

Birmingham Jewish Community Care Andrew Cohen House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Andrew Cohen House is a care home which provides nursing care to older people and people living with dementia. The home is registered with the Care Quality Commission to offer accommodation for up to 59 people. On the day of our unannounced inspection there were 57 people living at the home.

We carried out an unannounced comprehensive inspection of this service in November 2016 and breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to failures to manage risks to health and safety of people arising from the poor management of prescribed skin creams and the lack of an effective auditing system to assess, monitor and improve the service to keep people safe and well.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. Since our last inspection concerns about people's safety had been raised with us and we used this information to inform our planning. This report only covers our findings in relation to requirements and the information we have received. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Andrew Cohen House on our website at www.cqc.org.uk

At this focussed inspection we found that improvements had been made in the two key areas of Safe and Well Led and the home were no longer in breach of the regulations. However further improvements were still required.

The manager was at the service during the inspection and has applied to become the registered manager with the Care Quality Commission. 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 their care was safe and that there were enough members of staff on duty to support them well. We saw that staff moved people safely and met their needs in a timely manner. At this inspection we found that people had care plans and records of their changing needs that were person centred and up to date. These improvements helped to ensure people were kept safe.

People's risks had been reviewed and actions had been taken as required to ensure people remained safe and well. During this inspection people and staff told us that people received their medication as prescribed but we saw that recording of when skin creams had been administered was not robust.

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.

People could not be sure they had their skin creams applied as prescribed, or were turned regularly as advised by health care professionals.

People's care records had been reviewed and reflected their current support needs.

People, staff and relatives told us they felt the home was safe.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

The auditing and monitoring process was not yet fully effective.

People, staff and relatives told us that the overall management of the home was good.

Requires Improvement ●

Andrew Cohen 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.

This was a focussed inspection that took place on 13 June 2017 and was unannounced. The home was last inspected in November 2016, and rated as Requires Improvement. The inspection team comprised of one inspector, a specialist advisor who was a nurse 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.

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. The provider returned the PIR and we took this into account when we made our judgements in this report. We also reviewed other information about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies including Healthwatch. We used this information to help us plan our inspection.

Some people who used the service had complex needs and were unable to communicate verbally with us. We spent time observing how staff provided care for people to help us better understand their experiences of the care and support they received. We used the Short Observational Framework for Inspection (SOFI); SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During our inspection we spoke with seven people, five relatives and six staff and one visiting health care professional. We looked at the care records for 15 people and spoke with the manager and senior team. We also looked at records relating to the management of the service including quality checks and audits. After the visit the manager sent us some information we had requested, which included some information about audits and the progress the home had made in relation to dementia awareness.

Is the service safe?

Our findings

During our previous inspection in November 2016 people not kept consistently safe. We found staff were not aware of people's current needs and records we looked at were not reflective of their needs. We also found that there was a failure to effectively manage risks to people from the management of prescribed skin creams. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan detailing what action they had taken in respect of these areas. At this inspection while we found that some improvements had been made and the home was no longer in breach of this regulation, further improvements were still needed.

At our last inspection we found peoples care plans were not up to date, and did not reflect their current care needs. We also found staff were not all aware of people's current care needs. At this inspection we found care records were accurate and reflected people's current needs. A member of staff said, "There are good risk assessments we always follow them." Another member of staff told us, "Things are picked up very quickly here." We saw that staff followed the guidance to keep people safe. Staff went onto confirm they felt communication was good between the staff team and told us that the handovers were very useful. One staff member said, "There's good handover information, the communication is good." This meant staff had the correct information to support people safely.

At our last inspection we could not be sure people received their skin creams as prescribed by their doctor. At this inspection we found some improvements had been made but records of cream application remained poor. We saw information was available for staff on where and how often skin creams should be applied, although this was not consistent. On the records we sampled of the administration of the creams however, they showed that staff had not always recorded when the cream had been applied. Staff we spoke with told us that they did apply the creams but did not always record that they had done so. Not recording the application of creams meant that the manager was unable to make sure this care had been given, and that people could receive inconsistent care.

We could not be sure that people were repositioned to keep them safe in line with recommendations from health professionals. In one example it was evident that advice from a specialist health professional with regards to 'strict 2 hourly repositioning' and 'One hourly sitting out time for lunch' was not being followed. This advice had been recorded on the persons care records but we saw throughout the day that this advice was not being followed by staff.

We saw a health care professional had recently audited ten people's skin care. We looked at the outcome of the audit and saw that all of the people's records that had been chosen indicated that if any remedial action had been needed to keep people safe the home had taken action immediately. For example one person was recommended to have a wider fitting slipper and we saw this had been done very quickly and in another example a person needed a different type of mattress which we saw had been obtained for them. We examined five of the records and saw that there was an inconsistency in the recording of the application of creams and the recording of when a person had been supported to change position.

We found that medicines were administered safely. Medicine was stored safely in locked trolleys in a locked medicines room. Controlled drugs are medicines that require special storage and recording to ensure they meet the required standards. We found that controlled drugs were stored securely and recorded correctly. Medicine that had a short expiry date once opened was always dated to ensure that staff knew how long the medicine could be used for. Some people that take medicine only 'when required' or PRN had clear protocols in place to provide staff with enough information to know when the medicine was to be given. Records showed people were given their oral medicines as prescribed, and staff told us they were confident with their role.

All the people we spoke with said they felt safe living at the home. One person said, "I've been well looked after and I like it here." Another person said, "I'm fine. They look after you and the food is wonderful. There are enough activities going on". People told us they were not kept waiting and commented, "[Staff] are always around. When I press the buzzer they always respond very quickly. The medication is also always on time." Relatives told us, "If [my relative] wasn't safe you'd definitely know. The level of care here is very good."

People continued to feel staff knew how to protect them from harm. At our last inspection in November 2016 we found that staff knew what constituted abuse and what to do if they suspected someone was being abused. At this inspection we found that staff continued to be aware of their responsibilities to safeguard people from potential harm.

Since our last inspection we had been in receipt of information of concern about how people were protected from harm. During this inspection we spoke at length to the manager and reviewed the issues that had been raised. In all instances we did not find any evidence to support the concerns that had been raised with us prior to the inspection. We spoke with one person who had been anonymously named as receiving poor care. The person told us this was not true and that they were happy with the care and pleased that staff respected their choices. Staff from the local authority who had investigated the issues that had been raised also told us that in every instance there were no grounds for the allegations. The manager showed us their summary of the concerns that had been raised with CQC and what they had done to investigate them and any actions they had taken as a result of the concerns. Staff told us, "There's no neglect going on here." and "People are really safe here." We found the issues raised with us prior to the inspection were not substantiated.

Is the service well-led?

Our findings

During our previous inspection in November 2016 we found that the provider did not have an effective system to assess, monitor and improve quality within the home. The provider sent us an action plan detailing what action they had taken in respect of this area. During this inspection we found that progress had been made to improve the system for assessing and monitoring the service and it was no longer in breach of the regulation. However these processes had yet to be fully effective in all areas.

People were supported by a management team that had begun to use an auditing system to improve service delivery. We saw that the manager was using an auditing system that was completed by senior staff and then checked for accuracy every month by them. The records showed there was a comprehensive structure in place to monitor and audit service provision. This included an analysis of any falls people had, checking their care records were up to date and the safe administration of medication.

We found that there had been good improvements in the quality assurance processes but they were not yet fully effective. Staff we spoke with told us and evidence we looked at showed that audits were undertaken in a timely manner. However when we looked at some areas of service provision we found that the auditing processes had not been fully effective. The processes had failed to identify and take action in respect of the management of people's prescribed creams. Other gaps were found in the records relating to following the advice of healthcare professionals. The processes in place had not identified these omissions in care to help people to have improved outcomes. These areas of concern had not been identified within the monitoring and auditing of the service.

People and relatives consistently told us that the manager was good at their job. Comments included, "Its more stable here now, months ago, there were lots of different faces. There were lots of temporary staff. There have been big changes. It seems to have stabilised." and "The manager is really good. She is trying really hard." and "It's a lovely home with a good manager." A visiting health professional said, "The manager is conscientious and keen to make improvements." Staff told us, "The management is very good." and "The managers are supportive and approachable, they deal with problems straight away." We found that the management of the home was considered good and that they responded to any concerns or issues quickly once they were brought to their attention.

We reviewed the provider's processes for supporting staff during our last comprehensive inspection in November 2016. We did not find any areas of concern at that time and found that staff continued to tell us that they felt well supported, received regular supervisions and training. Staff told us they could speak to senior staff promptly when they needed to seek guidance or reassurance.

The environment of the home remained well maintained, clean and free of offensive odour. Everyone who commented about cleanliness within the home was pleased with the standards that had been maintained.