North London Bikur Cholim Limited

North London Bikur Cholim Limited

Inspection report

11 Ashtead Road
London
E5 9BJ

Tel: 02088025032

Date of inspection visit:
19 July 2016

Date of publication:
06 September 2016

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

We inspected North London Bikur Cholim Limited on 19 July 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 9 January 2014 and we found that the provider was meeting all of the regulations that we checked.

North London Bikur Cholim Limited is a voluntary organisation that provides domiciliary care 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 17 adults and seven 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.

The provider worked with external organisations to ensure people were kept safe from harm. People were protected from harm because staff knew what to do if they suspected abuse had occurred.

There were sufficient staff with the correct skill mix to support people with their care needs. Recruitment processes were in place and followed by the service to ensure the staff employed were suitable for the role.

People received personalised care that reflected their choice and promoted their involvement in the local community. Staff ensured people's cultural and religious needs were met and received training that was reflective of people's needs.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act (MCA) 2005. Staff were knowledgeable about the MCA and sought consent from people before providing care.

There were appropriate systems to ensure medicines were managed safely. Staff had received appropriate medicines training.

People were supported with their nutritional and dietary requirements based on their cultural needs.

Changes in people's healthcare needs were identified by care workers and immediate intervention was sought.

Care plans were person centred to reflect the care that people wanted. Staff demonstrated person centred care was the focus of care delivery.

People were encouraged to express their views about how their care and support was delivered. Relatives described the staff as outstanding and said they had made a difference to people's lives.

The complaints procedure was accessible and people were aware of how to raise any concerns. Any concerns were listened to and responded to appropriately.

The registered manager understood their responsibilities and was committed to providing compassionate care. People's relatives spoke positively about how the service was managed. Staff told us they felt valued and proud to work for the service.

Quality assurance systems were used to measure and review the delivery of care, and drive continuous improvement.

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.

People were protected from harm because staff knew what to do if they suspected abuse had occurred.

Risks to individuals and the environment were identified, assessed and managed.

People were kept safe because there were sufficient numbers of staff to meet their care and support needs.

Suitable arrangements were in place for the safe handling of medicines.

Is the service effective?

Good

The service was effective.

Staff received regular training which provided them with the knowledge and skills to meet people's needs.

People's consent was sought regarding their care and support needs in accordance with the Mental Capacity Act (MCA) 2005.

People were provided with the support they required at mealtimes to meet their nutritional needs.

Staff supported people to health care appointments and liaised with health care professionals if they had any concerns about their health.

Is the service caring?

Good

The service was caring.

People's relatives spoke highly about the caring and kind attitude of staff.

Positive caring relationships were developed with people who used the service. Staff went 'the extra mile' to ensure people's care needs were met.

The provider strived to develop their staff team to ensure people were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People received personalised care that reflected their choice and promoted their involvement in the local community.

Staff were aware of and responded to people's cultural, gender and religious needs.

People and their relatives knew how to raise a complaint and were confident any concerns they raised would be acted on.

Is the service well-led?

Good

The service was well-led.

People and their relatives were overwhelmingly positive when discussing how well the service was managed.

People received care and support from staff that were motivated and felt proud to work for service.

Quality monitoring systems were in place to obtain people's views about the care and support provided to them.

North London Bikur Cholim Limited

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 North London Bikur Cholim Limited on 19 July 2016 to undertake an inspection of the service. The inspection was announced. 48 hours' notice of the inspection was given 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, previous inspection reports 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.

During our inspection we spoke with 10 relatives 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.

We viewed the records in relation to four people's care including their support plans, risk assessments, daily

records and their medicines records. We also spoke with seven care workers, the compliance officer, the deputy manager and the registered manager.

We also looked at records relating to the management of the service. These included four staff recruitment and training records, minutes of meetings with staff, quality assurance records, the service user guide, the daily records, staff rotas and a selection of the provider's policies and procedures.

Good

Is the service safe?

Our findings

All of the relatives we spoke with told us their family members had used the service for numerous years and felt safe with the staff that supported them. One relative told us, "They are so helpful and friendly the carers are great, fantastic. [My family member] is not the easiest of people to support I cannot fault them". Another relative said, "There is just the one main carer who makes them feel safe and secure." A third relative commented, "I'm so glad you picked me to speak to I cannot praise the service enough."

The provider had policies procedures in place to protect people from abuse. There was an adults and children's safeguarding policy that included the contact details for the local safeguarding teams for vulnerable adults and children. We spoke with staff who told us they had been supported with the appropriate training in safeguarding and understood who they would report to if they had concerns about a person's welfare. The whistleblowing procedure was included in staff training and gave clear guidance on who concerns should be reported to, such as the CQC and other public organisations. The registered manager told us they had no safeguarding concerns and described how the service would follow their guidelines and contact the local authority to minimise further harm to people.

To ensure people were kept safe we saw there was a missing person's form in people's files, with a photograph, description and who to contact in an emergency. The appropriate agencies were contacted if staff were concerned about a person's safety. The registered manager told us they worked with other external organisations to ensure people were kept safe. For example, the registered manager worked with a charity organisation called 'Shomrin', a community safety patrol who knew the local synagogues and were able to assist the police in the event a person went missing from their home.

There were risk assessments in place to identify and manage any risks to people who used the service or their care workers. Some of the risks that were assessed related to people's physical health, mobility, medicines, communication and well-being. In one file, there were comprehensive guidelines put in place for care workers to follow in the event the person had a fall and we saw records to confirm staff completed prevention of falls training. Risks to people's health care needs were reviewed as and when they occurred to ensure people received safe care. The service also carried out risk assessments on the external and internal environment of the person's home. For example, they checked to see if people had the appropriate aids and adaptations in their home so care workers could move and position people safely and how care workers could access people's homes. One relative explained their family member was helped with moving and positioning and said, "They use a hoist daily and I'm very happy with their handling."

Preventative measures were in place to ensure the safety of lone workers and we saw training certificates to show staff had received lone working training. Care workers who worked by themselves without close or direct supervision had individual lone working risk assessments that they followed to reduce the likelihood of incidents occurring. All the care workers carried their identification badges which included their name and photograph so people could identify the care worker who would be helping them in their homes.

There were appropriate staff recruitment practices in place to ensure people were safeguarded against the

risk of being cared for by unsuitable staff. The majority of staff lived in the local area and the registered manager explained that many care workers were recruited by word of mouth as a result of this. Staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started to work for the provider. Thorough identity and background checks were viewed and verified by the registered manager.

People's relatives told us there was a suitable number of staff to meet people's needs and said care workers arrived on time. Relatives reported, "They are very punctual", "Very much so, they never fail," and "Usually on time but they would let you know if there was a problem."

The care workers we spoke to said that because they lived locally to the people they supported they had enough time to support people with their personal care needs and if they required more time they would inform the office. Care workers supported the same people to ensure that continuity of care was delivered. We could see from the staff rota that the needs of people had been taken into account when planning the rota and the travel time between calls was sufficient to help minimise long distance travel. The registered manager told us the agency would cover the cost of care calls if this was urgently required, particularly when care workers were supporting people with appointments. There was an on call system in place for people and staff to contact in the event of any concerns, or if they required advice and guidance. The registered manager explained that people observed the Sabbath which falls on a Saturday. Care workers who were not from the orthodox Jewish community still supported people with their care needs on the Saturday whilst respecting people's cultural needs. To ensure people received safe care the on call system was supported by a duty team allocated to respond to calls on that particular day.

Where the service was responsible, the staff managed people's medicines safely. Care workers had received the required mandatory training for supporting people with their medicines. Policies and procedures were in place regarding the safe handling of medicines and were up to date. People using the service and their relatives told us there had not been any reported concerns regarding their medicines since they began to use the service and managed their own medicines. Some staff who were responsible for prompting people with their medicines. We looked at people's daily records and care plans and found they were appropriately completed and stipulated when staff prompted people with their medicines.

Good

Is the service effective?

Our findings

People received effective care from staff that had the required knowledge and skills to provide their care and support. People's relatives commented on their working practices when they supported their family members and said, "They are very well trained I'm quite impressed", "They are all trained by previous nurse anyone new is shadowed," and "Definitely good training and they are very up with hygiene practices."

Care workers told us they enjoyed the training courses offered by the provider and said they gave them the opportunity to learn skills to improve their performance. One care worker explained, "We get offered a lot of training, if we ask a question during a training session and it's relevant to the role, they will provide us with a training course based on the questions we ask."

All new staff undertook an induction programme which included classroom based training in record keeping, moving and handling, code of conduct, challenging behaviour, autism awareness, care planning, incontinence awareness, food hygiene and working with families. We also saw there were records of regular staff meetings, spot checks and supervisions and staff had shadowed other care workers to ensure they understood how to meet people's needs. Those staff who had been employed more than 12 months had received appraisals which gave them a further opportunity to discuss their performance and development. All staff were expected to undertake the Care Certificate; the Certificate is based on 15 standards and aims to give employers and people who receive care the confidence that workers have the same introductory skills, knowledge and behaviours to provide safe care.

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 and we saw that they were.

Initial assessments made by the referring authority showed that capacity assessments had been completed. Before people received any care or treatment care workers asked for their consent and the provider acted in accordance with their wishes. We spoke to staff and found they had a good understanding of the principles of the MCA and confirmed they had attended MCA training. We saw that systems were in place to obtain people's consent to the care they received. Care plans had been signed by the person, or their representative, to indicate their consent to the care as outlined in the care plan. The registered manager told us they would speak with a person's family and the health and social care professionals involved in their care, if there were any new concerns about the person's capacity to consent to their care.

People required support with meal preparation and in some cases, support whilst eating. People's dietary preferences, allergies and medical needs were recorded in their care plans along with the level of staff support needed. One relative told us, "The care worker prepares bread shapes for breakfast, I do the

cooking." Some people required peg feeding and we saw records to show that staff had been trained by the community nurse to assist with this. Another person had difficulties with eating and swallowing. Contact had been made with a speech and language therapist (SALT) and advice was sought on specific foods and the records verified the appropriate diet plans were followed.

Care workers told us people's cultural needs were met when Kosher food was prepared. For example, they described the specific ingredients used in Kosher foods and the different set of plates used to serve food. This showed that care workers had read and understood the care plan and were aware of the specific dietary requirements of the people they supported. Relatives told us care workers did not rush people when assisting them at mealtimes and knew their preferences. A relative commented, "They are a great help at suppertime and offer to help out and make suggestions, they know the children's preferences."

People's relative's told us they were supported by health and social care professionals to maintain good health. Changes in people's needs were identified by care workers and immediate intervention sought. We saw records to demonstrate that people were supported to health appointments by care workers to chiropodists, district nurses and the GP. One relative explained that when they were unwell, the care workers took charge and contacted the GP and increased their times to accommodate their family member's health needs. This demonstrated care workers were flexible in their approach when people required more support with their health care needs.

We saw people's care plans included the details of involvement with health and social care professionals and guidance for care workers to follow. For example, care plans advised staff to contact the GP if they recognised changes in the person's health and well being. How people would like to be supported with their personal care was written in detail such as the specific flavour of toothpaste to use for oral hygiene and foot care. Medical equipment such as air mattresses and cushions for people with pressures sores were obtained through an external Jewish health organisation. The registered manager explained this meant people received equipment swiftly through their own resources so people were not waiting for longer periods of time.

Good

Is the service caring?

Our findings

All of the relatives spoke highly of the staff that supported their family members and described the care workers as "outstanding" and told us they had made a difference in their lives. People's relatives said, "You just have to see them with [my family member] they understand everything it's a very special experience," and "They are absolutely outstanding the way they treat us is unreal."

Positive caring relationships were developed with people who used the service. People's relatives told us, "They love my children and the children love them," and "I am very thankful for their care I couldn't manage without them, they always try to help all the family as well as [my family member].
Staff demonstrated a very good understanding of people's care and support needs. They told us about their communication needs, hobbies and interests. A review of people's care records confirmed what staff had said.

Staff were motivated and inspired to offer care that was kind and compassionate. One care worker told us when supporting people with care they arrived earlier than their call time, and stayed longer if the person required more support and added, "I really enjoy working for the agency you have to have a heart to work in care, it's not about the money for me." This showed that staff went the extra mile to ensure people's care and support needs were met.

We saw records to show care workers had completed training in dignity and respect and people's relatives told us this was followed. Care workers explained how they protected people's privacy and modesty when delivering personal care by ensuring the doors and curtains were closed in people's homes. Relatives explained, "They will always knock before they enter any of the rooms," and "They are respectful and very discreet." Staff had a very good understanding of helping people with their personal appearance based on their cultural needs. For example, they described specifically how people should be dressed with modesty and how their hair should be groomed. One person relative told us, "They are very, very caring, gentle and professional."

Care workers told us they read people's care plans and always listened to people before they delivered their care. People's relatives confirmed this. One relative said, "Without [care worker] it would be very hard. My [family member] loves the care worker because she/he just listens and doesn't react to [my family members] moods. She/he has great patience." People's relatives told us they were confident with staff that supported them and their care needs were regularly reviewed. They also described how their family members were encouraged to make decisions about their care and how this was provided and felt "their staff" cared for them in the way they wanted. A relative said, "I feel very confident with them it feels good." We saw records to show that people had access to advocacy support if required. This meant their views and wishes were genuinely considered when decisions were being made about their lives.

People were encouraged to express their views about how their care and support was delivered. We looked at three people's care records. We saw people and their relatives had been involved in developing and updating their care plans. The plans contained information about people's care needs and their likes and

dislikes. We talked with staff and saw in daily records that they were aware of people's individual needs, preferences and personal choices and that the care delivered was reflective of what was written in their care plans. One relative commented, "They are all whole hearted I can only say how good they are."

The provider had kindly donated toys and gifts to children who used the service. The registered manager explained they celebrated the Jewish holiday Chanukah and during this festival it is customary to give donations and gifts to children. They added, "What we can help to put in to make people's lives better we will do it." This was further supported by written compliments and gratitude letters staff received from the people who used the service and their relatives. One relative had written a heartfelt thank you letter including photographs after they received a donation made by the service. Their family member had been in an accident that had affected their mobility and due to the donation they were now able to take their child to school by public transport. Another person had written a gratitude poem following the care and support they received from the service. This showed that the provider demonstrated compassionate care by providing special experiences for people.

Good

Is the service responsive?

Our findings

People's relatives told us they received person centred care that was responsive to their needs. One person told us, "I'm very happy with everyone my [family member] has Parkinson's and they look after her/him very well," and another person commented, "One care worker is exceptional and goes out of her/his way." Another relative we spoke with was very complimentary regarding the care workers and explained the reasons why, "They are keeping [my family member] alive for us we have two main care workers, the atmosphere when they arrive is excellent."

Care plans had relevant information that was collected at assessment, including emotional well-being, social interaction, level of cognition, nutritional needs and preferences for personal care. The daily records showed that people were receiving the care and support that they had been assessed for. There was reference to people's wishes and how they wanted their care needs to be met. For example, one person's records highlighted the specific colour of clothing the person chose to wear and the type of brooch they liked to wear on their jacket. Care plans were clear and comprehensive and had been consistently reviewed.

We saw in care plans that people received personalised care that reflected their choice and promoted their involvement in the local community. For example, the care plans told us about people's family relationships and included the persons' interests and hobbies. One person's care plan stated that they liked to be informed of updates from the community news and another explained how the person loved needlework. Care workers supported people to various activities such as the library and the local parks and people's relative's confirmed this. One relative told us, "Its good support they take the children outside and help them ride their bikes and play with them." Another relative explained the care worker takes their family member to lunch or for walks in their local community.

Staff were aware of and responded to each person's cultural, gender and religious needs and met them in a caring and compassionate way. The service supported older people from the Orthodox Jewish community, most of whom were Holocaust Survivors or second generation survivor's family members. Staff were encouraged by the provider to work in a caring and compassionate way and trained in understanding ways of working with people based on their personal history. Care workers were trained in best practice on how to approach people that would be therapeutic for the person receiving care. A relative reported, "They have a great understanding of children and the difficulties the family goes through."

People's religious and cultural references were followed and met when providing care to people in their own homes. For example, people requested care workers of the same gender and their needs were met and religious days and festivals such as Passover and The Sabbath were observed. Communication with people was highlighted in people's care plans as being an important aspect of their well-being. We saw in care plans that people's preferred language of choice was Yiddish or Russian. In one person's file, it was recorded that they could understand Makaton but could not use it. This showed us that people's religious beliefs were important and valued and they were involved in discussions about their care.

People who used the service and their relatives told us they knew how to make a complaint and were

confident the provider listened and acted on complaints. People's relatives said, "Never had to complain I find them very open they always ask how things are going," and "I admire [registered manager] If I had an issue I would go first to her. She is always understanding and willing to give extra time."

Systems were in place for recording and managing complaints. The provider had received two complaints since the previous inspection. The complaints records showed that action was taken within the relevant time scales. The complaints procedure was detailed in the service user guide given to people before they used the service. People's concerns were recorded and monitored to improve the way the service delivered care. For example, relatives told us that when they were not happy with the care workers performance the provider had sent different care workers that were able to meet people's support needs.

Good

Is the service well-led?

Our findings

People's relatives were overwhelmingly positive when discussing the registered manager and how well the service was managed. We heard various comments such as, " She is just so efficient and caring, everything is perfectly done ", "She is an unbelievable woman, unreal, amazing I can't find enough words to describe her she is totally amazing", " She is very clever, very put together, very practical and warm", "I am delighted with the service bless the day when we went to them they are fantastic ", "I cannot underline just how good they are extremely competent" and "They are always there for us you can't hide it, it's a great service."

We observed the registered manager during our inspection and found she displayed good leadership skills and demonstrated that she was very knowledgeable about the care the service delivered to people in their homes. The registered manager had voluntarily managed the service for 21 years and had completed training that included a higher national vocational qualification (NVQ) in health and social care. The registered manager kept her skills updated in relevant areas of good practice, such as introducing performance for care providers, skills for care training and working with black and minority ethnic groups.

Staff spoke positively about the service and the registered manager and described her as "a great listener", and "cares about people and the staff." Care workers explained that the registered manager listened to their requests or suggestions and where possible they were always accommodated. One care worker reported, "She is a brilliant woman I have never met anyone like her, she always tells me if I have any problems call her. She always has time for you and calls me back every time." One care worker told us they were proud to get their position with the agency and felt very comfortable working with the service.

The service had quality assurance systems to assess, monitor and improve the quality and safety of the service it provided. People's relatives confirmed the registered manager carried out quality monitoring calls and visits and we saw that satisfaction surveys were sent to people in May and June 2016 to obtain their feedback about the service. Monitoring forms covered areas such as staff skills and attitude, dignity and respect, mobile phone usage by care workers and if care workers were in a hurry when supporting people with their care needs. Questionnaires had been returned from people who used the service and the results were mainly positive and included comments such as 'I am very satisfied with the care,' and 'The service has been a great help thank you for the five years of service'.

Auditing systems were in place to improve the quality of care people received. The registered manager operated a range of audits and visits to people's homes. The audits covered areas such as care plans, medicines and recruitment amongst others. The local authority carried out monitoring visits to assess the quality of care provided and one health and social care professional was complimentary about the care and support the service provided. The registered manager told us to improve the service they planned to work with an independent assessor who would visit people and their families to ensure they were satisfied with the quality of care. This would include the topic 'what matters to me,' rather than 'what is the matter with me', which would form the basis of the provider's decisions.