Jewish Care

Otto Schiff

Inspection report

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Date of inspection visit:
20 February 2019

Date of publication:
16 May 2019

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

About the service:
•□Otto Schiff is a care home registered to provide accommodation and personal care for up to 54 older people including people with dementia.
•□The home is operated and run by Jewish Care, a voluntary organisation.
•□At the time of our inspection, 52 people were living in the home.
People's experience of using this service:
•□People were provided with person centred care at the service. They told us staff were kind and they were treated with dignity and respect.
•□Care records and risk assessments were in place to guide staff in caring for people.
•□The service had a tool to determine appropriate staffing levels, some people told us that the usage of agency staff impacted on their experience of care.
•□The provider was working to address recruitment issues across the organisation and was continually developing strategies to minimise the impact of agency staff on the quality of people's experience of care.
•□Staff were trained and supported in their caring role.
•□Although there was no evidence of harm to people, we had minor concerns with some areas of the management of medicines. Following the inspection the provider made improvements to documentation and processes.
•□The provider and local management team had systems to monitor the quality of the service.
•□The service met the characteristics of Good in all five domains; the overall rating for this service is Good.
•□More information is in the full report.

Rating at last inspection:
•□At the last inspection on 6 July 2016 the service was rated Good; the last report was published on 25 August 2016.

Why we inspected:
•□The inspection took place as part of a schedule of planned inspections based on previous rating.

Follow up:
•□ We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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 remained safe.	Good
Is the service effective? The service remained effective.	Good
Is the service caring? The service remained caring.	Good
Is the service responsive? The service remained responsive.	Good
Is the service well-led? The service remained well-led.	Good

Otto Schiff

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection team consisted of two adult social care inspectors, an assistant inspector; a nurse specialist; and two experts 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 home.

Service and service type:
The service provides care to people with physical disabilities and those living with dementia, the majority of whom are over 65. One unit, of 11 people, focused on meeting the needs of younger people with a physical disability.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of the inspection the registered manager was working at another of the provider's services and made themselves available for the inspection. The day to day running of the service was being provided by the acting manager.

Notice of inspection:
This inspection was unannounced.

What we did:
Before the inspection, we reviewed information we held about the service, including previous reports and notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law. We looked at the information sent to us by the provider in the Provider Information Return. 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.

As part of the inspection process:
We spoke with the registered manager, service manager, director of care and acting manager. We also talked with six care staff including a team leader, a care manager, two housekeeping staff, the staff member responsible for catering and two staff responsible for training across the provider. We spoke with a Rabbi who was visiting the service and another health professional.

We also spoke with 15 people who used the service and seven relatives.

We looked at:
- Seven people's care records
- Records of accidents, incidents and complaints
- Audits and quality assurance reports
- Records of residents' meetings including food forums
- Recruitment records for four staff
- Training and supervision records, staff meeting minutes
- Medicine administration records (MAR) and medicines management.

We received feedback from two health and social care professionals on the service.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

●The ordering and storage of all medicines was safe, and there were, 'as required' medicine protocols in place to guide staff.

●However, we found minor concerns with some processes and documentation related to some aspects of medicines management.

●Documentation for people given medicines covertly due to their mental capacity did not always evidence the least restrictive method was always being followed by staff. Also, whilst medicines reviews took place for people, it was not always clear that the decision to give medicines covertly to people was explicitly reviewed on a regular basis.

● We also found that staff did not have clear instructions on the MAR regarding how to give one medicine which required people to remain upright after taking it. As staff gave the medicine when they were out of bed, and therefore upright, this did not harm the person involved.

● At the time of the inspection the service could show they were in the process of changing the pharmacy support they received to assist with improvements to medicines management.

●Following the inspection the service sent us a draft updated medicines policy for use across the provider's services which addressed the issues raised. Updated MAR and care plans provided clearer guidance for staff.

● Staff received medicines training every two years, and their competency in medicines administration was assessed at least once a year.

Staffing and recruitment

● There were mixed views as to whether there were enough staff. We discussed this with the acting manager who could show us they used a dependency rating tool and reviewed staffing levels monthly.

● Feedback from people included "I have a buzzer in my room and if I need them they come very, very quickly. In that respect, I don't have any complaints. There are enough staff to look after me", "You can't expect them to be on their toes every minute. Some days it's good and some days not so good. There are enough staff, but sometimes I have felt I have had to wait a bit too long for somebody to help me" and "Sometimes I have to be patient. They work very hard. If a member of staff can't talk to you it's not because they don't want to but because they have a job to do and they are anxious to get on."

● The service had a tool to determine appropriate staffing levels, some people told us that the usage of agency staff impacted on their experience of care. To minimise disruption and promote continuity of care, the service was using three agencies, with 12 staff covering three quarters of agency shifts over a two month period.

● A relative commented "The permanent staff are very good and look in on her but the agency staff don't always know the residents. Sometimes you want more staff."

●Staff told us "Sometimes there is not enough staff, especially in the mornings", "People have to wait for attention", "We don't get much time to chat to residents" and "There is a lot of agency staff, it's difficult as they don't know the people here, it's difficult for us." Another staff member told us it was most difficult when staff phoned in sick at short notice "The manager always keeps us informed about staffing. [Acting manager] tries hard to recruit new and good staff and I know the company tries hard."
●We were of the view that the use of agency staff impacted on some people's view and experience as to whether there was enough staff. Following the inspection, the acting manager introduced paperwork specifically for agency staff to support them in providing care to people they are not familiar with.
●Staff recruitment was safe. Appropriate criminal records checks and references were completed prior to staff starting work. This meant staff were considered safe to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse
● The service had systems and processes in place to safeguard people from risk of abuse and staff were able to tell us the different types of abuse and what they would do if concerned.
●People told us "Yes I feel safe here" and "Safe? Yes, I think so and belongings are safe as far as I know" and "I feel safe. I feel they take care of me."
●Feedback from staff included "We look out for resident's safety and welfare" and "You can tell if something is wrong from facial expressions, bruises, behaviour changes or malnourishment."

Assessing risk, safety monitoring and management
● Care records had risk assessments in place. These covered areas such as moving and handling, nutrition and hydration, managing behaviours that challenge and skin integrity.
● Some risk assessments were very detailed and gave staff excellent guidance in mitigating risks. For example, the staff knowledge and guidance regarding pressure area care meant that people rarely developed pressure areas. A relative told us "If there is any red area, the staff are onto it."
●We found limited mitigating advice on other risk assessments. For example, on the risk assessment for one person who had a fluctuating condition, staff were not reminded to ask what type of support that person needed on each occasion as this varied greatly even within a day. Another did not give detailed advice on how to calm a person when they were agitated.
● The acting manager told us they were reviewing the information on risk assessments and where they were located in the electronic care system to make it easier for staff to see this information.

Preventing and controlling infection
● People were unanimous in their praise of the cleanliness of the service. "It's very clean here".
We saw the service was clean. Housekeeping staff carried out audits to check all areas were cleaned regularly and thoroughly. There was no malodour at the service. Food was stored safely; labelled and covered appropriately.
● Staff wore personal protective equipment when providing care, handling food and cleaning.

Learning lessons when things go wrong
● The service recorded all accidents and incidents on the care management software so trends could be easily identified. We could see appropriate action was taken when people had falls and lessons were learnt from incidents.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service assessed people prior to them moving to Otto Schiff to make sure they could meet their needs. The management team were aware of best practice in this area.
- Once they moved in, risk assessments were reviewed and others undertaken to ensure they were appropriate for the care setting.
- One relative told us the move of their family member from a home outside of London was "very efficiently planned." Another relative told us the movement of their family member from another local home which was closing was very well managed by the service.

Ensuring consent to care and treatment in line with law and guidance

- 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The service used a tracking system to record DoLS applied for; those authorised and the issues they covered, for example, use of bedrails and wheelchair belts.
- Staff understood the importance of gaining consent and people told us the majority of staff were respectful and ensured they had consent before providing care and support.
- The acting manager acknowledged that insufficient documentation was in place to show the least restrictive method was in place for all the people receiving their medicines covertly and told us this was being reviewed following the inspection.

Staff support: induction, training, skills and experience

- Feedback from people regarding permanent staff was positive in general. "The staff are good. They help me with everything. They are very kind to me" and "Staff don't all have the right skills, but can refer to someone who does". One relative said "Some are brilliant but some are more task-orientated rather than person-orientated." Other relatives were positive about the staff and felt they had the skills to care for their family member.

● Staff were positive about the support they received in their caring role. They told us "we do training on our day off and get paid for it," and "we get supervision every six weeks and an appraisal." Staff were able to speak confidently about how they provided care, in line with best practice.

●The service provided a comprehensive induction which included completion of the Care Certificate, an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff also received training in key areas such as safeguarding, moving and handling, fire safety and MCA which was renewed on a regular basis. Food hygiene and infection control compliance figures were lower than expected but the acting manager explained the new training system was not currently capturing all the training undertaken; staff were also booked on courses in March and April 2019.

●At the time of the inspection, the provider was working to develop more accurate management information on training needs and compliance.

Supporting people to eat and drink enough to maintain a balanced diet

● The service kept records of everybody's fluid intake and everyone had been risk assessed to ensure they were not at risk of malnutrition. People who were at risk of low food intake were weighed weekly, and their food was supplemented; other people were weighed monthly.

●Following recommendations from speech and language therapists, kitchen staff ensured people at risk of choking had pureed food for each meal.

●We saw the food was well presented and snacks were readily available to people.

●Feedback from people included: "The food is excellent. There's plenty of it and mostly I like it" and "You can't expect the food to be marvellous but it's fresh." Another person said, "If you don't like the main meal you can have an omelette or ask for sandwiches." Two people told us the food was "OK".

●Relatives spoke well of the food and said it was of a good standard.

Adapting service, design, decoration to meet people's needs

●The service was wheelchair accessible, on three levels, with upper floors accessible by lift. There was a sensory garden as part of a larger garden, for use by people at the service.

●We saw evidence of people involved in the redesign of their unit, choosing wallpaper, paint and the furniture. We were told "The final design will be a true reflection of what people living here want."

●People's room had en-suite showers and there was an accessible bath facility on each floor for people to choose if they wished.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

●The service worked in partnership with health and social care colleagues to meet people's health needs. There was evidence of involvement with district nurses, tissue viability nurses and speech and language therapists. There was good pressure area care and this indicated effective partnership working with health colleagues to minimise the risk. For example, people had been supplied with pressure relieving cushions and mattresses.

●People told us, "It's quite easy to see the GP" and a relative told us "They are very good with hospital appointments. They will organise them and arrange an escort if necessary."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us the majority of staff were kind and caring. One person told us of the kindness of staff members when they cannot sleep "We have a little bit of chat and after half an hour I go back to bed. They are very kind. On one or two occasions they have been very busy and just say hello and goodbye, but that's unusual. I can't talk too highly of the staff here."
- Another person told us "I am happy here. I am happy with everything. The people are so kind. They treat you personally."
- The service was run for people of Jewish faith. The rabbi told us "Staff are being trained to appreciate Jewish traditions. There is a conference that staff have been encouraged to attend called 'Faith and dementia". The service operated according to kosher dietary requirements, and people were positive. Feedback included "Yes, my cultural and religious needs are met".
- Staff were aware of issues of diversity and equality and were able to tell us how they supported people sensitively. For example, awareness of the Sabbath and the celebration of Jewish festivals. .

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express views regarding the service at residents' meetings which took place bi-monthly and at food forums. We saw that there had been six meetings in the last year at which the main topics were food, laundry and activities.
- People gave us mixed views on these meetings. Feedback included "We do have resident's meetings. They are not very useful. The laundry is the worst thing here. You get other people's clothes and things go missing." We saw from records that the acting manager was continually working with housekeeping and reminding care staff how to manage laundry better. Another person was more positive about the meetings.
- More recently people were asked on a daily basis if they were happy with the care provided and this was recorded on the electronic hand- held device staff used to record care. The acting manager told us they were monitoring comments from people.
- Electronic care planning had prompted reviews of all care plans. The acting manager told us they were using the opportunity to get signed agreement from people and their relatives to confirm they were happy with the care plan set out by the service. The acting manager told us people and their relatives were involved in reviews of care.

Respecting and promoting people's privacy, dignity and independence

- Feedback from people included, "They take account of how old you are and what you can cope with. They are polite and there is never any intrusion [on your privacy]" and "I manage my own insulin injections. I can tell the staff how much insulin I feel safe to take and I have great confidence in them. They are very understanding."

● All staff described how they would carry out personal care with dignity and respect, for example, by covering people up and closing bathroom doors.
● Care records outlined what people could do for themselves and staff told us they encourage people to retain their independence. "We encourage independence for example we give people a spoon and encourage them to eat" and "We ensure people use whatever strengths they have for example when they are showering we give soap and encourage them to wash their own face."
● One person told us they were expected at times to do tasks they struggled with. Their care record did not emphasise fully the fluctuating nature of their condition; the acting manager told us they would emphasise this more so staff asked on each occasion the level of support the person needed.
● People's preference for a male or female carer was noted on care records.
● People told us friends and family were made to feel welcomed "Yes, my friends do come to visit."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● Care records personalised, comprehensive and up to date. Care records were available on hand held devices for staff to read and update.

● Care records addressed people's needs including personal care, eating and drinking, skin care, memory and understanding and behaviours that can challenge. They also contained personalised information regarding people's preferences, for example, "[Person] likes to play scrabble, " "[Person] likes to have daily showers and gets up at 6am and prefers to wear a shirt and boxers and does not like pyjamas." This meant that even if people could not tell staff what they wanted, their wishes were recorded for guidance.

●The majority of people were positive and told us care was person centred. Feedback included "I don't have to wait. I get up and go to bed when I want to." Another person said "In the morning it depends who you get. They are meant to ask me every day whether I want a shower or a body wash: some of them don't. It depends who is on duty."

● We found the documentation was not readily available in a summarised format for agency staff who may be unfamiliar with the person. We discussed this with the acting manager who said they were aware this would be helpful. By the time of writing this report the service had developed a paper based copy for each floor summarising important information for agency staff not familiar with the service, to help them to support people in a person-centred way.

● Health and social care professionals told us of the management team's commitment to seek feedback on the new care plans to ensure they were person-centred, and the service were integrating these recommendations at the time of the inspection.

●People had keyworkers and the acting manager told us they were in the process of setting out time in each staff member's weekly schedule for key working. This would ensure staff had time to update care records with new current information as well as spending time with people.

● There was a range of activities taking place at the service from music, art, outings, gardening photography and film. People had won joint first prize in a local art competition in 2018 run by the local authority.

●The service was introducing a new approach to working with people with dementia; the emphasis was focusing on the activities they could do, and not their memory issues. This approach had also prompted the service to use more signage for people in communal areas, which was helpful for some people.

● People were in the main, positive about options for activities. Feedback included "Today we have an art class. We make playing cards and calendars and other things. Tomorrow I will go to a reading group. We had a singer downstairs. I go to a computer class. I find things to do," and "Everybody likes the musical activity. We go downstairs for concerts. It's very enjoyable." Another person said "I take regular walks on my own, once or twice a day. I like to walk. It suits me fine." This person told us the activities at the service did not appeal to them.

●The acting manager told us they had individualised programmes for younger people with physical disabilities living on the Rela Goldhil unit; the majority of whom did not have a cognitive impairment. One

relative told us "To be fair to the new manager, she does realise that the needs of people in Rela Goldhill are different from the rest of Otto Schiff. I believe she wants to change the culture." The service manager told us they were aware of the need to meet the particular needs of this group of people and were committed to doing so.

Improving care quality in response to complaints or concerns

● The service had a complaints policy and procedure which outlined two methods to handling complaints made. More significant issues were handled by the quality assurance and customer experience team team in head office and day to day matters were handled by the service.

●People and their relatives told us they thought any issues raised were dealt with by the management team: "I know who to go to if I have a problem. I would start with one of my key workers or another member of staff I know." A relative said, "Whenever I have made a complaint they have always dealt with it. They have had floor managers going across different floors. That's difficult."

●However we found that the service, when dealing with day to day concerns, did not have a comprehensive log of information regarding actions taken, when they were actioned and lessons learnt.

●It was not always clear what lessons were learnt following complaints upheld by the quality assurance and customer experience team.

●We also found that when a complaint was not upheld there were not always further comments available to explain why. The registered manager explained the provider's the quality assurance and customer experience team team dealt with these and conducted an extensive investigation. However, this information was not stored by the service.

●Although the service had received good feedback, it was not easy to identify who in fact was actually leaving comments. First names were left and some are written on behalf of the person making the compliment but the process was so informal it was not easy to quantify this as part of the quality assurance process.

●The service assured us they did have formal mechanisms in place to share learning following complaints.

End of life care and support

● The service had an end of life policy and worked to support people to remain at the service for as long as possible with the support of community health professionals.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; continuous learning and improving care

- It was clear the local management team was committed to meeting the needs of people in a person-centred way, and at the inspection we found many examples of person centred care. However, the service had also faced a number of challenges in the previous 12 months. There had been a greater turnover of staff than usual, and due to the closure of a local care home, a group of people had moved into the service in a short period of time.
- Simultaneously, in an effort to improve care, the provider was introducing a new electronic care planning system which, whilst bringing benefits also presented challenges for staff and the management team whilst this became embedded.
- At the time of the inspection, whilst it was clear the service was well led, there were a number of systems and processes which were 'in progress'.
- The management team was open and transparent regarding the challenges at the service, including the current increased use of agency staff, and were taking actions to mitigate the risks these challenges presented.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the time of the inspection, the acting manager was setting out clear expectations of each person's role and the regularity of specific tasks. These included when care records should be updated by care staff and when pressure mattresses and safety checks took place daily.
- The provider and local management team had processes in place to notify the local authority and CQC when required.
- There were quality auditing systems in place at the service. Localised service audits and provider audits took place to monitor quality of care including the environment; recruitment and medicines. Separate hygiene audits took place.
- The management team at both a local and provider level understood the importance of managing risks and regulatory requirements. Provider level committees reviewed high risk areas of safeguarding, health and safety and recruitment matters across the range of service. The provider was taking remedial action to address recruitment concerns at a provider level by recruiting additional senior management team members. They were working to recruit more bank staff who could work across services, and at a local level by offering enhancements for overtime working for permanent staff.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

●Relatives and friends had the opportunity to be involved in the running of the service. There were four 'stakeholder meetings' and two letters sent out to relatives in the last 12 months to update on planned changes and get people's views. We saw that the new care planning system and staffing were of importance to relatives.

●People were involved through residents' meetings and food forums. One relative told us "They do have meetings but they are not good at getting the agenda and minutes out, or giving us an update on the action plan." The acting manager told us they also updated people and relatives through letters and newsletters where they reported back on actions by 'You Said We Did' and would consider additional ways to keep people informed.

●The majority of people and their carers were positive about the service that was offered and the way it was led. Feedback from people included "They're looking after me, we mix together its lovely. I'm not grumbling. It's so big here, I've made friends. Its lovely I like it" and "It's as well as can be expected more or less, they do their best."

●One relative told us, "Management is willing to listen to any criticism. That puts your mind at ease. When we first got here [acting manager] told me that they welcomed both good and bad feedback as it would help them improve." Several other relatives told us they would recommend the service to other people, and a number already had.

● Staff were positive about working for the service. They told us "The managers here are good and always around" and "[acting manager] is always here until 8pm and at weekends." We saw staff meetings took place on a regular basis and staff told us they could contribute ideas to how the service was run.

Working in partnership with others

● The provider was committed to running a range of services locally for the Jewish community and this meant that people could meet with others and access activities across the provider's other services. This was particularly apparent for activities. It also meant that information was shared across the provider's management teams and services, and so learning and improvement was facilitated in a structured way.

● The provider and local management teams also worked with local health and social care colleagues to take advice from, and promote best practice for the local Jewish community. We received positive feedback on the service from two health and social care professionals who told us the acting manager engaged very proactively with them to seek advice and guidance, and they worked in partnership to improve services.