

Birmingham Jewish Community Care Andrew Cohen House

Inspection report

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Date of inspection visit: 20 and 27 May 2015
Date of publication: 30/06/2015

Ratings

Overall rating for this service

Requires improvement 

Is the service effective?

Requires improvement 

Is the service well-led?

Requires improvement 

Overall summary

We carried out a comprehensive inspection of this service on 10 February 2015. 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 the breaches.

We undertook this focused inspection on 20 and 27 May 2015 to check that they had followed their plan and to confirm that they now met legal requirements in relation to warning notices that we had previously issued. We found that the provider had responded to our warning notices and taken appropriate actions to meet the legal requirements we looked at.

This report only covers our findings in relation to the warning notices we issued in regards to the care and welfare of people and assessing and monitoring the

quality of service provision. 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

Andrew Cohen House is registered to provide nursing care and support for up to 59 older people who have needs relating to old age, on-going health needs or people living with dementia. When we visited there were 42 people living at the home.

A registered manager was in post but they had not been working at the home for several months, it was not known if they would be returning. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Staff were being supported by a team of external consultants who had been employed by the provider to help make improvements to the service. Two new deputy managers had also been recruited who were both currently acting as managers. We had been informed by the provider of the management arrangements in the absence of the registered manager. The majority of staff we spoke with commented that leadership and communication had improved since our last visit.

People told us they were supported to eat and drink sufficient amounts to maintain their health but we found systems to monitor that people were getting enough to

drink needed improvement. Risks to people's nutrition were minimised because staff understood the importance of offering appetising meals that were suitable for people's individual dietary needs. People's health was monitored and they had access to healthcare professionals when this was required.

The provider had made changes to their quality assurance and audit programme. This had included reviewing a range of audits such as medication, infection control, the environment and people's mealtime experience. The records showed that when issues were identified, actions were planned or had been taken to improve the quality of the service. Some improvements were still needed to make sure that issues with the quality of record keeping were identified and acted on. Some issues identified by other health professionals in regards to medication procedures had yet to be resolved.

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 effective?

Where we had issued a warning notice, we found that action had been taken to improve the effectiveness of the service.

People were supported to have enough suitable food and drink when they wanted it and staff understood people's nutritional needs. People had access to health care professionals to meet their specific needs.

Requires improvement



Is the service well-led?

Where we had issued a warning notice, we found that action had been taken to improve how the service was led.

A range of measures had been implemented to assess and monitor the quality of the service. Staff, people and their relatives spoke positively about the service and said that improvements had been made following our last inspection.

Improvements were needed to make sure issues with the quality of record keeping were identified and acted on. Some issues identified by other health professionals in regards to medication procedures had yet to be resolved.

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.

We undertook an unannounced inspection to check that improvements and action had been taken to meet legal requirements accordance with the timescales we set out in warning notices resulting from a previous inspection on 10 February 2015. These related to two of the five questions we ask about service: is the service effective and is the service well led? The inspection team comprised of two inspectors.

We looked at the information we already had about this provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur

including serious injuries to people receiving care and any safeguarding matters. The actions the provider told us they would take to address this requirement were reviewed. We also received information from commissioners and the GP prior to our inspection.

During our inspection we spoke with seven people who were receiving care at Andrew Cohen House and with five relatives. Some people's needs meant that they were unable to verbally tell us how they found living at the home. We observed care and support being delivered in communal areas and we observed how people were supported to eat and drink at meal times. We spoke with eighteen staff including the deputy managers, nursing staff, care staff, the chef and agency staff. We also spoke with the Chair of Trustees and with the team of consultants who had been contracted by the provider to help make improvements.

We looked at some of the care records for 10 people and at records the home maintained about monitoring the quality of the service.

Is the service effective?

Our findings

At our comprehensive inspection in February 2015 we found that the provider had breached the regulations and we issued a warning notice. At this inspection we found that the provider had taken action to meet the requirements of the warning notice we issued.

People we spoke with said they were happy with the care they received. For example, one person told us, "I am happy here." Relatives of people were generally complimentary about the care provided. One relative told us, "[Person's name] is well looked after." Another relative told us, "I have no concerns about the healthcare and they do keep me informed."

Our last inspection found that for some people, the meal time experience was not always a pleasant one. This was due to delays in meals being served and frequent changes of staff who were supporting people to eat their meals. We found people's experience at meal times had improved and the majority of people were supported appropriately. We brought to the attention of the provider an isolated occurrence of a person having their meal interrupted so that the nurse could administer eye drops to them. The majority of people we spoke with were complimentary about the meals on offer. One person told us, "Today's food was extremely good."

Previously, despite written guidelines in people's care plans, the majority of staff we spoke with were not fully aware of people's nutritional needs. This had improved and the majority of staff were now able to tell us about the nutritional needs of the people we asked them about. Staff told us that since the last inspection they had received further training in nutrition and hydration. Staff we spoke with knew about people's needs, for example which people needed a diabetic or fortified diet. Two members of staff did not know about one person's food intolerance but did know that the person preferred to avoid some types of foods. One person's care records showed they needed a pureed diet. We confirmed that this was being provided during our meal time observations. A member of staff told us, "We now get much clearer direction about people's nutritional needs."

A health professional had recently recommended changes to the texture of drinks for one person at the home. The staff we asked were aware of this change and we saw the person being given the thickened drinks they needed.

We saw that people were being given enough to drink. People who were in bed or were spending time in their rooms had drinks available to them. People in communal areas were regularly offered something to drink. We observed that when staff noticed a person's cup of tea had become cold they made sure the person was given a fresh cup of tea. Since our last inspection drink dispensers had also been provided in lounge areas. A relative told us, "They bring lots of drinks around, there are always drinks available."

Where people were at risk of poor nutrition, daily charts to record food and fluid intake were in place. Staff told us that each person had a daily target for their fluid intake that was based on their weight. We attended the staff handover and saw that staff discussed people's fluid intake and where they needed to take action to ensure people had enough to drink. People's weights were regularly monitored. Where weight loss was identified we saw that staff had contacted the dietician for advice.

At our last inspection there were concerns that people's health needs were not always responded to. Prior to this inspection the GP told us there had been improvements and that staff seemed to be more aware of people's health care needs. People told us their health needs were met. One person told us, "They get the doctor if you are unwell, even if it's not really needed." Another person told us, "I would not have lasted so long if was not for the care I get here."

We looked at the system to monitor that people were not experiencing constipation as this was an area of previous concern. Staff told us they had received training to monitoring constipation and were able to tell us how they managed this condition. New monitoring records had been introduced where people had been identified as being at risk. These showed that monitoring was taking place. Where we found examples of some people going for several days without opening their bowels staff were able to demonstrate that action had been taken. A relative told us, "Monitoring of [person's name] bowels has massively improved. I think they have it sussed now."

Is the service effective?

We have revised the rating for this key question from 'Inadequate' to 'Requires improvement'. We have not revised the rating to 'Good', because further improvements are still required to meet other regulations as detailed in our previous report.

Is the service well-led?

Our findings

At our comprehensive inspection in February 2015 we found the service did not have an adequate quality assurance system in place to regularly assess and monitor the quality of the service. The provider had breached the regulations and we issued a warning notice. At this inspection we found that the provider had taken action to meet the requirements of the warning notice we issued.

Staff were being supported by a team of external consultants who had been employed by the provider to help make improvements. Two new deputy managers had also been recruited, one was currently the acting manager. At our last inspection many of the staff we spoke with were unclear on the role of the consultants and who was currently in charge of the home. The staff we spoke with were now more confident about the role of the consultants and were aware of who was currently in charge during the registered manager's absence. The majority of staff we spoke with commented that leadership and communication was much improved. Many staff mentioned that everyone now worked as a team. One member of staff told us, "We are making good progress. The deputies are managing the home with the consultants, everyone is working together. They are all approachable." Another member of staff told us, "We have been included in what we need to do to make improvements."

The relatives we spoke with were complimentary about the current management arrangements. One relative told us, "They have kept us up to date. I have had a meeting with the new deputy and we went through the care plans." Another relative commented, "The new deputies are brilliant, they are so active and very positive. They do take action when things are raised," and "We feel more involved. Before we did not know who to go to but now we know who to speak to and we know it gets passed on to the carers."

Previously the system to record incidents had been inadequate and the provider did not analyse the number and type of accidents and incidents occurring in the home. The system in place did not enable the provider to complete a full analysis in order to identify any reoccurring patterns or trends. A new system of reporting and recording

incidents had now been introduced and we saw that a monthly analysis of the number and type of incidents had been introduced. This also included a summary of the actions taken in response to incidents occurring.

Previously, we had found that the checks and audits in place to monitor the safety and quality of the service were inadequate. The team of consultants showed us the quality assurance and audit programme that they had introduced. This included a range of audits such as medication, infection control, the environment and people's mealtime experience. We saw that in regards to monitoring people meal time experiences, this involved both speaking to people about their experience and observing staff practices. Where improvements had been identified as needed people had been informed of the action that was being taken. The records showed that when issues were identified, actions were planned or had been taken to improve the quality of the service.

Some improvements were still needed to make sure issues with the quality of record keeping were identified and acted on. During our inspection we identified some gaps in the recording of information or where records contained insufficient or conflicting information. These records included fluid monitoring records, incident records, care plans and complaints records. Work was in progress to improve the care plans however we found a number of care plans that although having being updated still needed further detail about how people's needs should be met.

Some issues identified by other health professionals in regards to medication procedures had yet to be resolved. The provider had an action plan in place to address the issues identified and some of the dates for completing these actions had not yet been reached. However, we were concerned that despite the provider being alerted to previous issues with the monitoring of the fridge temperatures this issue had still not been adequately resolved.

A new management reporting tool had been developed to ensure the provider received a monthly report on the quality of the service being provided. The tool was still in its early stages of implementation but we saw that it included management information on topics such as the number of complaints received, safeguard incidents, number of falls occurring and hospital admissions.