Jewish Care

Sidney Corob House

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

Overall summary

Sidney Corob House is a residential home providing care for up to 32 predominantly older people with enduring mental health conditions. The home caters specifically for people of the Jewish faith.

There were 29 people using the service at the time of our inspection.

This inspection was unannounced which meant the provider and staff did not know we were coming. The inspection took place on Monday 8th December 2014. Our previous inspection on 11th December 2013 found that the service was compliant with all areas that we inspected.

At the time of our inspection a registered manager was employed at the service, although this person had been away for eight weeks and had been replaced by an acting manager.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.'

From our observations of interactions between staff and people using the service and from our conversations with a relative and health and social care professionals we

Summary of findings

found that people were usually satisfied with the service. People were confident about approaching the manager and staff to talk about the things that they wished to and people felt that there was openness in the way the service communicated with them.

We saw there were policies, procedures and information available in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure that people who could not make decisions for themselves were protected. We saw from the records we looked at that the service was applying these safeguards appropriately and making the necessary applications for assessments when these were required.

We found that people's health care needs were assessed, and care was planned and delivered in a consistent way. People using the service had enduring long term mental health conditions and from the care plans we looked at we found that the information and guidance provided to staff was clear. Any risks associated with people's care needs were assessed and plans were in place to minimise the risk as far as possible to keep people safe.

People were supported in ways that were most appropriate to their needs and known wishes. On the day we inspected we found that sufficient numbers of staff were available to meet people's needs. When we looked at the staff rota we found this showed that suitable levels of staffing were also provided at other times of the day.

Staff had the knowledge and skills they needed to support people. They received training to enable them to understand people's needs, to support people of the Jewish faith and to work in ways that were safe and protected people.

Social and daily activities provided suited people and met their individual needs. People's preferences had been recorded and we saw that staff worked to ensure these preferences were respected.

People were able to complain or raise concerns if they needed to. We saw that where people had raised issues these were taken seriously and had been resolved appropriately. People could therefore feel confident that any concerns they had would be listened to. The provider also regularly reviewed the performance of the service to ensure that standards were maintained and improvements were made.

Summary of findings

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. People usually said they felt very safe and that there was always enough staff on duty. One person had many complaints about the service but these had been responded to appropriately.

Is the service effective?

Good

The service was effective. Staff received regular training, supervision and appraisal to ensure they had the skills and knowledge to meet the needs of people using the service.

During our visit we talked with staff about their understanding of the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff demonstrated that they had the necessary knowledge and awareness of both of these areas.

Is the service caring?

Good

The service was caring. Our observations of interactions between staff and the people they were caring for were polite, warm and showed regard for what people needed and how to respond to those needs.

Staff were able to describe and show us how they worked in a way that ensured that people's dignity and privacy were maintained.

Is the service responsive?

Good

The service was responsive. Care plans were updated at regular intervals and were audited every three months to ensure information remained accurate and reflected each person's current support needs. People who spoke with us thought that Jewish Care provided "excellent" support to people with mental health difficulties.

People we spoke with, either using the service and others, felt able to raise any concerns or issues about the service. We saw that issues raised were acted on. People could therefore feel confident they would be listened to and supported to resolve any concerns.

Is the service well-led?

Good

The service was well led. Relatives and other people we spoke with said they felt the service was well led. The service had a long standing manager in post, although this person was away at the time of this inspection, and many of the staff team had worked at the service for some years. Staff told us that the manager did a good job and they felt supported in their work.

The provider had a system for monitoring the quality of care. The home was required to submit monthly reports about the day to day operation of the service. Surveys were carried out centrally by the service provider every six months. We looked at the two most recently published surveys and found most people using the service, and others, who had contact with it, were usually satisfied. However, the provider sought to learn from areas for improvement that were identified and took action to address these areas, however, the provider information return we had requested prior to this inspection had not been returned.

Sidney Corob 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 inspection took place on 8th December and was unannounced. The inspection team comprised of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service for people with a mental health difficulty.

Before the inspection, we asked the provider to complete 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 did not return a PIR and we took this into account when we made the judgements in this report. We also looked at notifications that we had received and communications with people's relatives and other professionals.

During our inspection we spoke with seven people using the service, one relative who was visiting, three care staff, the deputy manager and the area manager for the provider. We also later spoke with seven health and social care professionals by telephone.

As part of this inspection we reviewed five people's care plans. We looked at the induction, training and supervision records for the staff team. We reviewed other records such as complaints information, quality monitoring and audit information and maintenance, safety and fire records.

Good

Is the service safe?

Our findings

When we spoke with people about how safe they felt we were told "yes I think so - yes definitely'. People usually said they felt very safe and that there were always enough staff on duty. One person had many complaints about the service but these had been responded to. A relative told us "my relative is very safe; staff make sure it's that way."

The service had access to the organisational policy and procedure for protection of vulnerable adults from abuse. They also had the contact details of the local authorities who had placed people as well as a copy of the procedures of the London Borough of Camden which is the authority in which the service is located. The members of staff we spoke with said they had training about protecting vulnerable adults from abuse and were able to describe the action they would take if a concern arose.

It was the policy of the service provider, to ensure that staff had initial safeguarding training which was then followed up with periodic refresher training. When we looked at staff training records we found this was happening.

At the time of this inspection there were no safeguarding concerns. We found that where concerns had previously arisen these were responded to appropriately.

Staff told us there were enough staff on duty and this varied according to people's needs. For example, additional staff were provided at times to support people with attending appointments and activities. During the inspection we saw staff were able to give people individual attention and reassurance. People using the service did not speak with us specifically about the number of staff available but did not indicate from other comments made that they thought there was insufficient support.

Records showed risks to people had been assessed when they first came to the service and were then regularly reviewed. Up to date guidelines were in place for staff to follow. These covered areas such as keeping people safe and the signs to be aware of which may indicate a person's mental health was deteriorating. Staff told us they followed these guidelines which included the actions they should take in order to support people to keep them safe and well. Three of the health professionals we spoke with told us the service had been effective in managing risks to people and would contact them appropriately for support. One person told us "I have no concerns they [staff] provide good feedback, have good knowledge and communicate well with me about people's needs." Another told us "they [staff] only ask for intervention when necessary, people I see always give positive feedback, all know staff names regardless of their capacity."

We saw that people were supported with their medicines and these were stored safely. On the day of our visit we observed medicines being administered after lunch. We saw staff talked to people about their medicines and they had been given information about what these were for. Records showed people's need for support to manage their medicines was assessed and reviewed as their needs changed. We saw that medicines were administered in private and people's consent was consistently requested before these were given. People were asked if they wanted periodic "as required" medicine they were prescribed, such as pain killers and their views were sought about the level of pain they had prior to receiving this. We saw that people were asked about this.

We looked at seven people's medicines administration record (MAR) charts and saw that staff had fully completed these and they showed people had received all their medicines as prescribed at the correct times of day. We checked these people's medicine stock and found these were correct. When we looked at training records and spoke with staff we found that staff were trained in supporting people with their medicine. We saw that there were guidelines in place for staff to ensure that people received their medicines appropriately. Records showed staff had followed this guidance and the service also had their medicines management audited annually by the pharmacy that provided the medicines.

We found that medicines were only administered by two trained members of staff who were allocated to have responsibility for them on each shift.

Good

Is the service effective?

Our findings

Staff received regular training, supervision and appraisal to ensure they had the skills and knowledge to meet the needs of people using the service. Staff attended regular training which included mental health, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, Safeguarding Adults, equality and diversity, moving and handling and fire safety.

One staff member we spoke with told us they "received a detailed induction", ongoing mandatory training and were due to attend training in team building and personality disorders in a few days. All care staff had a NVQ level 3 award in Health and Social Care or equivalent. We saw from training records that the community dentist provided oral hygiene training for staff and the Triage and Rapid Elderly Assessment Team (TREAT) provided training in topics such as continence, tissue viability and frailty.

All three care staff we spoke with told us they felt supported by the provider in relation to their training and development. Staff told us they were encouraged to learn new skills and develop their knowledge in order to provide a high quality service that met people's needs. They also told us they received supervision every six to eight weeks, which we confirmed by looking at supervision records. These sessions gave staff the chance to review their progress and to identify areas for development, any required training and concerns they had in relation to the people they supported. We observed the staff handover and saw that staff were knowledgeable about people's needs and everyone's view was respected during discussions with the shift leader.

We found that people's care plans were signed by the person using the service or their representative to agree that they consented to what the care plan contained and how they would be supported by the service.

Staff understood their responsibilities under the Mental Capacity Act 2005. People were supported to make their own decisions about their care. If people were unable to make a decision because of a lack of capacity this was undertaken within their 'best interests' by other professionals involved in their care. Staff were aware of the Deprivation of Liberty Safeguards (DoLS) and people told us that no one using the service had any restrictions on their freedom of movement in the community.

People were supported to have enough to eat and drink. We saw this at lunchtime and no one who spoke with us had any convcern about having enough to eat or drink and felt that they had meals that they preferred. Meals and snacks were provided by the service. A chef was employed to cook the breakfast and main lunch time meal each day. The menu was decided in conjunction with the people who used the service and we saw records of this. We saw that individual likes and dislikes were noted by staff. We saw there was a choice of meals and other options were available to accommodate dietary requirements.

People were supported to use general community healthcare services as and when they needed. Each person was registered with a local GP, dentist and optician. We saw that staff supported people to make and attend their appointments and these were placed in the home's diary. One health professional we spoke with told us "staff deal with difficult situations very well, people may not be looked after as well anywhere else as they may not be quite as well understood." The care plan records we viewed showed that people had health action plans to encourage and support healthy living.

Where more than one mental health care professional was involved in a person's care the staff at Sidney Corob House ensured the information was coordinated and the person received the support they required. Each person had access, as and when required, to the professionals involved in supporting their mental health. Staff told us people had contact with their care co-ordinator and community psychiatric nursing staff whenever they needed and they came to visit them at the service. Representatives from the community mental health team told us they had good working arrangements with the service. They said staff were quick to inform them if they had concerns about a person's mental health condition and they followed any advice given. People's care records included information on signs and symptoms that a person's mental health may be deteriorating and how people were to be supported to ensure they got the care they required.

Good

Is the service caring?

Our findings

We spoke with members of staff about how they sought the views and wishes of people who used the service. They told us that they made a point of asking people. We were able to observe this during our visit on a number of occasions and saw that staff communicated effectively with people. When we asked people using the service whether they felt staff were caring we were told “they are very caring! In all different ways” and “yes they are ok. On the whole they are caring 7 and a half out of 10.” When we asked if this person wanted to elaborate they told us that “no one could get it all right all of the time.”

People’s individual care plans included information about cultural and religious heritage, daily activities, communication and guidance about how personal care should be provided. We found that staff knew about people’s Jewish heritage and had care plans which described what should be done to respect and involve people in practising their Jewish faith if they wished.

One person told us how staff had helped them to use Skype to support their relationship with a relative overseas which meant they could communicate with each other for the first time in many years. Most people had limited contact with relatives or family members as contact had been lost over the course of their lives and enduring mental health conditions.

Another person told us they were not orthodox Jewish but enjoyed speaking with the Rabbi when they visited, and someone else told us about how the staff supported them to prepare for the Festival of Light, “I take responsibility for the candles.”

Staff explained that they knocked on people's doors before entering their room. We asked people about whether they were respected and treated with dignity. We were told by one person “I do not have privacy in the communal parts of Sidney Corob. For my dignity I would give them 7 out of 10 and for respect six out of ten”. Another person told us “Privacy is ok but still a yes and no so I would say 5 out of 10 for that, a 6 and half out of 10 for respect and a 7 out of 10 for how they treat me with dignity.” We had not asked people to score the service by marks out of 10 but that is how these people had chosen to give us their reply. Although most people were usually satisfied in most part the responses that people gave should provide useful feedback for the provider.

People's independence was promoted. On the day of the inspection there were twenty nine people using this service. Some people were being assisted to engage in activities both inside and outside of the home and others were engaging in activities or past times independently. One person told us “The activities are very good. I like to go out. I really enjoy going on trips in the mini bus. The lady who runs activities is exceptional.” Sidney Corob House had a number of communal rooms for people to either have private time away from others or to engage in activities. All of the people we spoke with were highly complementary about the activities offered by the home. These activities varied from arts and crafts to trips out into the community or p[laces of interest.

The service was registered under the “Gold standard framework” for end of life care, which is a recognised standard for supporting people in this area. Advanced decisions were included in care plans where people had made their wishes known. These decisions included who they would like contacted in the event of sudden serious ill health or death, preferred Rabbi to be in attendance and place of burial. We found that the service gave this very important area significant thought and worked diligently to operate good practice.

Good

Is the service responsive?

Our findings

We asked people if they had been involved in decisions about care planning and if they had seen their care plan, understood it and agreed with it. We were told "I helped write my care plan. They listened to what I had to say" and another person told us "I helped write my care plan. But they have written incorrect things about me." When we explored this comment further we found that the person had disagreed with what other mental health professionals had said about them and the service had sought clarification and had amended the care plan as a result.

The care plans we looked at covered personal, physical, social and emotional support needs. We found that care plans were updated at regular intervals and were audited every three months to ensure that information remained accurate and reflected each person's current support needs. People who spoke with us thought that Jewish Care provided "excellent" support to people with mental health difficulties.

The community health professionals we spoke with had only positive things to say about the service. They told us they were happy with the service provided and that people's needs were being effectively met. One person told us "staff are always patient but set boundaries and demonstrate good communication skills with people with complex mental health issues." Another person told us how they "admire the dignity, respect and the sensitivity with which staff deal with challenging situations, go the extra mile to make someone feel unique. They told us whenever they have raised any issues, "staff have provided full and proper support and work together to achieve the best interest of the person." This feedback also confirmed that people were receiving the care they required for their mental health issues in line with best practice.

From our observations we saw that staff had good relationships with the people they supported and were able to respond calmly to challenging behaviour. We saw this happening in one situation when we were visiting and staff dealt with and calmed the incident effectively. This was supported by one of the community support team who told us "they [staff] don't take things personally [meaning verbal abuse that they may endure], they take a personalised approach, and they understand the person and their needs." The people we spoke with were usually happy with interactions with staff at the home. The relative we spoke with felt they were always welcome at the home.

We were shown examples of how the service supported people to maintain important relationships, particularly with members of their family. In one instance a person using the service told a member of staff in our presence that the following day was the anniversary of a bereavement in their family. The member of staff then offered to take them to the cemetery the next day if they wished to go.

We asked people about whether or not they knew how to complain and if they felt confident that they would be listened to. People felt confident they could complain although most said they had never felt the need to. People told us "Yes I know how to complain and who to complain to", "I would go to the manager" and "I know my views would be considered and listened to and taken very seriously." We looked at the provider's complaints record and found that very few had been received, and those that were had been responded to appropriately by the provider.

Good

Is the service well-led?

Our findings

There was a clear management structure in place and staff were aware of their roles and responsibilities. Staff felt comfortable to approach the manager and told us, "the managers are always available, I feel very supported."

We saw that there was clear communication between the staff team and the managers of the service, and that people's views were respected as was evident during the staff handover. We saw that everyone had the chance to talk and offer their opinion as well as share their knowledge as a keyworker with their colleagues. One staff member told us they felt supported working with a challenging situation by senior staff and that resulted in a successful outcome for the person they were supporting. Staff told us that there were regular team meetings which were now weekly, with the opportunity to discuss specific topics.

We saw that staff were involved in decisions and kept updated of changes in the service and were able to feedback their views and opinions through daily staff handover meeting. Staff were positive about the training, teamwork and handover system. Health professionals were satisfied with the service offered to people and felt people's needs were met and that people were kept safe at the service.

The provider was aware of the requirements of their registration with the Care Quality Commission and complied with the conditions of their registration. The staff at the service also knew what to do and who to report any concerns to as required by their registration with CQC.

The provider had a system for monitoring the quality of care. The home was required to submit monthly reports to the provider about the day to day operation of the service. Surveys were carried out centrally by the service provider every six months. We looked at the two most recently published surveys and found that most people using the service, and others, who had contact with it, were usually satisfied. The provider sought to learn from areas for improvement that were identified and took action to address these areas, however, the provider information return we had requested prior to this inspection had not been returned.