

Anchor Trust

Israel Sieff Court

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on the 16 and 17 May 2016 and was unannounced.

Israel Sieff Court is a purpose built care home that provides residential care for up to 35 people. All the rooms at Israel Sieff Court are single with an en-suite toilet and sink facilities. The home is split over three floors with lift access. The home is situated in the Crumpsall area of Manchester and has a small car park. It is close to local shops and amenities. The home is owned and managed by Anchor Trust which is a national charity providing social housing, care homes and nursing care homes across England.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Everyone we spoke with told us they felt safe living at Israel Sieff Court. All the relatives felt their loved ones were safe living there. Staff knew how to keep people safe and were aware of how and to whom they could report any safeguarding concerns.

Staff sought consent from people before providing care or support. The ability of people to make decisions was always assessed in line with legal requirements to ensure their liberty was not restricted unlawfully. Decisions were always taken in the best interests of people when necessary and applications were made for Deprivation of Liberty Safeguards appropriately.

Risk assessments were up to date. Care plans were written with the person or their families. People had been supported to be involved in identifying their support needs. Pre-assessments included people's likes and preferences and staff knew the people well.

People were well cared for and there were enough staff to support them effectively. The staff were knowledgeable about the needs of the people and had received appropriate training in order for them to meet people's needs. The recruitment process was robust and all required checks were in place prior to staff commencing work. People living at Israel Sieff Court were involved in the recruitment process which showed the service was taking their view into consideration.

Medicines were administered, stored and disposed of safely and in line with the required guidelines. There were appropriate guidance and protocols and guidance for staff when people needed 'as required' medicine.

Staff were observed as being kind and caring, and treated people with dignity and respect. There was an open, trusting relationship between the people and staff.

We saw people were fully supported to attend activities within the home; those who were cared for in their bed who were unable to attend, were offered one to one support from the activities coordinator. We saw nearly everyone living at Israel Sieff chose to join in the activities on offer and there was a full activities plan with lots of different activities to choose from. People who were able to, made choices about how they spent their time and where they went each day.

We saw people and their relatives had been asked for feedback about the service they received. There was a record of what actions had been taken to address any identified concerns. Staff worked well as a team; we saw them communicating with each other in a respectful and calm manner. There was an open and transparent culture which was promoted amongst the staff team.

Everyone knew who the registered manager was and felt the service was well-led. All staff said they felt supported and felt they could raise any concerns with the registered manager and they would be acted upon.

We viewed the policies and procedures and saw they were being followed. Quality assurance checks were being completed and when incidents had occurred action had been taken.

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 felt safe and staff knew how to recognise signs of abuse and report them appropriately.

Staff recruitment was robust and there were sufficient staff to meet people's needs.

Medicines were administered safely and in line with policies and procedures.

Is the service effective?

Good ●

The service was effective.

Staff had received appropriate training in order for them to meet the care and support needs of those living at Israel Sieff Court.

Staff had an understanding and followed legislation in relation to the MCA and DoLS.

People's nutritional needs were met and referrals were made to healthcare professionals when required.

Is the service caring?

Good ●

The service was caring.

People and their relatives said that all staff were kind and caring.

People were treated with dignity and respect at all times.

People were supported to maintain their values and beliefs.

Is the service responsive?

Good ●

The service was responsive.

People's life history was not always recorded in their care files, but the service had already identified this and was taking action to ensure this was added.

Staff knew people well, they knew people's likes and dislikes.

There was a full and varied activities plan, which was attended by nearly everyone who lived at Israel Sieff Court.

Is the service well-led?

Good ●

The service was well-led.

Quality assurance checks and regular audits were completed. When any concerns were raised, clear action plans were documented and outcomes recorded.

The service sought feedback from people living at Israel Sieff Court and their families, and took action when required.

Statutory notifications have been sent to CQC in a timely manner.

Israel Sieff Court

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 16 and 17 May 2016 and was unannounced. The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with six people, four family members, the registered manager, the deputy manager, a team leader, two care staff, an apprentice, the activities coordinator, the maintenance person and the chef. We observed the way people were supported in communal areas and looked at records relating to the service. This included seven care records, seven staff recruitment files, daily record notes, medication administration records (MAR), maintenance records, audits on health and safety, accidents and incidents, policies and procedures and quality assurance records. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of the people who could not talk to us

The previous inspection took place in March 2014 and no concerns were identified.

Is the service safe?

Our findings

Everyone we spoke with at Israel Sieff Court told us they felt safe. One person said, "Yes, I feel safe here". Another person said, "I feel safe." A relative told us, "I feel [name of person] is safe, I have no worries about [person] now."

Staff were able to explain how they safeguarded people who lived at Israel Sieff Court. They were able to describe different types of abuse and when and how they could report any concerns. One staff member told us, "I'd tell the manager [name], and if it was the weekend or they weren't about, there is a number to ring." We saw the service had appropriate safeguarding and whistleblowing policies in place to support the staff in providing safe care.

We asked staff about the risks posed to people living at the service and they were able to describe the actions they took to minimise the risks. For example, one person had posed a risk to another resident. Staff told us how they monitored this person and recorded their behaviour on a behaviour chart. A staff member said, "Whenever there is a safeguarding between two residents, always action plans are put in place."

We looked at people's care files and saw there were personalised risk assessments for each person's specified need. For example, one person had a risk assessment for storing food items in their room, which identified the risk this could cause to themselves and others due to the food going off or attracting vermin. There was a clear plan in place as to how to manage this risk whilst supporting the person to maintain their independence. We saw these had been reviewed regularly in order for them to remain current.

We saw the service had a business continuity plan in place should there ever be an emergency such as a fire. This provided detailed information for the staff about who to contact and actions to take. There was an up to date list of all the people living in Israel Sieff Court, what floor their room was on and what support they would need to evacuate the home. It also provided information about the person's specific needs such as their cognition and how this may impact on their safe evacuation from the building.

The service held copies of external risk assessments which had been completed, such as the gas and electric checks and the legionella check. During the inspection we saw an external contractor carrying out the fire safety check.

Accidents and incidents were recorded and monitored and we saw action had been taken to reduce the risks of those incidents reoccurring. For example, one person had had a number of falls. The service had put in an action plan and had made a referral to the falls assessment team for their input.

We saw there were sufficient staff to meet the needs of the people living at Israel Sieff Court. The registered manager told us that feedback from a recent quality meeting and also through speaking to people who lived at the service; they had identified the need for additional staff in the afternoon. This was being implemented so that there would be an additional member of care staff in the afternoon. As well as the care staff on duty, there would be the registered manager, the deputy manager, a chef, a kitchen assistant, domestic staff, an

activities coordinator, a maintenance person and an administrator. We saw people were attended to in a timely manner and staff used "walkie talkies" to summon support from their colleagues when required. Staff told us they felt there were sufficient staff to meet the current needs of those living at Israel Sieff Court. One staff member said, "It can get very busy most days, yes there is enough staff. I believe they are increasing staff numbers so keyworker duties can be done as we'll have more time."

We looked at the recruitment files for seven members of staff. We found that they all contained application forms detailing their previous employment histories, two references as well as photographic identification and they showed appropriate checks had been made with the disclosure and barring service (DBS). The DBS checks to ensure that the person is suitable to work with vulnerable people. This meant that the service had a robust recruitment process in place that safeguards people who use the service

As part of our inspection we look at whether medicines were being administered, stored and disposed of safely. We checked the Medication Administration Records (MAR) for five people as well as checking their medicines. We saw that all medicines, including controlled drugs were administered, stored and disposed of appropriately and in line with the services policies and procedures. We spoke to staff who explained how medicines were disposed of if they had been refused, and the checks they completed before administering the medicines to ensure the right person received the correct dose at the right time. We saw where controlled drugs had been administered, they had been checked and signed for by two staff members as they are required to do.

We observed staff administering people's medicines as prescribed, explaining to the person what they were being given. People who required medicines 'as required' (PRN), were asked if they needed them. We saw clear protocols in place for when people should be offered them. These were kept with the persons MAR sheet and we saw staff had recorded each time it had been offered and taken or declined.

The home was clean and tidy with no malodour, there were no concerns about the infection control practice.

Is the service effective?

Our findings

People received effective care from experienced staff who knew their needs and preferences. One person told us, "They know me and what I like." Another person said, "They know what I like." We observed staff interacting with people living in Israel Sieff Court and it was apparent that they knew the people well and understood their needs.

We spoke to staff about the training they had received in order for them to carry out their role. Staff told us they were supported to attend training and those who administered medicines had been competency assessed. The deputy manager had recently attended a four day course on moving and handling which means they would then be able to train the rest of the staff. We saw training was a mixture of E-learning as well as practical sessions. New staff received an induction to the home which gave them time to shadow more experienced colleagues. Those who were new to the caring role would also undertake training which followed the principles of the Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life.

Staff told us they were encouraged to do additional training and all their mandatory training had been completed. We saw staff had completed, or were undertaking, vocational qualifications in health and social care and staff confirmed this when we spoke with them.

Staff told us they received supervisions regularly and we saw records of these. Supervisions provide an opportunity for management to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. Records of supervisions showed a formal system was used to ensure all relevant topics were discussed. Where actions were identified the process ensured these were reviewed at the subsequent supervision meeting.

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 observed staff asking for people's consent prior to them providing any care or support. People's consent to aspects of their care had been recorded in their care plans. Where people were unable to give consent, there was not always a record that the person's best interests had been considered. However we saw that this had been identified and actions had been taken to address this. Staff had an understanding in relation to obtaining the persons consent; one staff member told us, "Those who are able to, make a decision and we support them to make a decision. Those who can't make a decision we sometimes have to make it for them if it's in their interest." Staff also explained how if someone declined support, they would leave the person and try again later, or another staff member would try. Staff had a general understanding of the Mental Capacity Act 2005 (MCA) and how this impacted upon the work they did. The registered manager understood their responsibilities in relation to the MCA and when they needed to consider making a best

interest decision and was providing additional support to staff through team meetings.

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 Mental Capacity Act. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We found that one person living at Israel Sieff Court was subject to a DoLS authorisation which we had been notified about and that applications had been submitted for other people living at the home. This showed that the registered manager was aware of when they needed to deprive someone of their liberty in order to keep them safe and the need to apply for a DoLS to legally authorise this.

The service had a keypad system to exit the building meaning people living at Israel Sieff Court would need to ask for access outside the building. The registered manager explained that people were able to have the code for the door if they wanted to. At the time of the inspection only one person had requested the code. This showed the service wasn't restricting people; the key code was to prevent people entering the service without staff knowing. People were able to leave the service without the support of care staff, those who wouldn't be safe to leave without a staff member we saw requests had been made to the local authority to assess them for a DoLS.

People told us the food at Israel Sieff Court was "very good" and "the food is lovely". We observed a lunchtime meal and saw it was a sociable occasion. People chose to eat together in the dining room where we saw positive interaction between people and staff. There was a menu plan for the week which was an organisation devised menu. However, when we spoke with people, the chef and care staff they all said that if people didn't like what was on the menu, they could request whatever they wanted. The meals looked of adequate proportion and were well received by everyone. We saw staff showing people the choices and allowing them time to make a decision. One person had an omelette made for them as that was their choice. We spoke to the chef about people's diets; they explained how they would add fortified milk to people's meals if they need additional calories and how some people required softer diet. They knew the people's individual needs and these were recorded on a list which went out with the meals. We saw where one person with particular religious beliefs, had been offered a specialised diet but declined this. This showed the service had taken into account individuals choices and respected their beliefs.

We saw there was a feedback book in the dining room, comments recorded in this book were, "enjoyed the meal", "delicious" and "really enjoyed the food". Food and fluid charts were completed after each meal for those who needed them. People were able to access drinks and snacks as required.

People's care files showed that referrals were made to healthcare services when required. For example when staff noticed a person was having difficulty to swallow, a referral was made to the speech and language therapist (SALT) who came out and assessed the person. We saw that referrals had been made to the GP as required.

Is the service caring?

Our findings

Everyone we spoke with said the staff were caring and kind. One person said, "Staff are lovely." Another person said, "The staff are really nice, especially her [indicated towards a member of care staff] she's lovely." Relatives told us, "Staff can't do enough for you" another relative said, "Everyone is lovely, it's lovely here. I couldn't ask for better".

We observed positive caring interactions between staff members and people living at Israel Sieff Court and their relatives. We saw staff laughing and joining in banter with people and taking a more formal approach with other people. This showed staff knew people well and how they preferred to be addressed. Staff were seen responding to people's needs quickly and in a caring way. When communicating with people, staff would get down to the person's level and address them by their name (or preferred name) and spoke clearly. They waited for a reply before they took any action.

Care plans recorded people's values and beliefs and people were encouraged to maintain their faith. We saw details of when the priest attends for holy communion. There were also people who were part of the Jewish community and the home supported them to maintain links with their community and faith as much as the person wanted them too.

Staff we spoke with told us how they promoted people's independence. One staff member said, "I don't just do something, I give them [people] time to do it themselves." People told us they were encouraged to be as independent as possible. One person said, "I do as much as I can myself, sometimes I need more help."

People living at Israel Sieff Court had family members who were involved in their care and who could advocate on their behalf. This was recorded in each person's pre admission assessment. We asked people if they had been involved in the writing of their care plans and they confirmed they had. The registered manager and deputy manager, explained they were in the process of transferring everyone's care plans into a new format and would be ensuring people's views were included. Care plans showed where people had been involved in their care plan reviews but this hadn't always been consistent in the past. The registered manager hoped that this would change with the introduction of the new paperwork and the extra staff members being recruited. This would allow the staff more time to work as keyworkers for people and ensure that people were involved with the care and support plans. We saw that people as well as family members when appropriate, had been involved in the pre-admission assessment.

We saw people being treated with respect and their dignity maintained. Staff were seen always knocking on people's doors before entering their rooms. All bedroom doors were kept shut and people were able to have their own key to lock their door. We spoke with one person, who told us they had let the domestic staff into her room to clean it, but other than that they kept their door locked. All rooms had their own letterbox and staff ensured that any post which arrived for the person was delivered to their rooms. We also saw during meal times, staff asking people if they wanted to wear a tabard to protect their clothes and respecting their wishes if they declined.

We saw people had end of life discussions recorded within their care plans. As part of the care plan updates, staff would be discussing end of life care with people to make sure that everyone's plan was up to date. This showed the service recognised the importance of end of life care and making plans in advance so that people could be supported to choose where they die and what they wanted to happen after their death. The registered manager explained that at present only two members of staff were trained in the six steps end of life pathway. The six step end of life pathway was produced by The National End of Life Strategy (DH 2008), to highlight the six steps required to provide good end of life care. The registered manager told us, "I don't feel comfortable saying we are a six step home. [Name of Macmillan nurse] is visiting in June to do additional training for staff. Then six staff will attend the six step programme in the autumn". This was being implemented to support people's end of life care. We saw that when someone died at the home, there was a book of condolence put on a table in the foyer with a vase of flowers and photograph of the person. This allowed people and staff to record messages of condolence and staff said that this had been done as a way in which to remember the person.

Is the service responsive?

Our findings

People's care plans were in the process of being transitioned over to new documents. We looked at both the old and new care plans in order to check that they were personalised and that they had been reviewed regularly. All the care plans we checked had been reviewed and provided details about the care and support the person needed. We saw that some people's care plans contained information about their life history, however others did not. We spoke to the registered manager who was aware that not all of the care plans contained this information and explained they planned on completing this with the person and their keyworker now they had sorted out the staffing levels. Despite information not being recorded, staff knew what person centred care was and they knew people and their dislikes and likes well.

The service had identified one person who had a diagnosis of dementia, may benefit from doll therapy. Doll therapy is where a doll has been given to the person as a method to alleviate agitation and distress. We observed how this person's behaviour changed when given the doll to look after and we saw how staff interacted with the person when they were caring for the doll.

The service employed an activities coordinator who worked Monday to Friday within the home. People we spoke with told us that if there was an event on at the weekend, such as a fayre, then the activities coordinator would be there. We saw there had been a recent fashion show organised by the service to raise funds for a day trip out. Three people who lived at Israel Sieff Court had attended and feedback about this activity was positive. One person told us, "The fashion show was really good, I really enjoyed it". Another person said, "It was a good evening, I enjoyed it".

People told us about a recent activity which had been held. They told us that the service was travelling around the country in a virtual train, stopping at different locations along the way. Each month would be spent travelling to a different location and learning about the destination. Once they reached the destination, they would spend a day enjoying activities associated with the location. For example the first stop of the journey was going to be Blackpool, the service plans to have fish and chips and use props which capture a day spent in Blackpool. This was being run as a competition against other services Anchor Trust own and each service will be producing a scrap book about the places they visited. We saw photographs of the start of the journey, where people had dressed up and were sitting on a 'virtual train', they all had their own tickets and one person was the ticket collector and another the train driver. People told us about how much they had enjoyed this. All of the staff had dressed up and had taken part. Those people who were unable to go down to the lounge and attend the activity sessions, were offered one to one activities in their rooms with the activities coordinator.

There were no restrictions on people visiting the service; throughout the inspection we saw people having visitors. People told us they liked to go out to the local Irish club every Wednesday, where there was entertainment on.

We asked people and their relatives if they were given opportunities to express their views about the service. We were told they were. We saw minutes from meetings which were held regularly. There was a 'you said we

did' noticed board, which showed what had been said and the actions taken.

A complaint had been received about laundry getting mixed up. The registered manager had responded to this by requesting a fix on button machine so that everyone's clothing items could be individually labelled with an identifiable button. We saw that there was a formal complaints procedure in place, and any complaints received had been acted on appropriately and in a timely manner.

Is the service well-led?

Our findings

We asked people and their relatives if they thought the service was well managed. Everyone we spoke with told us they thought it was. One person said, "[name of registered manager] is lovely, we see her all the time". A relative said, "I couldn't ask for better". A staff member said "Management are very supportive"

People told us they knew who the registered manager was. The registered manager had been in post about six months at the time of the inspection. Staff told us before this manager had come into position; things had been "difficult as staff were kept in the dark". Staff reported that, "[name of registered manager] has been really supportive through all the changes and so has [name of deputy manager]. Things are beginning to settle down. If we have any problems they [registered manager and deputy manager] have always got an open door." Another staff member said, "The manager is lovely, really supportive".

We spoke with the registered manager about what the greatest achievement had been since they came into post. We were told "Getting the team right." They explained that once the team was on board it reflects in the care provided. They explained that by starting with the team, the rest will follow. This was why they are now implementing the new care plans and reintroducing the keyworker system. We were told that the service had just started 'employee of the month', where a staff member gets nominated and recognition for their work. Whilst these practices were new and had not yet been embedded into the service, everyone we spoke with was positive about the changes and how they would improve the service.

We saw there was a quality monitoring system in place which was used to audit various aspects of the service, such as medicines, care plans, infection control and environmental risks. These were completed by the district manager as well as weekly audits which were completed by the registered manager and staff. Where areas of concern were identified, it was clearly recorded what actions had been taken. For example, we saw a recent audit of care plans had identified gaps in the care files and missing documentation. Action was being taken during the inspection to address this as all the care files were being updated and re-written. The service had begun to implement family reviews for all people living at the home to ensure that everyone's care and support needs had been reviewed with the input from the person and their families where appropriate. We saw records of when any accidents or incidents had occurred and what actions the service had taken in response to this. This meant there were systems in place to monitor the quality of the service and appropriate action was taken when shortfalls were identified.

We viewed policies and procedures for the service and saw they were up to date and being followed by staff.

Services providing regulated activities have a statutory duty to report certain incidents and accident to the Care Quality Commission (CQC). We checked the records at the service and that all incidents had been recorded, investigated and reported correctly.

We saw people, their relatives and all staff working at Israel Sieff Court, had the opportunity to feedback on their experiences of the service. People told us they had been asked for their views on how things were and if they wanted any changes to be made. People were involved in interviewing new staff. This shows the service

was keen to involve those who would be receiving the care and support. Relatives were also asked for their views and they told us that they could feedback at any time. There were regular relative forums to discuss any concerns or suggestions as to how to improve the service. Staff we spoke with told us there were regular staff meetings and if any concerns are raised, then action is taken by management. This shows that the management are listening to people, relatives and staff and taking action to make the changes requested.