Sussex Tikvah

Rachel Mazzier House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Rachel Mazzier House is registered to provide accommodation and personal care for up to six adults with a learning disability. This inspection took place on 19 May 2016 and was unannounced. We last inspected the service on 2 February 2014 and we found no concerns.

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.

Feedback received from people, relatives and health care professionals was positive about the care and support people received and the approach of the staff in the service. Staff supported people to maintain and build on their independence. They showed respect and maintained people's dignity. People had access to health care professionals when they needed it.

People told us they felt at home at Rachel Mazzier House. Visitors were warmly welcomed and people were supported to maintain their own friendships and relationships. The staff team were responsive to people's social needs and supported people to maintain and foster interests and relationships that were important to them. People were central to the practices involved in the planning and reviews of their support.

People told us that staff were kind and caring. One person told us, "I like living here. It's nice. We are all friends." We observed staff responding to people with dignity and respect and involving them in decisions regarding their support.

People told us they felt safe. One person said, "I feel very safe, it's a good group home. My Rabbi has helped me. If I didn't feel safe I could talk to anybody here." Staff had a clear understanding of the procedures in place to safeguard people from abuse. Medicines were stored, administered and disposed of safely by staff who were suitably trained. People were supported to manage their medicines safely. Recruitment records showed there were systems in place to ensure staff were suitable to work at the service.

Staff and the manager were knowledgeable about the Mental Capacity Act 2005. They were aware this legislation protected the rights of people who lacked capacity to make decisions about their care and welfare.

Systems for effective management were been established in all areas. For example, records were up to date and completed in a consistent way. People received regular assessments of their needs and any identified risks. Records were maintained in relation to people's healthcare, for example when people were supported with making or attending GP appointments.

People liked the food provided and were involved in the planning of menus. One person said, "My sister is a

food writer and they will tell you it a well-balanced diet and good food. In the house it's all Kosher but outside we don't have to keep Kosher if we don't want to".

People and their relatives were given information on how to make a complaint. Feedback from people was asked for and responded to.

The service was well led and had good leadership and direction from the manager and deputy manager. Staff felt fully supported by the managers to undertake their roles. A person centred culture was promoted and embedded. There were robust quality assurance systems in place to ensure a high quality of care and support was provided.

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.

Arrangements for keeping the service clean and maintained to ensure people were protected from acquiring an infection were in place across all areas.

Staff were trained in how to protect people from abuse and knew what to do if they suspected potential abuse.

Staffing numbers were sufficient to ensure people received a safe level of support.

Is the service effective?

Good

The service was effective.

Staff were trained and had the knowledge and skills to support people.

People's nutritional needs were known and responded to.

Staff received regular supervision and an annual appraisal to monitor their performance and development needs.

People had access to appropriate health professionals when required.

Is the service caring?

Good

The service was caring.

Staff knew people and their preferences.

Staff were respectful and polite when supporting people. Staff actively supported people to make day-to-day decisions about their support and they respected the choices people made.

People were fully involved in decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

The service was responsive to people's needs and wishes. Support plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

People were supported, where required, to take part in activities provided by the service and in the community. People were supported to maintain relationships with people important to them.

There was a system in place to manage complaints and comments.

Is the service well-led?

Good

The service was well-led.

The registered manager was seen as supportive and took an active role in the service and sought out the views of staff.

Staff held a clear set of values based on respect for people, ensuring people had of choice and support to be as independent as possible.

People and their relatives were asked for their views.

There were quality monitoring systems in place within the service.

Rachel Mazzier 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. The inspection checked 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 home and to provide a rating for the home under the Care Act 2014.

The inspection was carried out on 19 May 2016 and was unannounced. It was carried out by an 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 they do well and improvements they plan to make. It included information about notifications. Notifications are changes, events or incidents that the home must inform us about.

During the inspection we spent time talking with people who lived at the service. We focused on gaining their views, and spoke with all the people who lived at Rachel Mazzier House. We spoke with four relatives of people. We spoke with the registered manager, deputy manager, senior residential support officer, residential support officer and cleaner.

We observed the support people received. We spent time in the kitchen, lounge and dining area and people's own rooms when we were invited to do so. We took time to observe how people and staff interacted.

We looked at two support plans and two staff files and staff training records. We looked at records that related to how the home was managed that included quality monitoring documentation, records of medicine administration and documents relating to the maintenance of the environment.

We contacted selected stakeholders including four health and social care professionals, the local authority and the local GP surgery to obtain their views about the care provided. They were happy for us to quote them in our report.

The last inspection was carried out on 2 February 2014 and no concerns were identified.

Good

Is the service safe?

Our findings

People and relatives told us that they felt people were safe in the service and with the support provided by staff. People reflected that they liked spending time with staff and felt comfortable and safe with them. One person said, "I feel very safe, it's a good group home. My Rabbi has helped me. If I didn't feel safe I could talk to anybody here." A relative praised the way staff made their relative feel safe within the environment and with the support provided, they said, "The registered manager and staff do their very best to make [my relative] feel safe. They have everything they need."

Staff received training on safeguarding adults and understood their responsibilities in raising any suspicion of abuse. Staff and records confirmed training was provided on a regular basis and this gave staff the opportunity to discuss abuse and how it was recognised. Staff described different types of abuse that they may come across and referred to people's individual rights. They talked about the steps they would take to respond to allegations or suspicions of abuse. Staff were confident any abuse or poor care practice would be quickly identified and addressed immediately. Staff knew how to raise concerns with the provider or with outside organisations such as the Local Authority or the Care Quality Commission directly.

Risks within the environment had been assessed and responded to. A thorough environmental risk assessment had been undertaken to identify and respond to any possible risk. Support records contained individual risks assessments about health and support and recorded the actions necessary to reduce the identified risks. The risk assessments took account of people's levels of independence and risks associated with health needs. For example, one person had risks associated with travelling independently and these had been suitably risk assessed with clear guidelines for staff to follow to promote this persons safety. The management of the risk helped to ensure person received consistent care and support.

Rachel Mazzier House was very clean and suitably maintained. Processes ensured consistent cleanliness. For example, cleaning schedules were found to be in place and followed. A person said, "It is very clean here, the staff make sure of it, but I like to help out where and when I can." A member of staff said, "I really like this place to be kept clean, I treat it like my own home, it has to be spotless here and I want it to be a safe environment for residents."

The registered manager had systems to deal with foreseeable emergencies. Contingency and emergency procedures were available and covered what to do in the event of a fire, gas leak and electrical failure. Staff had access to relevant contact numbers in the event of an emergency. Staff knew what to do in the event of a fire and told us about procedures they would follow.

There was an established recruitment procedure. The provider ensured that within staff recruitment, appropriate checks were completed on staff before they started work in the service. Records included application forms, clear evidence of identification and references. The history of past employment for staff was documented and the most appropriate references, including the applicant's most recent employment were requested. Each member of staff had a disclosure and barring check (DBS). These checks identified whether prospective staff had a criminal record or were barred from working with children or adults at risk.

Medicines were managed safely. Storage arrangements were appropriate and included suitable storage facilities in an area where the temperature was monitored to ensure medicines were stored at a temperature that would not have a detrimental effect on how they worked. Staff supported people to take their medicines and completed the Medication Administration Record (MAR) chart once the medicine had been administered. Staff ensured people had taken their medicines safely. One person told us, "I look after my medicine myself. I keep it locked up safely in my room. Once a week I collect a weeks' worth from staff. They do spot checks and sign to say it's been taken."

Records confirmed that staff administered medicines in accordance with the prescription and these were found to be clear and accurate. Some medicines were 'as required' (PRN) medicines. People took these medicines only if they needed them, for example, if they experienced pain. Individual guidelines for the administration of PRN medicines ensured staff gave them in a consistent way. Staff knew how to approach the administration of medicines to ensure people were comfortable to take their medicines.

Staffing arrangements took account of people's individual needs and ensured staff were available to support people when they needed it. Staff were available to support people around the service safely and to ensure they were supervised, when required. People, their relatives and staff told us they thought there were sufficient staff working in the service to meet people's needs during the night as well as the day. Relatives told us staff were always around and allowed for an appropriate level of supervision and individual support. One relative said, "I know it changed when one service user needed more input for a time and they got it. I have no concerns." Staff told us minimum staffing levels were maintained. One member of staff said, "I get my requests fulfilled for annual leave and days off and that's important to me." The registered manager included themselves on the rota and were available to provide direct support to people and was often active in the service providing additional support. There was an emergency on call system available for help and support when it was required.

Good

Is the service effective?

Our findings

Staff knew people well, they had the knowledge and skills to support them. People approached staff when they needed support and staff responded to them appropriately. People told us that they thought staff were well trained and able to support them. One person said, "I do think the staff know what they are doing, they have been trained and they have done this job for a while now".

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. We checked whether the service was working within the principles of the MCA. The procedures for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS).Providers must make an application to the local authority when it is in a person's best interests to deprive them of their liberty in order to keep them safe from harm.

Although there was no requirement for DoLS for people, staff understood the MCA and DoLS. They were able to tell us about what restrictions could be placed on people and how this may constitute a deprivation of their liberty. They had received training and had an understanding of its principles. The MCA aims to protect people who lack capacity, and maximise their ability to make decisions or participate in decision-making. Staff had a clear understanding of people's capacity. Staff asked people's consent before providing support. We saw within support plans that consent had been actively discussed and considered with and for people.

Training records confirmed that staff had completed an induction programme. The structured induction programme included an orientation during which they were introduced to the policies and procedures of the provider. Staff spent time getting to know people and read their support files and risk assessments. Time was given to shadow other staff. The registered manager told us they worked to ensure a new member of staff completed the induction. The care certificate is a set of 15 standards that health and social care workers follow. The care certificate ensured staff had appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. A member of staff told us their induction provided them with a good understanding of the support people needed.

Staff received ongoing training and support. There was a training programme in place and we saw further training and updates were arranged for mandatory training. In addition, staff received training to understand and support people with specific needs related to their disabilities. Staff completed training that the provider considered mandatory. It included such areas as safeguarding, moving and handling, fire safety, basic first aid, food hygiene and infection control. They had also completed training on the MCA and DoLS and other training relevant to the needs of the people. Staff told us that they received a range of training that ensured they were able to meet people's needs effectively. It included, for example a positive person centred approach to support. The latter explored strategies and methods to increase the person's quality of life through teaching new skills and adapting the environment to promote achievement and

change. This was vital for people who experienced difficulties in communicating and used behaviour and alternative communication techniques as a way to express themselves.

Staff received regular supervision which was booked in advance. Staff were able to meet with their line manager on a one to one basis, both through supervision and appraisal. Supervision gave the registered manager the opportunity to check staff used their knowledge in the way they worked. An appraisal is an opportunity for staff to discuss with their line manager their work, any additional training they required or concerns they had. These were important to help ensure staff provided the best care possible for the people they supported. Management and staff used supervision to develop their understanding and improve the support they provided to people. They told us they were able to also speak informally with their supervisor if they required further support. This was possible because it was a small, intimate home where everybody regularly worked with each other. Prior to supervision they were provided with the opportunity to think about areas they may wish to discuss. They were also reminded that supervision was also used as a method of identifying staff training and development needs. Staff said supervision was useful and they were able to ask for support whenever they needed it. One member of staff said, "Every two months I sit down with my supervisor but as we work alone much of the time we rely on communication between us being good, which it is. The handovers and communication book are so important for this."

People were involved in choosing and making their own meals and drinks. People were involved in choosing their own hot and cold drinks throughout the day. Menus were designed to meet the individual likes and dislikes of people. Staff understood people's individual skills and abilities and were able to support them with their choices. For example, people liked and were supported to be involved in the whole meal preparation process. Staff supported people with their choices to ensure they were able to participate and this promoted their independence. Meals were prepared with fresh ingredients and staff supported each person to ensure they were able to participate as much as possible to maintain their own independence. A relative of a person said, "[Name] is over the moon at what they do in the kitchen. It's especially important to them as mum used to run a bed and breakfast and it's really good for them."

Where a need was identified, staff monitored people's weight. This was done to ensure people were drinking enough or not eating too much. People enjoyed their food and when people wanted a snack they were encouraged to make healthy choices. A person said, "My sister is a food writer and they will tell you it a well-balanced diet and good food. You can gather from my build that I like to eat but the staff help me to regulate what I eat. In the house it's all Kosher but outside we don't have to keep Kosher if we don't want to." A member of staff said, "We try to make sure diets are balanced. There's always fresh fruit and vegetables in the house. One person did a weekly weigh in alongside staff to make it a shared activity and goal." A relative told us, "There's a healthy menu. [Named relative] has to be careful because of their medicines they're on and issues around weight. But they are pretty good at helping to manage this and they've got the balance right."

Everybody had a health component to their support plan in place. These identified the health professionals involved in their support, for example the GP or learning disability specialist. They contained important information about the person should there be a need to go to hospital. These were clearly written and provided health care staff with information about supporting each person. A healthcare professional commented, "Their care plans which they showed me were meticulously detailed and very much based around a holistic model for supporting people's needs."

Good

Is the service caring?

Our findings

People were supported by staff who knew them well as individuals. They were able to tell us about people's needs, choices, personal histories and interests. We observed staff talking and communicating with people in a caring and professional manner and in a way people could understand. A person said, "I like living here. It's nice. We are all friends." One relative said, "The home provides good care. It's excellent all round. Staff have been there a long time and really care about the residents."

Staff spoke with people in a kind and respectful way. They demonstrated warmth and it was clear that all staff we spoke with were genuinely fond of the people they supported. Friendships had grown between people while living at the service. Positive, caring relationships were fostered between people and staff. Staff told us meeting people's individual needs was the most important thing they did each day. They told us they put people first to improve their lives and enable them to have more choices. We observed people enjoyed the company of staff and opportunities for friendly communication that it offered. People told us they were well looked after and happy living at the home. One person said, "The other people and staff are like family to me. Everyone is nice to me."

People were supported and encouraged to make choices for each day, including participating in structured and spontaneous activities. For example, people chose when they got up or when they went out. We also saw that people had a range of commitments during the week, from attending adult education courses to helping out at a Jewish social club. For others, significant and enjoyable activities included mingling with friends in local cafes and attending day opportunities in local centres for people with learning disabilities. Staff knew people well and could tell us how they liked to spend their time at the service. Some liked to spend more time in their bedroom and others preferred to be in the communal areas and staff supported them in their choices. A person said, "I'm a homebody but saying that I am doing language courses at [the local college] and I decided to go swimming so I took myself off to the pool."

People had an allocated key worker. A key worker is a person who co-ordinates all aspects of a person's support and has responsibilities for working with them to develop a relationship to help and support them in their day to day lives. People were able to express their views and were involved in making decisions about their support. People met with their keyworkers and planned how they were able to achieve more independence. For example, we heard how discussion and planning had gone into giving a person the independence to visit a nearby relative's home. This allowed them greater autonomy in their day to day life. The aim had grown from an aspiration of the person to have greater independence. They had discussed the idea with the home manager and keyworker and planned how they might achieve the goal. A person told us, "I get good support from staff. Being more independent I want to move on for more independence and I have skills I I am working towards."

People's privacy and dignity was respected. Staff made sure that doors were kept closed when they attended to people's support needs in their own bedrooms. Staff knocked on people's doors and waited for a response before they entered the room. Staff told us they maintained people's dignity by promoting their independence and involving them in decisions. A relative told us, "When [my relative] first went to Rachel

Mezzier House their skills were no-where near as good. They have come on and are now a completely changed person because of the respect and encouragement they have received."

People's bedrooms were individually decorated and furnished with people's own items. We heard how people were supported to choose how they would like their bedrooms decorated and furnished. The rooms were spacious and people were able to personalise their rooms as they wished. For example, one person had a large collection of reference books that covered their bookshelves. For others, family photographs featured prominently.

The management and staff followed the principals of privacy in relation to maintaining and storing records. There were arrangements in place to store people's support records, which included confidential information and medical histories. There were policies and procedures to protect people's confidentiality. Support records were stored securely on either the provider's computer system or in support files. Staff had a good understanding of privacy and confidentiality and had received training.

Good

Is the service responsive?

Our findings

People told us they had control over what they did during the day. Relatives told us people were supported to be as independent as possible. A visiting professional told us the service provided person centred care and demonstrated the flexibility required to support people with varied needs. They said, "I was struck by how hard they worked to ensure that [named person] had a busy week of enjoyable, meaningful and diverse activities."

Staff had a good understanding of the support people needed. Each person had an individual person centred support plan. This was maintained as a tool to enable staff to work with people as individuals. They were written from the person's perspective. They contained detailed information and guidance about peoples likes and dislikes and what was important to them. Records included guidance to ensure effective communication, for example, where appropriate they detailed approaches to recognise and meet behaviour that, if not met, may escalate to more serious behaviours that may challenge. The information ensured staff supported people appropriately and consistently.

People's support plans clearly reflected their individual preferences for all aspects of daily living. Support documentation contained personal profiles, including family and other sources of support. Support plans demonstrated assessment of people's individual needs and clearly identified how these could be met. Areas included their independence, nutrition, personal care needs and communication. Support plans contained sections that set out information for staff when they supported people with alternative verbal communication. Likes and dislikes identified where people were able to makes choices and retain control in aspects of their daily routines such as clothing and meals. Plans were regularly reviewed, followed by a more comprehensive review involving family and/or advocates, social workers and the person's key worker. The registered manager told us, "We review support plans regularly and when changes occur," and we saw an example of this in a person's support plan which had been amended to reflect changes that had happened between review dates.

Relatives and professionals were positive about the way support was tailored to people's individual needs and all commented on how people had progressed. A close relative to one person that had the right to know, said they felt fully involved and informed about the support of their family member. They told us that they were updated with any changes or issues that affected their loved ones support. One relative said, "Reviews and the opportunity to give feedback is almost continuous. I speak to [the registered manager] once or twice a month. The home is somewhere where you can drop in at any time." Health care professionals told us the service provided person centred care and looked after people with varied needs.

Staff had a good understanding of people's individual needs and routines. One staff member said, "I enjoy supporting residents. I can be carer, cleaner and cook all in one day. For example, when I am supporting [named person] to cook in the kitchen we follow the instruction to enable them to get the most from the experience." Daily support records provided clear informative descriptions of people's activities, demeanour and behaviours. Staff told us these were useful to review each time they came into work. They said they were given time to ensure documentation, including daily notes, were up-to-date.

Important information was recorded within the homes daily communication book. Any changes or observations of people's support needs were discussed at handover and also in regular conversations between staff. Staff had a handover between shifts during which the completed daily support records were reviewed. They provided staff with a clear summary of the life of people and focussed on individual updates. It planned for the allocation of staff duties. It provided staff with the time and opportunity to ask each other questions and make plans for the day ahead.

We looked at the completed satisfaction surveys for 2015. People were surveyed and their feedback was seen to be positive. The information that was captured was collated and the results were shared. The registered manager told us that if anything was raised that required a response they discussed the feedback and how to meet the need. For example, a comment included, 'I would like lamb for roast dinner more often.' We saw that the suggestion/request was taken on board and the cost of buying Kosher lamb was talked about among the group and agreement reached.

A complaints procedure was available to people within the home. This confirmed that the service had systems in place to respond to issues promptly. People were informed of their rights and had easy read information of how to complain or raise a concern if they were unhappy. People and relatives told us they felt able to raise concerns. A person said, "I would let the bosses know if I had a complaint. I would expect them to resolve it if they could." One relative said, "I have every confidence in the management and haven't had a complaint. But if something did come up I feel we are on the same wavelength and we all want the best for [named relative]."

Good

Is the service well-led?

Our findings

People told us they were happy living at Rachel Mazzier House and felt the service was well run. People said they were listened to and could talk to the staff about anything. The registered manager was supported by a deputy manager. People and relatives liked the relaxed and friendly atmosphere and said they had good relationships with the staff and management. One person said, "I go to [the the registered manager] if I have anything to talk through. They are a very efficient and effective manager. Matters are cleared up when I speak to them." A visiting professional was also positive about the management of the home saying the staff were well organised and supported people to lead happy and healthy life.

The provider had policies and procedures for all aspects of the service. The service's philosophy of care was recorded within their documentation. Staff were clear on the vision and philosophy that underpinned the service. All staff valued the contribution their colleagues made to the service. The registered manager said, "The staff team is strong, they are excellent." One relative said, "The care is exemplary and the management have led the way on improvements made within the home. [Named relative] is a completely changed person from when they first went to the home. No way would I want them to be anywhere else." Another relative said, "Sussex Tikvah was established from a network of parents and families and from talking with each other this home was established. We still feel part of it. For example, at Chanuker they had a party, the local Rabbi's were also there."

Staff demonstrated a clear understanding of their roles and the lines of accountability. One member of staff told us, "I know I could always approach the manager if I had a concern." The registered manager and deputy both worked a combination of management and care leading shifts and were available to staff. All staff were aware of the 'on call' system in place when a manager was required out of hours and this ensured management overview throughout the week.

Staff meetings were held regularly. The meetings provided an opportunity for staff to raise and discuss issues and for the registered manager to remind the staff team about key issues in the running of the service. We looked at the minutes for the last meeting. The minutes reflected the discussion at the meeting and looked at the actions arising from the last meeting and whether these had been met. Staff told us they found these meetings useful and provided an opportunity to share ideas and provide each other with updates on individual people. Individual staff supervisions were also held regularly and staff told us they were used to share information and raise any concerns.

Quality assurance systems were in place to monitor the running of the service and the effectiveness of systems in place. Audits were undertaken for a wide range of areas, these included medicines, care plans and health and safety. Audits were undertaken by the registered manager and the provider. They provided a picture of the quality of the service and, where it was required, an action plan for each area looked at. For example, there was a section for the registered manager to indicate what actions they had taken in response to issues identified.

The registered manager was aware of their responsibilities under the Duty of Candour which aimed to

ensure that providers were open, honest and transparent with people and others when untoward events occurred. The registered manager was able to describe unintentional and unexpected scenarios that may lead to a person experiencing harm and was confident about the steps to be taken, including producing a written notification. They were able to demonstrate the steps they would take including providing support, truthful information and an apology if things had gone wrong.