

Leo Baeck Housing Association Limited

Clara Nehab House

Inspection report

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London
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Tel: 02084552286

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14 June 2016

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected this service on 14 June 2016. The inspection was unannounced. Clara Nehab House is a care home registered for a maximum of 25 people of the Jewish faith.

At the time of our inspection there were 24 people living at the service. The service was located in two adjoining houses on a residential street with access to a back garden. There was a lift to access upstairs and there were accessible bathing facilities for people with mobility problems.

We previously inspected the service on 3 April 2013 and the service was found to be meeting the regulations inspected.

At the time of the inspection, there was a registered manager in place at the service. 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.

There was a warm and friendly atmosphere at the service. People using the service told us they found the staff were mostly caring and kind and were skilled enough to do their job. Relatives spoke highly of the service and would recommend it without hesitation to other people.

Staff talked positively about their jobs telling us they enjoyed their work and felt valued. The staff we met were caring, kind and compassionate and treated people with dignity and respect.

We saw that care plans were up to date, and whilst there was significant recording related to people's care and observations re their needs, this was not always translated into specific actions to mitigate risks on the risk assessments.

People were supported to maintain good health through regular access to healthcare professionals such as GPs and the local general hospital. In general people spoke well of the food, and we saw there was a plentiful and varied range of meals available. People's cultural and religious needs were facilitated by staff.

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. We found the service to be compliant with the legislation.

At the time of the inspection there was some work being undertaken to improve the facilities. We found the premises were clean and tidy, although the décor was dated. There were plans for upgrading en suite facilities in people's rooms and for carpets to be replaced. However, the walls were in need of painting, the

flooring in communal bathrooms was dated and the kitchen facilities had limited preparation and storage facilities. The service had achieved the highest rating for food hygiene.

There was a record of essential services such as gas and electricity being checked, and equipment safely maintained. There was clear documentation relating to complaints and incidents.

People living at the service and their relatives and friends told us that the registered manager, and deputy manager had a very visible presence within the home.

We found staff supervision was being carried out on an irregular basis for some staff due to shortages at a senior level, however, group discussions were taking place in relation to key issues. Training was undertaken and staff said they felt well supported in their role.

Staff knew how to recognise and report any concerns or allegations of abuse and described what action they would take to protect people against harm. Staff and people using the service told us they felt confident any incidents or allegations would be fully investigated. Whilst we found that actions were taken when there was an incident of a person living at the service hitting another person this was not considered as a safeguarding incident in line with the provider's policy. We have made a recommendation in relation to this.

We found there was a breach of the regulations in relation to medicines. People told us they had their medicines on time and they were stored in a locked room. However we found some discrepancies between the number of tablets in boxes and what the records stated there should be, and boxed tablets were stored without their packaging.

We found there was a breach of regulation in relation to staff recruitment. The service operated a policy of staff starting working with the service on a 'casual' basis. Not all checks and references were obtained prior to staff being recruited permanently. This meant the service could not be confident staff were considered safe to work with vulnerable people in the period when working casually at 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. Staff recruitment processes were not always thorough prior to staff starting to work at the service.

The service was not always completing safeguarding referrals in line with their own policy, although staff understood about abuse and how to manage any concerns.

In relation to medicines there were discrepancies between the records and actual tablets and storage was not sufficiently safe.

Essential services were maintained so the premises were considered safe to occupy.

Is the service effective?

Good 

The service was effective. Staff received training in key areas to enable them to carry out their role effectively.

People had access to good health care.

People were supported to eat a healthy and varied diet and were given a choice of menu.

Is the service caring?

Good 

The service was caring. We saw staff were kind and patient with people living at the service.

People's cultural and religious needs were met by the service.

The service was homely and people were supported to personalise their rooms.

Is the service responsive?

Good 

The service was responsive. Care plans were detailed, personalised and up to date

There were activities for people to be involved in at the service.

Complaints were dealt with promptly and appropriately.

Is the service well-led?

Good ●

The service was well led. There was a vision for the service and a culture of openness.

The registered manager and deputy were very approachable and well thought of by people living at the service and their relatives.

There was an improvement plan in place to improve both the environment and some of the working practices at the service.

Clara Nehab House

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.

The inspection took place on 14 June 2016 and was unannounced. It was undertaken 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 care service.

Before the inspection we reviewed information we held about the service. This included information provided by the service through a Provider Information Return, previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met and spoke with six people individually who lived at the service. We also spoke with seven members of staff including the Chief Executive, the registered manager, the deputy manager, two members of the care staff, the administrator and the chef. Following the inspection we spoke with five relatives and two health and social care professionals.

As part of the inspection we observed the interactions between people and staff and discussed people's care needs with staff. We also looked around the premises including the garden and two bedrooms.

We looked at four care records related to people's individual care needs, and six staff recruitment files. We checked supervision records for seven members of staff and staff training records across the whole team. We looked at the records associated with the management of medicines, management of people's money, complaints, incidents and safeguarding. We also reviewed documentation related to essential services such as gas, electricity and the maintenance of equipment.

Is the service safe?

Our findings

People told us they felt safe living at the home. One person told us "I'm surrounded by people and taken care of. I felt lonely before I came here and now I always have someone to talk to, someone to care for me."

Staff were able to identify the different types of abuse and told us what they would do if they saw a bruise on a person. All said they would tell the person in charge. Staff knew how to whistle blow if they had any concerns regarding the care they witnessed being provided by another staff member.

We talked with the registered manager regarding the number of safeguarding incidents in the last year. She told us there had only been one. This had been dealt with appropriately.

We could see from incident logs that whilst action was taken in relation to ensuring people's health or safety, safeguarding alerts were not completed if there were assaults between two people living at the service, despite the safeguarding policy stipulating this needed to be done. This meant that the local authority and the Care Quality Commission were not alerted to these incidents. The registered manager undertook to consider these incidents under the safeguarding procedures if further incidents occurred.

We checked records for accidents that occurred at the premises and could see that appropriate action was taken following an accident.

We looked at risk assessments for people using the service. Whilst there was lots of detailed information gathered in relation to people's care, and there was evidence the registered manager evaluated the information on a monthly basis, the risk assessments were not always sufficiently personalised with the updated information. For example, we could see that one person's risk assessment who had behaviours that challenged noted that it was better to give them space if they were agitated, but did not note that they would benefit from a different member of staff working with them if they became agitated as they could 'take against' a staff member we were told by the deputy manager. We could see two risk assessments were very similar despite the people having quite different risks identified elsewhere in their care records. We discussed this with the registered manager who told us they were currently revising their care plan documentation and undertook to ensure risk assessments were fully updated and personalised as changes or incidents occurred.

Medicines were stored in a small room that was locked. We noted that due to the small size of the trolley some medicines had been taken out of their boxes. This was identified by the community pharmacist during their audit in May 2016 as "not recommended" as a practice as it can contribute to confusion as to who each medicine is for.

Whilst the majority of medicines were in 'blister packs' which are made up by the pharmacist, not all medicines can be dispensed in this manner. We checked the stock and administration records for six boxed medicines against actual numbers in the trolley and found there errors in the stock counts for five of them. The deputy manager explained that whilst they checked the quantities of medicines coming into the

service and those returned to the pharmacist if no longer required, they did not record if they carried over tablets from one four weekly cycle to the next. This meant that it was difficult to comprehensively audit the medicines, and this had not been picked up in the limited audit the deputy manager undertook. The community pharmacist had pointed out during the audit in May that there was a space to record tablets carried over from one month to the next in the medication administration records, but this had not been implemented at the time of the inspection.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The deputy manager undertook to both carry out audits of records against stocks on a regular basis and to either return tablets at the end of each cycle or record they were carried over. All controlled drugs records checked tallied with the actual number of medicines remaining. The service planned to move medicines to a safe box in individual's rooms by December 2016, and this would overcome the problem of limited space in the trolley. However the registered manager undertook to find a solution to ensure the medicines remained in their boxes with immediate effect.

The service did not have formal responsibility for people's money living at the service, but held small amounts of cash to enable people to have their hair cut, or buy small items as required. We checked the amount of money held against records and receipts and found minor differences for four out of five people. The person responsible immediately checked the remainder of monies held and found that the majority were in fact correct. However, the administrator undertook to check all records against actual amounts on a monthly basis rather than the current practice of spot checking a number monthly.

We checked the rota to see if there were sufficient staff on duty to meet people's needs. There were four people on shift in the morning period with an additional activities person who also supported people with lunch employed during the day. From 6pm to 8pm there were four people and this reduced to three people from 8pm to midnight. Overnight there were two waking staff although there had been three staff working overnight in the weeks leading up to the inspection.

We discussed staffing needs with the registered manager. By calculating dependency levels on a monthly basis staffing was reviewed regularly. One relative told us their family member occasionally told them they had to wait to have care provided. Of the people we spoke with only one person noted they had to wait longer for support at night. The registered manager told us they were considering options for additional support at night and hoped to increase staffing levels to three people at night on a permanent basis. We were also told staff who lived locally were on call if there was an emergency, one of whom was the deputy manager.

We found the service was clean, although much of the décor on the walls and the communal bathrooms facilities and flooring were dated. At the time of the inspection due to refurbishment taking place in people's en suite bathrooms there was equipment stored in two of the three communal bathrooms but the deputy manager told us this was not a usual practice. New carpets had been planned for the service downstairs.

The kitchen area was clean, and the service had obtained a five star grading for food hygiene which was the highest possible rating. We found all food stored in fridges was dated and sealed and in keeping with Kosher requirements separate fridges, crockery and washing facilities were used.

We checked that essential services such as fire, gas and electricity were safely maintained. The service had records to show this was the case, and we could see that regular checks of the fire alarm were made to

ensure it was operating properly. The last fire drill had taken place just over a year ago, but the service undertook to carry out another fire drill fire in the coming month and four monthly thereafter as required by their policy.

The service adopted a policy of recruiting people on a casual basis and asking them to work on a trial basis until they had shown they had reached the required standard when they were then offered employment on a permanent basis. We found not all staff had Disclosure and Barring Service (DBS) certificates in place at the start of working on a casual basis, either from a previous organisation or requested by the service provider. We also found not all staff had two references in place at the time of starting on a casual basis. We discussed this with the registered manager who told us that casual staff were supervised but we noted circumstances when they were on the rota as a staff member on shift. One person had been an additional person working at night and did not have a valid DBS check at the time of the inspection, although this was received by the service after the inspection. The registered manager said this person was not being left unsupervised with people but acknowledged that with so few staff at night it would be difficult to ensure they were not left alone with anyone. The registered manager undertook to move this person to working day shifts with immediate effect until their DBS was in place. Up to date DBS checks and references are important to ensure staff are safe to work with vulnerable people.

This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We recommend the service consider and manage all assaults between people living at the service under the safeguarding procedures as stipulated in the provider's policy and in line with good practice.

Is the service effective?

Our findings

One person told us "The staff are all well trained, I can ask them anything and they usually know the answer". People told us they felt the staff were able to deal with their care needs. Relatives also said that staff had the skills and knowledge to provide the necessary care to their family member.

Staff told us the registered manager and deputy were available for advice and they felt well supported. We could see from records that whilst supervision took place it was on an irregular basis. Staff files noted when discussions had taken place in relation to specific subjects and we saw evidence of group supervisions. The registered manager explained that as they were trying to recruit a senior member of staff due to the recent departure of one of the deputy manager, some supervisions had been postponed. However she was able to show me a revised schedule and was expecting to have a new deputy start in post within two months.

Staff told us they received an induction when they started working at the service, and we could see from records that this took place. We looked at the training matrix for the service. Staff had training in key areas including safeguarding, moving and handling, infection control and assessing risks. Only senior care staff dispensed medicines and received training to do so. Future training was scheduled for the remainder of the year and this included working with people with behaviours that challenge. The registered manager told us they had a plan to join with another provider for their future training.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The front door had a key pad which most people would find difficult to use to exit the building. We saw there were DoLS applications for people for whom their liberty was being restricted and who lacked capacity to make a decision. For those with mental capacity, the service had obtained written agreement for the use of the keypad. Care staff understood the need for consent when offering care to people, although they were not fully aware of the MCA and DoLS. There was training booked for MCA and DoLS in July 2016 for staff.

The food was prepared to comply with Kosher practices. We asked people if they were happy with the food. They told us "Yes I am. We get a choice of two meals for lunch and again at dinner. They don't force you to eat. Can get like a sandwich if you want something light". Another person told us "The meals are nice." Another mentioned "Not the way I would cook it, it's still very nice". Relatives were generally in praise of the

food, with only one person saying it could be a "bit better". One relative ate lunch there on a regular basis and thought it was excellent.

We could see from records that people had regular access to health care professionals and worked closely with the district nurse and mental health services. One health professional told us the staff were competent in following their guidance in relation to maintaining good health for people living there, and that the service referred people appropriately and promptly.

The GP visited the service weekly and more often if required, and we could see that people accessed chiropody, dentist and opticians as necessary.

The building provides access for people using wheelchairs due to a lift and accessible bathrooms and the garden had a ramp fitted to enable people using wheelchairs to access it.

Is the service caring?

Our findings

People living at the service told us the staff were patient and caring to them. One person told us "They are kind and caring and careful." Relatives also noted the staff were kind and caring. Only one relative told us their family member had commented on one occasion that the staff had been impatient.

As the service was for Jewish people, the service complied with Kosher practices and observed the Sabbath and religious events and holy days. Staff from the local synagogue visited the home and the provider hoped to show the Saturday service live to the home in the near future when they had the new computers in place provided this was compliant with religious practice.

Staff were able to tell us how they treated people with dignity and respect, by being mindful of their privacy and of being sensitive to their personal tastes. When we asked people if they felt staff were respectful of them one person told us "Yes, they try their best, they also knock on the door and wait before they come in. I've never heard them talk about my problems outside." Another person told us "Yes, with dignity they always ask me if I want to have a shower".

The service operated a keyworker system which meant staff knew well the individuals they were key worker to. The registered manager told us where information was available people's personal history was documented on care records and we could see this from care records. Staff were able to tell us about the likes and dislikes of the people they cared for and their personal histories.

We could see that the staff had had discussions with people regarding their end of life care wishes and we saw there were Do Not Attempt Resuscitation forms in place for a number of people which had been agreed by their GP. Some people did not want to discuss their end of life wishes and this was respected by the service.

We asked people if they were involved in their care. We were told "I am due for a review this week." Another person told us "They don't write anything down but they do talk to me about what's going on". Whilst another told us "I have seen a care plan and I vaguely remember signing it". We saw from records some care plans were signed. On the day of the inspection there was a meeting with people living at the service to gain their views as to what events they should put on for the National Care Home Open Day. We saw the residents were all asked individually what they wanted to do by the registered manager. This was particularly thoughtful as a couple of them found it hard to speak loudly or clearly, but it was clear their views were important.

We saw that the service was homely with pictures and flowers. People's rooms were personalised with their belongings and the garden was well kept so provided a pleasant space to sit out in.

Is the service responsive?

Our findings

People's care plans were comprehensive and up to date. They covered all areas of care including night time needs. We saw from the records the registered manager read them monthly and summarised pertinent issues so care staff could keep up to date with current issues.

Where there were specific concerns, for example, a person was prone to constipation, an additional prevention plan was in place. We noted on one prevention care plan that people's fluid intake was being recorded, but there was no target set nor a running total maintained. The registered manager undertook to give further guidance to staff in such circumstances.

Care plans were personalised. For example, we were able to tell what food people liked, what time they liked to get up at or go to bed, and people confirmed they were asked their preferences.

We saw that activities took place at the scheme. On the day of the inspection a singer who was also a musician was visiting. Other activities included physical exercises, art group, relaxation therapies and puzzles. People told us there were "Exercises, watching films, hand bowling, painting". Relatives told us they thought there were activities people could get involved in but often their family member chose not to. The service also had a vehicle they could take people out in, and we could see from residents' meetings trips were planned.

People and their relatives told us visitors could come at any time they liked and they were always welcome. One relative told us she specifically went in at different times without notice and had never had any cause for concern in relation to her family member's care nor had witnessed a poor standard of care being provided to any other person there.

Relatives told us they were informed as soon as there were any health concerns relating to their relative and the service was very responsive in dealing with any health issues that arose.

We saw there had been only two complaints in the last year and these had been dealt with appropriately and promptly in line with their policy. We saw in the entrance lobby a copy of the complaints policy. Relatives told us they had every confidence that complaints would be dealt with quickly and on the rare occasion they had raised an issue with the registered manager or deputy, it had always been dealt with sensitively and swiftly.

Is the service well-led?

Our findings

The service had a vision "To provide a high quality service that is client centred, culturally sensitive and assists and encourages users of the service to remain independent for as long as possible." This was displayed at the entrance as was a Dignity at Work and Zero Tolerance policy which stated that staff have the right to work free from violence or aggressive behaviour and that proper behaviour is essential for both staff and other residents in the home.

Also at the entrance was the complaints policy and a residents' charter that included expectations such as dignity and respect; involvement in care planning, good quality care from culturally sensitive staff who are highly skilled as well as support to vote in elections.

People using the service and their relatives spoke well of the registered manager and the deputy, and told us they were approachable. One relative told us they were "sensible" another said "very professional." All relatives told us they would recommend the home to other people without hesitation. A number of relatives had experience of other homes and spoke highly of this service in comparison to others.

We found the registered manager and deputy manager were open and approachable and keen to consider ideas that could improve their service. We noted that not all notifications had been received in relation to safeguarding adults where incidents between people living at the service were involved, but the registered manager undertook to ensure they were familiar with all the requirements in relation to the Care Quality Commission notification procedures going forward.

We saw that regular staff meetings took place and this provided an opportunity for information to be shared and people's views heard. Resident meetings also took place, albeit on a less regular basis to enable people living there to express their views.

We saw that there were cleaning schedules for the kitchen to ensure that good hygiene was maintained and there was a monthly report that covered cleanliness and the environment compiled by the housekeeper, handyperson and the person responsible for health and safety. The registered manager also reviewed care documentation on a monthly basis and was reviewing the admission paperwork at the time of the inspection.

There was a Quality Group who carried out interviews with the people living at the service, relatives and staff. They last reported in 2015, but had undertaken some meetings in 2016 to gain people's views. We spoke with a member of the group who told us that actions were identified for improvement from one year to the next and they checked they were then followed through by the service. We were told the registered manager and deputy had an "open mind" and were always looking for feedback.

We could see there had been significant changes for the provider in 2016 with the replacement of the Chief Executive and a number of new recruits to the staff team. The service had an improvement plan for the coming year which they had reviewed to track progress against goals set. It covered a range of topics

including the environment upgrade; introduction of computers for use by people living at the service; introducing additional activities including a meditation group and more evenings out for the people living at the service.

The service maintained contact with the local synagogue in Belsize Park, the Alyth Garden Synagogue and Jewish Care. There were also close links with the Association of Jewish Refugees and the Holocaust Day Centre, Kisharon. The service had also been involved with Kings College and attended a monthly forum in relation to a research project working with people with dementia. Kings College staff had also provided a specific training course in January 2016 to assist staff called Understanding People with Dementia.

The registered manager also told us she attended the workshops and meetings run by the National Association of Jewish Care Homes and Barnet Quality Forums.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not stored in a way to facilitate safe dispensing and records were not accurately kept of stocks. Regulation 12 (1)(2)(g).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The service did not always ensure people had two references or a Disclosure and Barring Service certificates in place prior to starting work at the service and therefore be confident staff were of good character and be considered safe to work with vulnerable adults. Regulation 19 (1) (2) (a).