Bikur Cholim Ltd

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Inspection report

Ground Floor
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected Bikur Cholim Limited on 24 November 2016. The inspection was announced. We gave the provider 48 hours' notice to ensure the key people we needed to speak with were available. Our last inspection took place on the 3 February 2014 and we found that the provider was meeting all of the regulations that we checked.

Bikur Cholim Limited provides domiciliary and nursing services to people within the Orthodox Jewish community in their own homes. At the time of this inspection the agency was providing personal care and support to 50 adults and children.

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.

Staff knew and understood how to safeguard people from abuse and there were procedures in place for staff to keep people safe from abuse.

Relatives shared positive experiences about the care and support people received.

People's medicines were not always safely managed and recorded. Staff had received medicines training but their competency was not regularly assessed.

Some staff had not received regular supervision and appraisals. Staff had received training relevant to their roles and a planned programme of up to date training was scheduled to take place.

People were supported with their healthcare and nutritional needs and this was recorded in their care records.

Risk assessments lacked detail and did not give staff sufficient guidance about action staff needed to take to make sure these risks were managed.

People received visits at the times they requested and were provided with care from the same staff so that they received continuity of care. Care and support was delivered by staff that were kind and caring and people's wishes were respected and acted on.

Care plans and records required more personalised details and the providers audit identified this. Staff had received training to meet people's diverse needs and relatives told us that these needs were met.

People had access to additional resources through the service for additional care. People's views and

experiences were sought through the use of surveys. People knew what to do if they were unhappy with the service provided.

Audit systems in place were not always operated effectively to monitor the quality of the service.

Staff had not completed training in relation to the Mental Capacity Act 2005 (MCA). Procedures and guidance in relation to the Mental Capacity Act 2005 (MCA) was followed which included steps that the provider should take to comply with legal requirements.

We found one breach of regulation in relation to safe care and treatment. You can see what action we asked the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Aspects of the service were not always safe.

Although staff had completed the required mandatory medicines training, people's medicines were not always managed in accordance with safe procedures.

Risks to people were identified however these were not always thoroughly assessed to show how these risks were managed.

Staff had received training and knew how to identify and report suspected abuse. There was enough staff employed to provide people with a consistent and flexible service.

Is the service effective?

Requires Improvement

Aspects of the service were not always effective.

Staff had received training and there was a plan in place to ensure further training and support was completed frequently. Staff carried out their roles effectively.

Staff had not received training in relation to the Mental Capacity Act (MCA) 2005. People's consent was sought regarding their care and support needs in accordance with the MCA.

People were supported with their healthcare and nutritional needs.

Is the service caring?

Good

The service was caring.

People were supported by staff that were kind, caring and were treated with dignity and respect. Staff felt valued and appreciated when supporting people with their care.

The service provided additional support to people when they recognised they required more support.

People were involved in making decisions about their care and

advocacy was available to assist them with this.

Is the service responsive?

Good

The service was responsive.

The provider offered a service that was flexible and responded quickly to people's changing needs.

The service had a clear set of values to meet people's specific cultural needs and these were put into practice by the staff that supported them.

People were provided with information about how to make a complaint and complaints were responded to.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There were processes in place to monitor quality to drive improvements within the service. However, improvements were required to some of these processes to ensure they were effective in identifying and responding efficiently to address any shortfalls.

People's relatives told us that the service was well run and they received good care.

Staff spoke positively about the culture of the service and the support they received from the provider.

Bikur Cholim Ltd

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 visited Bikur Cholim Limited on 24 November 2016 to undertake an inspection of the service. The inspection was announced. We gave 48 hours' notice of the inspection because staff could be out of the office supporting staff or visiting people in their homes. We needed to be sure that someone would be in.

The inspection was carried out by one inspector and an expert by experience. The expert by experience made phone calls to people who used the service to seek their views on the care and support the service provided. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We checked information that the Care Quality Commission (CQC) held about the service including the PIR, their previous inspection report and notifications sent to CQC by the provider. The notifications provided us with information about changes to the service and any significant concerns reported by the provider.

After our inspection we contacted 12 relatives and spoke with seven of them to help us understand the experience of people who could not talk with us. We contacted the local authority and spoke with two health and social care professionals to gather information and obtain their views regarding the service.

In addition to this we also spoke with, four care workers, the home care manager, the training manager, the chief executive and an independent consultant. The registered manager was not available at the time of the inspection. We looked at the records in relation to five people's care files including their medicines records. We also viewed five staff recruitment and training records, quality assurance audits, complaints and some of

the records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

People's relatives told us that their family members received safe care. One relative told us, "[My family member] bruises very easily and they are really good with [them]. They are very gentle and kind and [my family member] hasn't had any bruises with them, there is no mishandling", "They feel safe with the carer [my family member] can't walk or stand and the carer knows how to hold and pacify [them] they are very good", "The carers are always talking to [my family member] and smiling, very much comfortable with [care worker]" and "We feel safe, there is banter and chit chat [my family member] feels comfortable."

However, despite this positive feedback, we found that the risks associated with people's care needs were not always appropriately assessed. Risk assessments were being used within the service to identify where there were risks and how people should be supported to manage these. These showed people's care and support needs had been assessed in relation to their mobility, physical and mental well-being, aids and adaptations, medicines and their home environment. But, we found there were some risks that had not been fully assessed and some risk assessments had not been completed correctly to show how these risks could be reduced. For example, one person's risk assessment identified that there was a key safe and the care worker sometimes supported the person with their shopping; however there was insufficient information about the identified risks relating to this. A second risk assessment identified that the person managed their own medicines, but there was no information recorded about whether there were any risks associated with this and if so, how these could be mitigated. The third risk assessment was in relation to staff lone working and asked if the care worker knew what to do in an emergency. Records indicated that the worker did not know what to do and there was no indication of any action taken as a result of this. This meant from reading the risk assessments that we were unable to ascertain how these risks were managed or the actions the care workers were required to take to help keep people safe. We spoke to the chief executive who explained that these records were under review and some were yet to be updated to ensure that they contained accurate and up to date information in relation to people's care and support needs. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked four people's medicines records over a two month period. These contained information on the type of medicine, the amount to be given and how people preferred to take their medicines. Relatives described how their family members received support with their medicines, "They give [my family member] medicines in the morning. I'm happy with this support", "He takes it while the carer is there" and "They just make sure [my family member] takes them while they are there." However, in one person's file we found that staff were not always completing the medicine administration records (MAR's) correctly as there were a number of gaps where staff had failed to sign the MAR to show if people had taken their medicines. This meant that the person did not have a consistent written record to demonstrate what medicines they had taken and whether they had taken their medicines safely. We spoke with the chief executive about this who later sent us information to explain that the person's neighbour had supported them with this but agreed this had not been identified in the provider's audit. They agreed they would address these errors with care staff. Staff told us that some people required support to be prompted with their medicines and that they had received medicines training, but we found that regular medicines competency checks had not been completed to ensure that staff were safely supporting people with their medicines.

Staff recruitment files contained background checks that had been sought before care workers started work. The records we looked at showed that these included two references, evidence of the person's identity and criminal records checks.

Effective systems were in place to reduce the risks of potential abuse. Safeguarding procedures for adults and children were in place for staff to give guidance if they needed to report any concerns. This was further supported by a programme of training. This was to ensure that staff understood how to recognise and report any incidents of abuse and they were able to describe how they would do this. The chief executive told us there had been no safeguarding incidents that had occurred at the service and knew what actions to take in the event of this.

Relatives told us staff arrived on time; stayed for the agreed length of the call and if they were running late would keep them informed. Their comments included, "They come on time, they do everything that has to be done", "They will call if they are going to be late but that hardly happens", "Mostly they are on time, sometimes they come late but will call ahead", "They come four times a day and stay for the time needed. They change [my family member], take [them] out shopping or for hospital appointments and put him to bed they are very punctual and stay the whole time agreed" and "Yes they come on time, are doing what they can but always extend themselves." All of the staff we spoke with told us they had enough time to travel to visit people in their homes and that support was carried out in an unhurried manner. We saw there was guidance in place for staff to follow in the event of missed or late calls stating that they should inform the person and the office and staff confirmed they followed this.

Requires Improvement

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to meet their needs effectively. Staff told us they had received on-going training and had completed an induction before commencing their role. One member of staff told us, "I have completed training with supporting children and PEG tube feeding and how to complete the charts. I can always talk to the manager if I have any problems." A relative said, "I have the same carer but when [the care worker] goes on leave, it is pre planned as to what carer will come, who I want is decided beforehand. They are all trained in preparation as [my family member] has Downs Syndrome. They meet my needs."

We checked to see how staff were supported to develop their knowledge and skills. We looked in staff files and found they had completed training in confidentiality, nutrition, moving and handling, first aid, dementia and managing aggression. We found that a training plan had been developed to ensure that further training was planned such as the Care Certificate. The training manager told us they were enrolling on a train the trainer course in medicines so that care workers could receive more comprehensive training in this area based on people's specific needs, for example, support with nebulisers. Records demonstrated that staff had completed or were in the process of completing a recognised national vocational qualification.

Staff told us that they received supervision and told us they were supported although the frequency of this varied from once to twice a year. Discussions in relation to staff training and development were clearly recorded. Three out of four files that we checked showed that staff had received an annual appraisal but in one staff file we found their appraisal had not been completed. The chief executive told us that their plan was for staff to have supervision more frequently. Staff told us that they felt confident in asking the management team for support if required. Service audits in relation to this had identified that consistent record keeping was required in respect of these records.

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 when this is in their best interests and legally authorised under the MCA.

People had their right to give their consent and make decisions for themselves respected and relatives were involved in these decisions where appropriate. Two relatives told us that they had been involved in reviewing their family member's care plans and said, "There is a care plan, it was updated about eight months ago. They changed single carers to double carers in the care plan" and "The care plan is regularly updated, we are involved in this." We found for one person receiving care a (LPA) lasting power of attorney was in the process of being sought for the person's health and welfare.

Staff told us they offered choices and asked for people's consent before supporting them with their care. They shared examples of how they supported people's choices and respected their rights. However, staff

had not received training in MCA therefore we could not be assured that staff fully understood the principles in relation to the Act. We spoke to staff about their understanding of the MCA and they were unsure of how the act was implemented and followed. The chief executive showed us the training plan that included an intended date for staff to attend the training and told us that this would be completed.

People were supported to have sufficient food and drinks. Some people required support with their meals. Care records showed how people's dietary needs were assessed, such as their food preferences and how they should be assisted with their meals. Relatives told us, "[Care worker] helps with the preparation, for lunch and breakfast", "[Care worker] doesn't cook but will help with sandwiches and putting out the breakfast" and "I prepare the meals but the carer will give the meals to [my family member]." Staff spoken with during our inspection confirmed they had received training in food safety and were aware of safe food handling practices when supporting people in their homes.

Care records held details of joint working with health and social care professionals involved with people who used the service. For example, in one person's care record we saw a letter form their GP regarding their mobility needs and assessments contained details of how another person's pressure sores should be monitored. Staff told us that if there were concerns about people's healthcare needs they would initially discuss these with the person or their relative. The management team told us that if staff were concerned about a person's health and wellbeing they would relay any concerns to a health professional for escalation and action.

Good

Is the service caring?

Our findings

People's relatives told us that their family members were treated with care, kindness and consideration. They also confirmed that their needs were met by staff to a good standard. They commented, "They are extremely polite and are very nice people. The carers are very decent. They always seem to be going for training, are under instruction, they have a good relationship with my [family member]", "The carers respect our religion they take the initiative, if there's a delivery near the door they will bring it in. They go out of their way. I am really grateful to them they do everything we need and more", "The carers really do care, they are always asking what they can do" and "'The carer is very good, very helpful. We are happy with them, they get on well they have a good rapport we are very thankful to have them."

Staff told us they felt valued by the people they supported and enjoyed the work they did. Care workers said, "When you go to work and see that you're appreciated it makes it all worthwhile", "I definitely see it as a caring agency", "This is the kind of job that requires a lot of patience" and "I give my best."

People's communication needs and preferred routines were noted in their care plans, for example, to speak slowly and be clear and be patient. Relatives explained how people were treated with dignity and respect when receiving care in their homes. A relative said, 'They are really good carers, very respectful, never ever contradict my [family member] in a rude way. [My family member] often forgets or says things from the past; they are so patient with [my family member]. One carer couldn't come for their shift and [care worker] arranged for another carer to take their place. [The care worker] took the initiative. [Care worker] said she/he knew that I couldn't cope on my own and needed help. They do so much it's so amazing you never find this anywhere."

People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received. The chief executive explained they had their own advocacy service they could refer people to if they wished. The provider had considered people's individual needs when planning for the service. For example, the service is operated by a charity and therefore they had been able to fund additional hours for people to receive care and support that fully met their needs. Furthermore, the provider had received compliments form relatives about the care and support people were provided with.

Relatives described how their family members received support from the same staff which in turn encouraged people to develop caring relationships with their care workers, they explained, "We have a rota of carers they are all familiar we know them all. [My family member] has dementia so this is important that [the person] recognises them all", "We have two carers one who comes during the week and the other over the weekend. They always pre plan in advance if the carer is going on leave, they always let us know who is coming" and "We have the same carers every day, they double up. They are the same all week except on the weekend the consistency truly helps and they know [my family member] and this is really important." and "[The person] has the same carer every day and we are happy the carer is very good and knows him/her very well."

Good

Is the service responsive?

Our findings

People's relatives told us they received care that was responsive to their needs. One relative said, "I would call the organization if I was not happy they are very responsive and are amazing. The carer is available 24/7," and another commented "They provided us with the care so quickly when [my family member] came out of hospital. It's an absolutely superb service it gives me piece of mind, it's very reassuring and they are so supportive over and above anything I can imagine," and a third relative said, "I have their mobile and landline numbers they always get back to me, they are quite organised and the office is run very well."

Care plans had relevant information that was collected at the person's initial assessment. This included information about people's physical and mental health, relationships, social interaction, and cultural and nutritional needs. Relatives told us there were care plans in people's homes for staff to follow to ensure people's needs were being met and staff confirmed this.

The daily records we accessed indicated that the care required was being carried out but gave a very brief description of the care that was provided and one needed to be reviewed. We found the provider's audit had identified that daily records and care plans needed to be more person centred in respect of people's individual preferences and what support they received. The managing director told us that people's care plans were in the process of being reviewed and rewritten to ensure that they contained correct and up to date information. The care plans we looked at during our visit contained evidence of reviews having taken place with people or their relatives.

People were supported to maintain their hobbies and pursue their interests if they required this support. Staff told us the goals and wishes of people they supported and these included assistance to access the community and maintaining their independence in their own home. One relative told us, "We are familiar with the carers, we have a carer who does the personal care and another who takes [the person] to work or to the synagogue, they are great" and "It's a good service, we have a young family and they are always sending vouchers for the toyshop or bookshop, always telling us they are here for us. They provide two hours cleaning per week too. It's a pleasant organisation. They are always on top of everything, we are lucky to have them. I am extremely happy with them and grateful to them."

Staff were respectful of people's cultural and diverse needs. They were given a 'guide for carers' before they began work. The guide was developed to advise staff on how best to support people from the orthodox Jewish community and how their needs should be met. Staff confirmed they had received training to support this. The guide included information on Kosher foods, Shabbos, modesty, festivals, family relationships, end of life care and supporting people who were Holocaust survivors. One relative told us, "The carers are really good they are kind and gentle. They are very quiet, they keep [my family member] really clean, keep her smelling clean and fresh they are fantastic. They have a good relationship with [my family member] and know them very well we could not manage without them. We are Jewish and they respect our religion and our needs, they are not Jewish themselves. Honestly we could not do without them."

Care workers were able to describe how best to support and respond to people's cultural needs and one care worker said, "It's a very different culture I enjoy working with the community you just have to accept the differences."

People were provided with information about how to complain to the service. The chief executive told us that they recorded people's concerns in addition to formal complaints. Records showed that concerns and complaints had been documented and the action taken had been recorded. All the relatives told us they had no complaints with the exception of one, but told us this had been resolved.

Requires Improvement

Is the service well-led?

Our findings

The provider told us they had been working with an independent consultant. We spoke to the consultant who told us they had been working with the provider since August 2016. They explained the service was working towards the action plan they had put in place based on their recent audit of the service. This was to include a programme of training for the care workers and staff who worked in the office. They had identified areas for improvement including care records, staff recruitment files, MCA and medicines training. The chief executive told us they were in the process of updating some people's care records. Although some of the areas we checked had been identified through the provider's audit processes, these did not pick up the concerns relating to risks and medicines.

We saw that the values and behaviours of staff were monitored by the management team by staff carrying out telephone spot checks on the staff member's interaction with the person they were supporting. Records showed that improvements identified during audits were communicated to the staff team. For example, we found that audits had identified that there were sometimes issues with regard to staff writing clear and legible records and noted if information on care records was consistent with the MAR's and daily notes.

People's relatives were complimentary about the management of the service and told us the about the positive impact of receiving good care. They told us, "I'm very appreciative of the service I wouldn't be able to cope without them. [My family member] is difficult and I have other children as well, it's difficult. They are wonderful, do a great job", "I was very proud to ask for help, but [the registered manager] spoke to me in a very professional and caring manner. She was so lovely and so keen to support us and help us. She helped me to take help I am grateful to her", "The service is good, it's very supportive and I can't fault them" and "I honestly could not do without them they are really good."

We found the management structure of the service provided clear lines of responsibility and accountability. Staff we spoke with had a good understanding of their roles and responsibilities and spoke positively about working for the provider. Staff members expressed that they felt supported; listened to and when they sought advice the management was helpful. They explained, "I think the agency is quite good I can call them anytime" and "When I have a problem everyone is here to help me."

Satisfaction surveys had been sent to people and their relatives in September 2016 and asked questions in relation to carers punctuality, the care they received in line with the care plan, being treated with dignity and respect and if people felt safe. All the responses returned to the provider were positive. The chief executive told us of their plans to work closely with the independent consultant to regularly review the audits and identify any trends and any action required, such as further training.

We saw information that the provider worked with the local authority that conducted monitoring visits to the service and identified any areas for improvement, and documented where the registered manager was required to work towards improvements to address any shortfalls. We received feedback from a health and social care professional who spoke positively about the provider and the services they offered.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment How the regulation was not being met: Care and treatment was not always provided in a safe way for service users as the registered person did not always assess the risks to the health and wellbeing of service users and did not always do all that was reasonably practicable to mitigate such risks Regulation 12 (1) (2) (a) (b)