

Jewish Care Clore Manor

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 

Overall summary

We inspected Clore Manor on 17 October 2014. This was an unannounced inspection.

Clore Manor is registered to provide residential care to a maximum of 72 older people including people with dementia. It is run by Jewish Care. On the day of our visit there were 67 people living in the home.

Before our inspection we checked the information that we held about the service and the service provider. No concerns had been raised and the service met the regulations we inspected against at their last inspection

which took place on 18 October 2013. We also spoke to staff of two commissioning teams that have placed people at the home, and the local borough safeguarding team.

People told us they were very happy with the care and support they received. One person said, "It's more like a family than a home." People also told us they enjoyed the activities provided. One person told us, "The care is outstanding here."

People who needed assistance to eat and drink were well supported at lunchtime and were encouraged to make choices about what they ate and drank. The care staff we spoke with demonstrated a good knowledge of people's

Summary of findings

care needs, significant people and events in their lives, and their daily routines and preferences. They also understood the provider's safeguarding procedures and could explain how they would protect people if they had any concerns.

Staff told us they enjoyed working in the home and many of the staff we spoke with had worked in the home for a number of years.

We found people were cared for, or supported by, sufficient numbers of suitably qualified, skilled and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. Medicines were managed safely and a robust procedure ensured that care workers had detailed guidance to follow when administering medicines. Staff completed extensive training to ensure that the care provided to people was safe and effective to meet their needs

The registered manager had been in place since July 2013. 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 and associated Regulations about how the service is run. She provided good leadership and people using the service, their relatives and staff told us the manager promoted high standards of care. One member of staff said, "Management is good and supportive." People told us, "People here are very caring" and "I am impressed with the care here, it must be difficult for the staff."

People were involved in the planning of their care and were treated with dignity, privacy and respect. People were offered a wide range of activities which were facilitated in-house or in the local community. Complaints were responded to appropriately and resolved in line with the providers 'complaints procedure. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People felt safe in the home. There were enough suitably qualified staff available to ensure that people did not have to wait for care and support.

The home was safe and well maintained. Arrangements were in place for regular health and safety checks and maintenance of equipment.

Staff managed people's medicines safely

People living in the home had assessments of possible risks to their health and welfare which were regularly reviewed, and systems were in place to manage these appropriately.

Good



Is the service effective?

The service was effective. People's care needs were assessed and staff understood and provided the care and support they needed.

People's nutritional needs were assessed and recorded and records were maintained to show they were protected from risks associated with nutrition and hydration.

We found the service met the requirements of the Deprivation of Liberty Safeguards. Relevant applications had been submitted and proper policies and procedures were in place.

Good



Is the service caring?

The service was caring. Staff were kind and caring, and treated people with respect.

People were offered choices, and staff knew about and respected their preferences and daily routines. Staff told us their training had included issues of dignity and respect and they were able to tell us how they included this in their work with people. Staff worked with relevant professionals to make sure people's wishes were respected.

Good



Is the service responsive?

The service was responsive. People's needs were assessed. Staff responded to changes in people's needs. Care plans were up to date and reflected the care and support given. Regular reviews were held to ensure plans were up to date.

There was a range of suitable culturally appropriate activities available during the day.

Complaints were responded to appropriately and resolved in line with the providers' complaints procedure

Good



Is the service well-led?

The service was well led. There was an experienced and qualified registered manager who promoted high standards of care and support. Staff felt well supported by the manager and senior staff and they understood their roles and responsibilities.

The provider had systems in place to monitor standards of care provided in the home, including regular quality audits and satisfaction surveys for people living in the home.

Good



Summary of findings

The provider worked with other organisations to make sure that local and national best practice standards were met. This included working with the local authority quality team and the quality team at the provider's head office

Clore Manor

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 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 service, and to provide a rating for the service under the Care Act 2014.

We inspected Clore Manor on 17 October 2014. This was an unannounced inspection.

The inspection team consisted of two inspectors, a specialist nurse advisor and an expert by experience, who had experience of people with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We spoke with eight people who use the service and seven relatives. We also spoke with six care staff, one senior care worker, the activities co-ordinator and the registered manager and a district nurse.

During our inspection we observed how the staff supported and interacted with people who use the service. We also looked at five people's care records, staff duty rosters, four staff files, a range of audits, the complaints log, minutes for various meetings, resident surveys, staff survey and training records, the accidents and incidents book and policies and procedures for the service.

Is the service safe?

Our findings

People told us they felt well cared for and safe in the home. They said they felt they were being kept safe and had no concerns. A relative told us, "I feel she is safe here and she has never had any rough treatment."

People and relatives said staff came very quickly to the room when anyone rang their call bell. However, during our inspections we noted that there were some technical problems with the call bell system. The Registered manager told us that engineers were working on this. Care staff told us there were usually enough staff to meet people's needs safely. Their comments included, "We never feel rushed" and "management is supportive". We looked at the staff duty roster and saw that it was planned in a way that ensured that staff were available in sufficient numbers at all times and that there was always a senior member of staff available for staff to refer to. Staff told us they felt supported by their senior team and the manager. During the inspection we saw there were enough staff to support people in communal areas and their bedrooms. People were supported or assisted promptly if they needed help. We saw that the necessary staff recruitment and selection processes were in place. Staff files were well structured and demonstrated that before staff started work the senior team ensured that suitable recruitment checks were carried out. These included references, the right to work in the UK and suitable criminal record checks.

Care records and risk assessments were completed when required. Risk assessments covered falls; moving and handling; pressure care and nutrition. Where risks were identified, staff were given clear guidance about how these should be managed. The risk assessments were reviewed six monthly and more frequently when required. Staff told us if there were changes in a person's care needs they would report to a manager and a risk assessment would be

reviewed or completed. The staff we spoke with were clear about what to do if they observed changes in a person's health, or changes in an individual's routine that might indicate a problem

We asked five care staff what they would do if they felt a person living in the home was being abused. They told us they would report any concerns to a senior member of staff or the manager of the home. Staff we spoke with had received safeguarding training and training records we saw confirmed this. Staff had an understanding of what constituted abuse and knew the correct action to take if abuse was suspected. They were confident the manager would respond appropriately to any concerns raised. We saw safeguarding and whistle blowing policies were available, and staff told us they knew how to access them and that they would use them if they needed to.

We saw that when medicines were administered, people's medicines administration records (MAR) were kept up to date. We saw that medicines were all stored securely and none were out of date. One person told us, "Our medication is regular and we get it on time."

The premises were well-maintained and we saw that maintenance issues were attended to in a timely manner, which helped keep people safe. Appropriate signage was displayed for fire exits and evacuation plans for the building were in place. We saw that an external company undertook regular checks of all safety equipment and facilities in the service. The manager told us that there were plans for a refurbishment programme to improve lighting and signs and directions especially in the lounge areas. The provider held a number of current certificates demonstrating appropriate checks had been carried out, such as a gas safety certificate, fire alarm and an electrical installations certificate. We saw records documenting that staff had been trained in fire safety, and that the provider conducted weekly health and safety checks of the premises as well as quarterly safety inspections.

Is the service effective?

Our findings

People told us staff had the knowledge and skills needed. One person said, "The staff are very good; they know what they're doing." Another person told us, "Staff here are excellent and many have been around a long time." We checked the provider's training records and saw all staff had completed the training they needed to support people using the service. This included the provider's mandatory training including managing medicines, dementia, fire safety, safeguarding adults, health and safety, manual handling, infection control and food hygiene. Where required, staff had also completed refresher training to make sure their knowledge was up to date. A number of staff had been supported by the organisation to attain the Diploma in Health and Social Care at levels 3 and 4. All staff had completed training on understanding the Jewish faith prior to starting work, to help ensure that they understood the cultural needs of the majority of people using the service.

Staff files showed that supervision was taking place on a regular basis and areas such as training, performance, feedback, clinical care and absences were discussed

People and their relatives told us if someone seemed unwell the staff responded very quickly. They said the GP visited once a week, but also came promptly if asked at other times. They also said an optician, a chiropodist, and a dentist came regularly to the home and saw anyone who needed them. A speech and language therapist was available to advise staff to support people with swallowing problems. A visiting district nurse told us that she visited the home twice a week. She told us she felt that people were well cared for and that the staff had a good awareness of pressure sore management and falls prevention.

Care staff we spoke with were clear about what to do if they observed changes in a person's health, or changes in routine that might indicate a problem. They told us when they reported these to senior staff or the manager they responded appropriately. We saw referrals were made to healthcare professionals and evidence staff worked with other agencies to make sure people were cared for and supported appropriately. One person told us, "Hospital appointments are organised by the home and a carer goes with us." Relatives said they were kept well informed about

people's health and told quickly by phone if there were any significant changes or problems. A meeting was arranged if there were difficult issues to discuss. One visitor said, "The family is always kept informed."

We found the service met the requirements of the Deprivation of Liberty Safeguards. We saw that one application had been submitted since our last inspection. Relevant staff had been trained to understand when an application should be made. The care records we looked at included an initial assessment of the person's capacity to make specific decisions, completed by the manager. We also saw the files included an assessment of whether the Deprivation of Liberty Safeguards were being applied. The registered manager told us if assessments concluded a person did not have capacity, she would work with any relatives and the local social services department to make sure decisions were made in the person's best interests. This helped to ensure people's human rights were properly recognised, respected and promoted. We saw that people who use the service were free to move around the home, including the garden.

People told us they enjoyed the food, that they were offered a choice, and that a variety of drinks and snacks were offered throughout the day. One person told us, "The food is fabulous" and another said, "We can get a drink at any time." A relative also commented, "My mother looks forward to the food."

As part of our visit, we carried out an observation over the lunchtime period. The lunchtime was relaxed and people were considerably supported to move to the dining areas or could choose to eat in their bedroom. Most people were independent throughout the meal but we saw that staff were available if people needed support, extra food or drinks. We saw people ate at their own pace and were not rushed to finish their meal. Some people stayed at the tables and talked with others, enjoying the company and conversation. The menu was displayed in each lounge area and showed the options available that day which people could read. People told us they were asked by staff about the food they wanted and they said this was always provided. Staff told us they made sure there was a variety of food offered and they ensured a balanced diet was provided. At lunchtime, we observed there were enough staff available in the dining room to serve people and support those who needed assistance. Many, but not all of those who use the service followed the Jewish faith. Food

Is the service effective?

prepared on site complied with the religious practices of this faith, however, staff and those using the service told us that provision was made for them to eat other types of food away from the home if they wished.

All staff we spoke with had received training in diversity and all showed understanding of important festivals and events

that those using the service observed. We saw that staff spoke respectfully to those using the service and supported those who did not have a strong faith to ensure that they did not feel left out.

Is the service caring?

Our findings

People we spoke with told us they were treated with kindness and their dignity was respected. Their comments included, “The staff go to the ends of the earth to care for me” and “I am happy here and the girls are nice”. Relatives told us, “The care is outstanding here” and “The carers are all very kind and so far I can’t fault the place”. They told us, for example, “They always knock and shut the door” and “We are asked when being given care”. When they provided personal care, staff discreetly asked people if they wanted to use the toilet or to have a bath or shower. We observed that, when approaching people, staff said ‘hello’ and informed people of their intentions.

During our observations we saw lots of positive interaction between staff and people who used the service. Staff spoke to people in a friendly and respectful manner and responded promptly to any requests for assistance. We heard staff saying words of encouragement to people. The manager and staff told us most people using the service were able to make daily decisions about their own care and we saw that people chose how to spend their time. People told us they were able to choose what time to get up and how to spend their day. One person told us, “They always listen to what we say. They ask us what we want and what we want to do.” A relative told us, “They let me bring in my mother’s dog to visit her it means so much.” Another relative told us that her mother was regularly supported to play bridge outside of the home.

We saw people’s care plans included information about their needs around age, disability, gender, race, religion and belief, and sexual orientation. People’s plans also included information about how people preferred to be supported with their personal care. For example, care plans recorded what time people preferred to get up in the morning and go to bed at night, and whether they preferred a shower or a bath. Staff told us about people’s preferences and routines. All staff we spoke with had received training in diversity and all showed understanding of important festivals and events observed by people who used the service.

We saw staff offered people choices about activities and what to eat and waited to give people the opportunity to make a choice. For example, at lunchtime, staff reminded people of the choices of food on the menu and the drinks that were available. We also saw staff respected people’s dignity by knocking on doors before entering rooms and closing doors when supporting people with their personal care.

People were supported to maintain contact with friends and family. Visitors told us they were able to visit at any time and were always made welcome. People continued to be involved in the local community and the home took part in community activities, for example, on the day of our visit we saw that boys from the local school had come in to lead on the religious festival that was taking place.

Is the service responsive?

Our findings

People and their relatives told us they were involved in planning and reviewing the care and support they received. One person described how her care plan had changed over a number of years, with her involvement, and said she had regained a lot of independence and mobility. One relative told us the person and her family had been involved in developing her care plan. They told us it is "a good care plan and definitely takes account of her needs, wishes and preferences". Another relative told us, "We were able to tell the home what help my mum needed. We were also asked about her routines and what she liked to eat and drink." Another relative told us, "I have seen many Jewish care homes and this is the best."

People's involvement in their care planning was confirmed by the care records we looked at. The care plans included assessments of the person's health and social care needs, life history and information about their likes, dislikes, hobbies and interests. Staff told us the assessments and other information were used to develop a detailed care plan and risk assessments. Staff told us they used the care plans to get to know the care needs of new people and important information was transferred to an information sheet kept in the front of the file. Staff told us they met to go through care plans for new people and that they refer to them regularly. They also said any important daily issues were discussed at shift changeovers.

Each person had an assigned keyworker who was responsible for reviewing their needs and care records every six months or sooner, if their needs changed. Staff told us that they kept people's relatives, or people important in their lives, updated through regular telephone calls or when they visited the service and they were formally invited to care reviews and meetings with other professionals.

We saw people's care plans and risk assessments were reviewed regularly by staff and at least annually with the person living in the home and/or their relatives. This meant care staff had up to date information about each person's care needs and how these should be met in the home. People told us they could talk to staff about their care and said they had access to health care services when necessary. We saw people's care plans included

information about visits by the GP or other clinicians and hospital appointments. Most staff we spoke with were also able to tell us about people's health care needs and how these were met in the home.

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Is the service responsive?

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People told us they were happy with the activities that were provided. One person told us, "Normally the mornings are quiet, but there is always something to do like films, games, TV, bingo and singers come in to entertain us."

There was a full-time activities co-ordinator who organised activities on a daily basis. People told us they were given opportunities to say what they liked to do. They told us about recent activities which included bingo, quizzes, and outings to the theatre, local cafes, synagogues and schools. A wide variety of social activities were arranged which included celebrations of notable Jewish dates, one of which took place on the day of our inspection.

On the day of our visit, a religious ceremony was conducted. The service was attended by many people and they told us that it was important to them to continue to

practice their faith. One person told us, "We have these services regularly and my relatives are also encouraged to come." We saw that visitors were welcomed throughout our visit. Visitors and relatives we spoke with told us they could visit at any time and they were always made to feel welcome. One person told us, "We get visitors and they are made very welcome and can come at any time."

The provider took account of complaints and comments to improve the service. A complaints book, policy and procedure was in place. People told us they were aware of how to make a complaint and were confident they could express any concerns. One person told us, "I have no cause for complaint but would do so." We saw there had been two recent complaints made and a record of how they had been investigated. Letters had been sent to the complainants detailing any action demonstrating how changes had been made and how the provider had responded. The manager told us that all complaints were monitored by the provider organisation's head office to ensure the quality of response and subsequent actions.

Is the service well-led?

Our findings

The provider sought the views of people using the service, relatives and staff in different ways. People told us that regular 'residents' meetings were held. Yearly surveys were undertaken of people living in the home and their relatives and we saw the latest, dated March 2014. 90% of the responses said the service was 'excellent,' 'very good' or 'good.' Regular visits were made by members of the provider organisation's senior management team who assessed the home against various criteria and produced a written report and action plan. Staff surveys were also undertaken on a regular basis we saw that the staff survey for 2014 which showed a high score for staff understanding the organisations aims and objectives and for high quality management support. There was also a survey undertaken by an external agency every year. We saw that results of the 2014 survey looked at areas including staff and care, quality of life and choice. We saw that the provider had scored well above average in all areas

The registered manager had been in post since July 2013. She told us, "We support an environment in which openness, can do, honesty and transparency are encouraged." Observations and feedback from staff, relatives and professionals showed us that she had an open leadership style and that the home had a positive and open culture. Staff spoke positively about the culture and management of the service. One staff member told us, "We are encouraged to openly discuss any issues." Staff said that they enjoyed their jobs and described management as supportive. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided in one-to-one and staff meetings and these were taken seriously and discussed. Staff also told us

that they were supported to go for promotion and were given additional training or job shadowing opportunities when required. Staff comments included, "They always support you and give reassurance" and "They helped me to get a promotion".

The manager also monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. During our meeting with her and our observations it was clear that she was familiar with all of the people in the home. A relative told us, "The manager and staff are very approachable." The manager also undertook a number of checks to review the quality of the service provided which included quarterly unannounced night inspections.

We saw there were systems in place to monitor the safety of the service and the maintenance of the building and equipment. This included monthly audits of medicines, staff records, care plans, health and safety and infection control.

The provider had a number of arrangements to support the Registered Manager. Managers attended annual conferences, leadership meetings and a registered managers' forum. The manager told us "I get as much support as I need."

The provider worked with other organisations to make sure that local and national best practice standards were met. This included working with the local authority's quality team and the quality team at the provider organisation's head office. We saw that the home was also a member of a number of accreditation schemes including The Social Care Commitment, Eden and Skills for Care.