

Jewish Care

Selig Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Jewish Care service provides support at Selig Court, to people who are Holocaust survivors or refugees from all parts of the world, aged over 60. Selig Court consists of 1 or 2 bedroom apartments. Not everyone living there receives personal care from the service. At the time of our inspection, there were 18 people using the service under the regulated activity personal care.

People's experience of the service and what we found:

People told us they received good quality care and support by staff and were happy living at the service. They felt the environment was at a high standard and was well maintained and looked after by the provider. People felt staff were kind and caring.

People's medicines were safely managed, and the provider used an electronic system, which were linked to the pharmacy, which meant that staff could easily request people's repeat medicines. The provider had an up-to-date medicines policy in place for staff to follow. Staff were trained to support people with their medicines safely.

We saw that people's needs were assessed and risks were managed and responded to well. The staff supported people to complete risk assessments and risk management plans. People were supported to share their views and care plans were written in a person-centred way.

Staff were positive about working at the service and told us they enjoyed their role and felt supported by the management team. Staff received regular supervision and were supported to develop their skills and knowledge. Staff received good quality training from the provider, which helped them to ensure people received the right care and support. Staff understood their role and responsibility regarding safeguarding people from abuse.

We saw that staff were recruited safely to work with vulnerable people. Staff rotas confirmed that the service recruited enough staff to support people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems at the service supported this practice.

People, relatives and staff spoke positively about the registered manager and the management team. The provider had good quality systems in place to help ensure that they delivered high-quality care and support. The staff learnt from areas that needed improving, as the management team met with staff to discuss changes to people's care and support following from any incidents or accidents. The registered manager communicated well with people, relatives, and stakeholders to keep them up to date about the service. The service responded to people's concerns and complaints and used this to improve the quality of care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The last rating for this service was Good (published 6 April 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

This was a focussed inspection. The report only covers our findings in relation to the Key Questions Safe and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

Selig Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

Selig Court provides care and support to people living in specialist 'extra care' housing run by Jewish Care. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 29 November 2023 and ended on 19 December 2023. We visited the location's

office on 29 November 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well and improvements they plan to make. We also reviewed notifications that the registered provider had sent to us. A notification is information about important events which the service is required to send us by law. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager. We reviewed a range of records. This included 6 people's care records, 6 staff files, training records, risk assessments and satisfaction surveys. We also looked at audits and a variety of records relating to the management of the service, including policies and procedures.

During our site visit, we spoke with 4 people during our, 2 relatives and 8 members of staff. We also spoke with 3 relatives by telephone and received written feedback from 3 relatives to obtain their views of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- People were kept safe from avoidable harm, as staff knew them well and understood how to protect them from abuse. A person told us, "I am very safe here, I know staff are around if I need any support." Another person commented, "I looked at lots of services before choosing this one. I am very safe here."
- Staff were clear on who to contact regarding any safeguarding concerns. A staff member told us, "If I had any concerns related to safeguarding, I would inform my manager and complete an alert to the local authority and CQC. I would also call the police if the person were in immediate danger."
- There was an open and transparent culture within the service. Staff received training on how to identify and report abuse. Staff understood their role in protecting people from abuse and were clear of the signs to look out for.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- People and their relatives told us that they felt the service was safe. A relative said, "I know that my [relative] is well looked after and kept safe. Staff always keep me updated regarding any new concerns."
- People's risk assessments were personalised and contained detailed information to ensure risks were minimised.
- People were supported to make decisions about how to keep safe and to manage any identified risks.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- We found staff to be very friendly and knowledgeable about people's needs and supported people when required. People told us that staff were available at the agreed time with the person. Staffing rota's confirmed there were sufficient staff.
- The provider operated safe recruitment processes. We reviewed staff recruitment files, which contained evidence that pre-employment safety checks were completed before staff started employment and to help ensure staff were safe to work with vulnerable people. The checks included Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported to receive their medicines safely.
- The service had safe storage arrangements in place to store people's medicines safely.

- People's medicine plans were personalised and included information regarding the level of support they needed and how they liked to be supported. Staff ensured people received information about medicines in a way they could understand, this was done by using photos of people's medicines and written information that was broken down into easy words.
- People were assisted to learn how to self-medicate. This was also a part of the initial needs assessment.
- Medicine Administration Records (MAR) were completed appropriately by staff to evidence medicines had been administered as prescribed. Medicines, for example topical creams had opening dates recorded on them.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- Staff used personal protective equipment (PPE) safely.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong. People received safe care due to processes in place to learn from accidents and incidents.
- Staff recognised incidents and accidents and reported them appropriately to the management team, who investigated incidents and shared lessons learned with the staff.
- We saw evidence care plans were updated after an incident or accident took place. There was clear written communication for staff to read regarding the changes that had been put in place.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- The provider was working in line with the Mental Capacity Act. Staff received training on how to protect people's rights and were aware with the processes and principles of the MCA.
- We saw people had consent forms in place and staff acted in accordance with their wishes.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question Good. At this inspection, the rating has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- The registered manager and staff promoted a positive, open, and inclusive culture at the service.
- People and their relatives felt the service was very person-centred and met their cultural needs well. One relative said, "We chose this service as we were very confident that my [relatives] beliefs would be supported by the staff team. The service works in a person-centred way, we are very happy with the care and support here."
- The provider had systems to provide person-centred care that achieved positive outcomes for people to be able to live their life as they have chosen to. For an example, care plans captured people's views and wishes. One person told us, "The staff meet with me to review my plan to see if there are any changes that are needed. rota"
- The service promoted equality and diversity in all aspects of the running of the service. Care plans also reflected this practice.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The provider understood their responsibilities under the duty of candour. The service apologised to people and those important to them when things went wrong.
- Staff were clear on how to apply duty of candour where appropriate. One staff said, "I would give reassurance to the [person] and ensure they had felt listened to and report the concern to my manager."
- The management team completed care plans, medicines, infection control audits and spot checks were carried out to improve and help develop the running of the service. The provider had created a learning culture at the service, which improved the care people received.

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

- The provider had a good integrated management structure that proactively monitored the quality of care provided to ensure care was of high quality.
- The registered manager had the skills, knowledge, and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed.
- The provider's quality assurance system was robust and well-embedded into the running of the service. The management team used a range of regular audits to monitor the quality and safety of the service, which helped support the delivery of good quality care.

- Staff told us the management team was extremely supportive and addressed any concerns or issues, which helped people receive safe care and support. Comments from staff included, "The management team here is very good", "I feel very supported by managers and other colleagues that I work with" and "I feel confident that I can always ask for support from my manager."

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- People told us that the staff team encouraged them to be involved in the development of the service. For example, a person said, "We have meeting to discuss, things like places we want to go to and how I want our flats to be decorated."
- People and relatives were asked to give feedback about the service. One relative said, "I have been asked to complete a feedback form, as well as the manager asking me for verbal feedback too."
- The registered manager held monthly staff meetings. This gave staff the opportunity to share ideas and challenges that they may be experiencing. Staff told us that the meeting were also helpful for learning and developing their knowledge and skills as the staff team had different skills and experiences.

Working in partnership with others

- The provider worked well in partnership with others, which included working with the local authority, families, and other organisations.
- The provider has worked closely with an organisation to implement a new system that is an all-in-one health system that measures people's vital signs, records photos, performs multiple health assessments and sends the data to the medical professionals. Since the service has been using this system, it has supported people to receive a quick response from health and medical professionals.