they would be addressed. They were also aware of how to raise concerns and whistleblow with external agencies such as Care Quality Commission. They told us they had regular reminders about safeguarding and whistleblowing during meetings and in supervision sessions and training.

There were satisfactory arrangements in place to monitor the quality and safety of the service provided. Audits were undertaken by staff and management within the service. There were weekly, monthly, quarterly and annual audits of various areas including medicines, accidents and incidents, infection prevention and control, cleaning, the environment and health and safety. Where issues were identified a plan had been put in place to prevent any reoccurrences and the effectiveness of these actions had been checked.

People's experience of care was monitored through annual surveys which were sent to both people living in the home and to relatives and friends that visited as well as other visitors to the home such as health professionals and social workers. Surveys were analysed and a report created from the results which included any areas that had been highlighted from the survey as requiring action and a plan with timescales to implement the required actions.

The registered manager told us they kept up to date with current guidance, good practice and legislation by attending provider forums, external workshops, conferences, local authority meetings and regularly reviewing guidance material that was sent via e mail by The Care Quality Commission and other independent supporting bodies.