

Jewish Care

# Jewish Care North London and Hertfordshire Home Care Service

## Inspection report

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## 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

About the service:

- This service is a domiciliary care agency.
- It provides personal care to a range of adults living in their own homes, of Jewish faith, with a broad range of physical and mental health needs.

People's experience of using this service:

- People and their relatives told us they felt safe and were happy with the care provided.
- People told us staff were able to look after them well and had the skills to care for them.
- There were enough staff to meet people's needs; some people told us staff did not always tell them when they were running late.
- Care records promoted person centred care, but the service was not recording medicines administration and support safely at the time of the inspection. The service have made improvements since the inspection.
- Risks identified with caring for people were recorded for the majority of concerns, but the service did not always provide enough detail for staff to support people with significant mental health needs. The service has made improvements in this area since the inspection.
- People and their relatives told us they provided feedback on the service, and they thought it was well run. However, we were concerned at the lack of accurate contemporaneous recording of medicines administration records and lack of effective provider oversight of medicines management. We were of the view the service was not always well led.
- The service met the characteristics for a rating of "Requires Improvement" in two out of five key questions we inspected. We found there was a breach of the regulations in relation to governance of the service. Therefore, our overall rating for the service after this inspection was "Requires Improvement". We have also made a recommendation in relation to the staff understanding of the Mental Capacity Act 2005.

More information is in our full report.

Rating at last inspection: At our last inspection, the service was rated "Requires Improvement". Our last report was published on 27 March 2018. At the last inspection we found two breaches of the regulations related to the safe management of medicines and the governance of the service.

Why we inspected: This inspection was part of our scheduled plan of visiting services in line with the "Require Improvement" rating, to check the safety and quality of care people received.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service remained effective.

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service remained caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service remained responsive.

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well-led findings below.

**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 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

### Inspection team:

The inspection was completed by one inspector 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 domiciliary care service. Their role involved talking with people using the service and their families on the phone.

### Service and service type:

This domiciliary care agency provided support with activities regulated by the Care Quality Commission to 18 people at the time of this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of the inspection the registered manager for this service was working at another of the provider's services. The day to day management of the service was being managed by a registered manager from another of the provider's services. We have referred to this person in this report as the interim manager.

### Notice of inspection:

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

#### What we did

##### 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.
- ☐ We reviewed the Provider Information Record (PIR). The PIR provides key information about the service, what the service does well and the improvements the provider plans to make.
- We also reviewed the action plan sent to us following the last inspection. This set out the actions the service planned to take to address the breaches of the regulations we found.

##### During the inspection visits to the office on 4 & 6 March 2019:

- ☐ We looked at three staff recruitment records.
- ☐ We looked at seven care records including risk assessments and medicines administration records.
- ☐ We spoke with four care staff, a care manager, the interim manager and the service manager.
- ☐ We looked at supervision, training, accidents and incidents, complaints and compliments.
- ☐ We looked at management processes to audit the quality of the service.

##### After the inspection visits:

- ☐ We telephoned two people who used the service and six relatives to get their feedback.
- We were sent additional management documentation including auditing information and updated risk assessments following the inspection.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

RI: ☐ Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- At the last inspection we found a breach of the regulations as medicines were not always safely managed. The service was not always keeping an accurate record of the medicines given by care staff, and the service did not have a system to ensure they had the most up to date list of people's medicines.
- At this inspection we found the service had in place medicine support plans, risk assessments and Medicine Administration Records (MAR) for three people they offered full medicine administration support to.
- However, there were ten other people the service were prompting with medicines and for these people there was not always accurate documentation in place to guide staff or advise on how to mitigate against risks associated with medicines. The service did not have an up to date list of medicines for all the people they supported. We spoke with the interim manager and service manager regarding this. They were of the view that there were different recording requirements for people who received minimal medicines support. However, best practice guidance does not distinguish between different types of medicines support. All medicines support requires documentation to set out the support a person requires, what medicines people are supported with and any risks identified with this task. This was of concern as this meant an accurate, complete and contemporaneous record was not maintained securely for each person, in relation to medicines management. This concern is addressed further in the Well-Led section of this report.
- At the time of writing this report, the service was putting in place suitable documentation to record people's support with medicines and risk assessments to mitigate any risks associated with this task, for the additional ten people.
- Staff were suitably trained and competency assessed to give medicines and we saw where one staff had made an error they were withdrawn from giving medicines until they were supervised and competency checked.

### Assessing risk, safety monitoring and management

- People did not always have risk assessments in place to detail for staff in some areas that were identified as a risk. For example, we found risk assessments for two people with significant long term mental health needs did not provide sufficient detail on their usual presentation of symptoms so staff could understand when this person's health deteriorated. One of these people had recently been subject to a safeguarding alert due to a deterioration in their mental health which had been noted by another of the provider's visiting professionals. Another person, as part of their ill-health expressed confused thinking, as to the timing of occasions when they had lost money or been the victim of theft. Lack of information for staff in relation to this meant further incidences of potential abuse or crime could be overlooked by staff. After the inspection,

the service sent us updated risk assessments to guide staff in these areas.

- Risk assessments for other identified areas such as the environment, falls, eating and drinking were detailed, up to date and in place to guide staff in their caring role.

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

- People told us they felt safe with the care staff. Relatives also gave positive feedback "Is she safe with them? Absolutely, they're lovely girls and no they have never been rude to her and she would tell us if there was anything like that" and "Oh yes, definitely she's safe."
- Safeguarding policies and procedures were in place and staff understood about abuse, the different types that can occur and what to do if they had any concerns. Staff also understood the importance of whistleblowing. The interim manager kept a log to ensure they were aware of any safeguarding concerns, the stage of the investigation, the outcome and any learning for the service.

#### Staffing and recruitment

- Safe staff recruitment processes were in place with appropriate criminal record and reference checks taking place prior to staff starting work with vulnerable people.
- People told us there were enough staff to meet their needs. People usually had the same carers and no-one reported missed calls. Some people mentioned staff were sometimes late. Most people were told when staff were running late, but not all. "They've all got phones and even if they're late, they always turn-up!" The service manager told us they were reviewing the process for letting people know if staff were running late. The IT system also showed arrival time of staff and the office discussed with staff if they were regularly late arriving for care.
- The service did not currently provide care to people who required use of a hoist as they were not in a position to provide two staff simultaneously, but staff told us they were trained to use moving and handling equipment.

#### Preventing and controlling infection

- Personal protective equipment, such as gloves and aprons was provided for use by the service; people told us they were used by staff.

#### Learning lessons when things go wrong

- We saw that the service kept logs of incidents and accidents and the interim manager could tell us how they shared learning from events. For example, by referring people to other health professionals as a result of falls and by changing how staff accessed information on the provider's care planning hand held devices, to facilitate better communication.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

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

- The service manager and interim manager only accepted referrals for care if they were confident they had suitable staff available. People's needs were assessed prior to care starting. Initial assessment documentation outlined people's health and social care needs
- People's care needs and risk assessments were reviewed soon after the service started to ensure the service was meeting their needs.

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

- The service liaised with health professionals supported people to live healthier lives. The provider employed a range of health and social care professionals to support people across their services including occupational therapists, physiotherapists and social workers. In addition, we could see the service liaised with other health and social care professionals including mental health colleagues and district nurses.
- Some people employed additional staff to support them with cleaning or other caring tasks and the service worked with staff from other care agencies to provide care to people in their home.

Staff support: induction, training, skills and experience

- People and their relatives told us staff were effective in their caring role. Feedback included, "Yes, the ones that I have are good at their jobs" and a relative told us "My sister and I have already done the questionnaire and said they are excellent, highly professional and well-organised."
- Staff were supported in their caring role through a mixture of induction, training, supervision and appraisal. Competency assessments and spot checks also took place to ensure staff were skilled in their role.
- We saw that staff completed a comprehensive induction which involved training and shadowing of experienced staff. New staff completed the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected for care staff in the health and social care sectors. Training topics included health and safety including fire, moving and handling, infection control, safeguarding, and food hygiene. Staff also took a course in the 'Jewish Way of Life' to ensure they could be aware of, and sensitive to the needs of the people they supported. The induction took place over two weeks. One staff member told us "The induction was intense, very rewarding and interesting" and they had "learnt a lot."
- Staff told us they were supported in their role by the management team. Management cover was always available and we saw that staff received regular supervision, appraisal and competency checks took place.



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

- People and their relatives were happy with the support offered with eating and drinking. Feedback included, "She depends on the care staff to cook her soup or there are tinned soup options. I prepare some for her and some of the carers make it for her" and "There are no issues about the food preparation." Staff were trained to understand kosher dietary requirements which were important for some people.

## Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Services providing domiciliary care are exempt from the Deprivation of Liberty Safeguards (DoLS) guidelines as care is provided within the person's own home. However, domiciliary care providers can apply for a 'judicial DoLS'. This is applied for through the Court of Protection with the support of the person's local authority care team.
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. There were no people using the service that were subject to a judicial DoLS.
- Staff had received training in the MCA, however it was not entirely effective. We found one person with records related to a 'best interest' meeting which did not appear to have involved the relevant people; the decision was to lock a person's medicines away in a safe in their house. The interim manager told us this person sometimes moved their medicines to parts of the house they would not let carers go into, and had therefore had not always been taking their medicines as prescribed. However, although a 'best interest' meeting had taken place with the person present, staff from the agency and a family member, it was not clear whether the service had approached this appropriately in relation to the MCA. For example, it was not clear if the person had capacity to agree or not to the medicines being locked away. After the inspection the interim manager agreed to clarify the position and confirmed the person was able to make a choice and had agreed to use of the safe and amended documentation accordingly.

We recommend the service ensures all staff understand the implications of the MCA in the provision of the service.

- Care records noted people's mental capacity under the section 'choice and control'. Consent was sought and records showed people signed to confirm information could be shared, personal care could be offered and photographs taken. Staff were able to tell us they sought permission from people before offering care and understood the importance of offering choice to people. In these ways the service was very clear about day to day issues of consent.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and their relatives praised the kindness and caring nature of staff. One person told us, "Yes they [staff] are caring and kind, but I'm a very independent person!" Relatives said, "Yes they are caring and kind. For example, the way they are with her if they find her having fallen. They stay with her." Another relative told us that staff stayed with their family member until health assistance was sought when an injury occurred which required treatment. Another relative said "Yes they are caring and kind but it's really their patience and understanding with cognitive decline."
- Staff were able to talk about the importance of diversity and equality. One staff member told me they were aware to be sensitive to people's sexuality. Staff were aware of the religious and cultural requirements of the Jewish faith so they could support people appropriately.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Care support plans were signed and people told us they were involved in the way their care was offered. Care records also set out what people could do for themselves and staff understood the importance of letting people do tasks for themselves.
- Feedback included, "Mum says they are caring and responsive and she is capable of telling them what to do. She's just very deaf" and "They leave her to do what she can for herself like brushing her own teeth." Staff told us they promoted people's independence, "Through choice by letting people do what they are physically able to do. Not jumping in for them" and "I note what people like to do and try and support people doing these things. If something is harmful to them I might try and steer them away and give them other options."
- Staff were able to tell us how they showed people dignity and respect. "I close the door, and give people their own space and privacy." Another staff member told us they listened to people talk about their life and their family and it was important to understand people's personal histories.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: ☐ People's needs were met through good organisation and delivery. ☐

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service provided personalised care which met people's needs and preferences and gave them choice and control.
- We saw support plans were in place. These were up-to-date and covered a range of needs including personal care, eating and drinking and moving and handling support. There was a one- page communication summary which clearly set out if people had hearing or visual impairment needs and what staff needed to do to communicate with them effectively.
- At the last inspection reviews of people's care were not always documented. At this inspection we could see that reviews of people's care took place regularly and care records were updated.
- People and their relatives told us, "They do follow the care plan and there's very good communication between the office and the carers. I have good contact with them as well. I'm impressed" and "Yes [name of interim manager] does the routine re-assessments and there are regular checks. It's a distinctive characteristic feature, their responsiveness."
- Care was in general, provided at a time that suited people.

Improving care quality in response to complaints or concerns

- People receiving the service were able to express themselves and told us they would let the office know if they were not happy with care provided.
- People and their relatives told us any issues raised were dealt with quickly and effectively. "Yes, they responded well to some issues", "We have no complaints but I would be able to follow up anything with them if necessary" and "We communicate via email and things are dealt with immediately. I am satisfied with the way they respond."
- The provider had two systems for dealing with complaints. A formal route which the provider's complaints team dealt with and day-to-day issues that were raised with the office. It was not always clear from the records that complaints dealt with by head office staff had been completed within the provider's timeframe, although we were assured they were. This showed a disconnect between the two systems for dealing with complaints. Since the last inspection the service had set up a system to record the day-to-day concerns that arose and how they dealt with them.

End of life care and support

- The provider had an end of life policy. The service supported people at home for as long as was safe, working with associated health and social care colleagues. If it became clear a person's needs could no longer be safely met at home, the provider offered assessment for residential and nursing care services

within their provision as an initial option.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Requires improvement: Although people were happy with the care provided; there were areas in which the service was not consistently well-managed.

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

- At the last inspection we found a breach of the regulations related to governance of the service. Care records had not always been kept up to date and although there were quality audits taking place they had not been effective in identifying the issues we found at the inspection.
- At this inspection we found some improvements in the way the service was led. However, we also found some areas in which the service was not consistently well-led. For example, at the inspections in 2016 and 2017 issues with medicines management were highlighted: concerns were serious enough at the last inspection in 2017 to breach the regulations.
- Whilst the service had sought external advice on medicines management in the last 12 months the information they had been given was not up to date best practice, and meant they did not have all the relevant documentation in place for medicines administration. The provider's internal support staff had also not noted this. This meant at the time of the inspection there was poor practice in place in relation to medicines management, and the local management team and the provider's representatives were misinformed as to their responsibilities in relation to the safe management of medicines.
- This showed a lack of provider oversight of this important aspect of care provision. In this way the provider was not assessing, monitoring and mitigating the risks related to the health, safety and welfare of people using the service in relation to medicines management. The lack of detailed contemporaneous care records, MAR or similar, as outlined in the Safe domain of this report, was also of concern as this placed people at risk of harm.

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

- In other ways we found significant improvement in the way the service was led. For example, at this inspection we found that from November 2018 robust systems were implemented to prompt and monitor management tasks including spot checks, quality visits and reviews. This meant the interim manager was able to show us management tasks that had taken place and that which were due. There were other areas in which the interim manager and the local management team had established effective management systems and processes. For example, spreadsheets showed when supervisions, appraisals and competency checks took place for staff.
- The interim manager along with other members of the local management team adopted a risk based approach in managing the workload and understood regulatory requirements in relation to the provision of

care and notifying CQC of important events, such as safeguarding concerns.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service was committed to providing a person approach and people and their relatives confirmed this was the case.
- The senior and local management team were aware of their responsibilities in relation to duty of candour and adopted an open and transparent management style.
- We found that issues raised at this inspection were heard and addressed quickly by the local management team.

Continuous learning and improving care

- The interim manager had set out a service improvement plan since coming into post and was working through areas identified. The service manager was also overseeing improvements and was actively involved in the running of the service.
- The service worked with the local authority to seek advice on best practice.
- The service was part of a range of services for the Jewish community, run by the provider. This meant that information was shared across the provider's management teams and services, and so learning and improvement was facilitated in a structured way.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were very positive about how the service was run.
- People and the relatives told us, "Yes, 100% it's a well-managed organisation", "We are very, very happy with the service" and "Yes I would recommend them. It's a very good service." We were also told, "In comparison to the previous agency, they are much better."
- Staff told us they felt supported by the interim manager and office staff who were always available, and they enjoyed their caring role. Feedback from staff included, "The office staff are always very supportive."
- There had been more frequent staff meetings since November 2018 which the staff appreciated. Staff told us it gave them an opportunity to talk through issues with office staff and share best practice.
- A number of staff had worked at the service for many years and told us the conditions were good. Staff were paid to attend training and staff meetings. Staff told us they were offered opportunities to progress. One staff member told us, "Oh yes, I have worked for other organisations and Jewish Care is a good organisation to work for." A survey of staff found 92% thought the provider was a good organisation to work for.
- The provider commissioned a survey of views on the service in 2017-18. There were only seven responses from the last survey with three people stating they were very satisfied with the service, three people stating they were satisfied and one person dissatisfied. The service was reviewing how to get the views of people and their relatives.

Working in partnership with others

- The provider was committed to running a range of services locally for the Jewish community and this meant that people could meet with others and access activities across the provider's other services. Some people receiving assistance through this service attended a day service at the same location as the office. One person preferred to use bathing facilities at the day service rather than the shower at their flat. This

showed a willingness to work in partnership across the provider's services to meet people's needs.

- The provider and local management teams also worked with local health and social care colleagues to take advice from, and promote best practice for the local Jewish community.

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 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. The provider did not have effective systems in place to assess, monitor and mitigate the risks related to the health, safety and welfare of people using the service. Regulation 17 (1)(2)(a)(b)(c)</p> |