

Jewish Care

# Jewish Care East London and Essex Home Care Service

## 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

This announced inspection took place on 16 March 2018. At our previous inspection we rated the service "Good". At this inspection we found the evidence continued to support the same rating and the service continued to meet all the fundamental standards of quality and safety. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection is written in a shorter format because of our overall rating of the service has not changed.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. At the time of our visit there were 38 people using the service mainly in London borough of Redbridge and in Essex.

Not everyone using Jewish Care East London receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

On the day of our inspection there was 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.

People told us they felt safe and trusted staff that looked after them. They told us there were enough staff to meet their needs and that they were informed if staff were running late.

Risk assessments for people and their environment were in place and reviewed regularly. These included fire, mobility, falls and medicines.

Medicines were managed safely by staff that had been assessed as competent at handling and medicines.

Staff were aware of the safeguarding procedures in place and were able to explain how they would recognise and report abuse.

Recruitment methods continued to be robust with all the necessary checks completed before staff started their jobs.

People were supported by staff that had undergone the necessary training, supervision and appraisal. Staff were aware of the mental capacity act and how they applied it their daily role.

Staff were aware of people's cultural specific nutritional needs. People were supported to maintain a balanced diet. Where malnutrition was detected it was referred to other healthcare professionals for advice and monitoring.

People were cared for by staff who were polite and caring. They told us staff respected their privacy and wishes. Staff and records confirmed that people were supported to engage in meaningful activities to reduce social isolation.

Care plans were person centred and included people's preferences and aspirations. They were reviewed regularly with people and their relatives.

There was a clear complaints policy which was understood by people and staff. Complaints were acknowledged and investigated in a timely manner.

People and their relatives thought the service was well- managed. There were effective systems in place to ensure the quality of care delivered was monitored.

Further information can be found in the detailed findings in the full report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Jewish Care East London and Essex Home Care Service

## **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.

This announced inspection took place on 16 March 2018.

We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service. We needed to be sure the registered manager would be in.

The inspection was completed by an inspector and an expert-by-experience who made telephone calls to people and their relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed information we held about the service and contacted the local commissioners and Healthwatch in order to get their perspective of the quality of care provided. We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Letters were sent to people using the service to inform them of the inspection.

We spoke to 15 people and four relatives over the phone. We reviewed feedback from thank you notes and emails from eight relatives. We spoke to the registered manager and telephoned two care staff.

We reviewed five care records, six staff files, supervision and appraisal records, staff satisfaction surveys, complaints folder, incidents and accident folder, policies and a training matrix.

## Is the service safe?

### Our findings

People told us they felt safe using the service. One person when asked if they felt safe said, "Yes I do. They're absolutely wonderful. I can't fault any of them." People told us staff left their property secure and always announced when they arrived and left so as to put people at ease.

Staff had completed safeguarding training and were aware of the procedure to take should they witness or receive any information about allegations of abuse. The policy continued to be up to date and clearly signposted staff to the relevant authorities. We reviewed safeguarding incidents and found they were investigated and actions completed to reduce the risk of the same incidents occurring again.

We found incidents and accidents continued to be reviewed and monitored for any trends and to identify any learning. Staff were aware of the incident and accident reporting procedure and could give examples of learning from incidents. This was confirmed within the records we reviewed.

Risk assessments were in place and were reviewed regularly in order to mitigate any identified risks. These included the home environment, fire and moving and handling. Staff were aware of these and told us they reported to the manager if they noticed any new or increased risk.

Medicines continued to be managed safely. We reviewed medicine administration records and found they had been completed properly. Medicine risk assessments were in place and all staff that administered medicines had their competencies assessed. Staff were aware of the procedures to take if someone refused or missed their medicines. We found any medicine errors were investigated and discussed with staff to ensure they learned from them.

People were protected from the risk of infection because appropriate guidance was followed. Staff were aware of and had access to personal protective clothing and records showed they had completed infection control training. People told us staff wore gloves where appropriate. Where staff assisted with food preparation they had attended food hygiene and infection control training.

People told us there continued to be enough staff to meet their needs. They reported no missed visits although sometimes visits were a little bit late. One person told us when asked about punctuality said, "Definitely (on time) and they phone if they're a bit late but it's rare. They've never missed a call." Another person confirmed, "I usually get one at a time and they're on time most of the time. They're not usually late but sometimes they'll ring if they're running a bit late." Records confirmed visits were within 30 minutes of the agreed visit times and usually completed by the same core staff to enable consistency and continuity of care.

Recruitment practices continued to be robust to ensure only suitable staff were employed. We found disclosure and barring checks (checks to see if staff had any convictions) were completed when staff started to use the service and refreshed at regular intervals to ensure staff did not have any restrictions that prevented them from working in a social care setting.

## Is the service effective?

### Our findings

.People told us staff were knowledgeable on how to assist them safely. One person told us "They're trained, yeah. They're polite and considerate; they do their job" Another person commented, "Yes and some go over and above by changing and making the bed and doing the rubbish; it's not on the care plan and some of them do it anyway." Staff were aware of people's preferences and what they told us corresponded with care records we reviewed.

Before people started to use the service assessments were completed which included identifying support people required. These were followed through to ensure people received care that met their needs.

People were supported by staff that had undergone the necessary training. Training included a module for staff to understand the Jewish way of life so that they would better understand people's culture and religion. Other training included infection control, dementia awareness, medicines management and safeguarding.

Records showed appraisals were completed annually to ensure all staff had a personal development plan. Where staff had expressed a desire to learn more they were supported to access further training. Supervision was completed regularly although we noted it was not always bimonthly as stated within the policy. Staff told us supervision was very helpful and was a two way process.

People told us that staff always asked for their consent before care and support was delivered. Staff were aware of the Mental Capacity Act 2005 (MCA) and how they applied it in their daily practice. We saw care plans contained details of power of attorney for finances and for health. We saw comprehensive capacity assessments where people lacked capacity to make specific decisions. The 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 were supported to maintain a balanced diet that met their individual needs. Care plans were very specific about how people liked their food and staff were aware of this. We found food diaries and fluid charts in place where people were being monitored to ensure they were eating sufficient amounts.

People were supported to access healthcare services where required. We saw referrals had been made to other professionals via the GP. These included speech and language therapy requests for people who had swallowing difficulties. We saw evidence that people were supported to attend hospital appointments in order to maintain their health.

## Is the service caring?

### Our findings

People told us staff were polite and caring. One person told us, "Yes, they're very kind and caring. I had a problem with my foot and they asked how's your toenail as though they mean it and really care about you." Another person told us, "Yes. They're kind and caring." Staff we spoke with spoke fondly about people they supported and referred to them by their preferred names.

People were treated with dignity and respect. Their privacy was respected. One person told us, "Yes. For instance, if I need to go to the loo, they know that I like the door to be pulled and to be left alone for a bit." Staff confirmed they had attended training about promoting dignity and care plans included respecting people's privacy especially during personal care. One staff told us "I always leave [person] in the bathroom and stand outside till they finish in order to give them their space."

People were supported to be as independent as possible. One person said, "Yes. I'm not rushed, no." Another person said, "Yes, I try to wash myself down below and they do the rest. They put my cream on." A relative also confirmed, "Before they were giving her the support but now they're prompting her to do more with them than to actually do it for her. Yes she's being more self-sufficient with the prompting." We saw an example of a person who had been supported and encouraged to go out and had become more confident and had started to go out shopping.

People were involved in planning their care and had access to information they required. Staff were aware of the need to signpost people to other services such as advocacy where required. They told us the registered manager had access to information relating to several support organisations. One person told us, "We have a meeting once a year when they come to visit and my son says he has to be there for them (the care plan reviews)". We found evidence of six monthly care plan reviews.

## Is the service responsive?

### Our findings

People told us the service was flexible to their needs. They were aware of their agreed visit times and received a rota where requested to enable them to know in advance who was supporting them. One person told us, "The treatment they give me is excellent". Another person said, "When I first started the service, it was 3 times a week. When my skin flared up they were caring and noticed it and advised me to tell the GP, they were very responsive."

Care plans were person centred and described people's physical, emotional, social and culture specific needs. They included people's past professions, hobbies and preferred names and were renewed as and when people's conditions changed. Staff told us and people confirmed that staff read care plans and made updates where changes were required.

People told us they were able to raise complaints without any fear. One person told us, "I've got no complaints at all; no complaints. I'm perfectly satisfied; they're all excellent." They were confident their concerns would be addressed. Another person said, "Common sense would say that I would tell the manager and if I didn't like her reply, I'd go to HQ!"

Staff were aware of the complaint policy and told us they tried to resolve any issues they could immediately and passed on all complaints to the registered manager. We reviewed the complaint log and found complaints were investigated and the outcome sent to the complainant. Any identified themes were shared with staff to reduce the chance of the same incident happening again.

At the time of our visit there was no one receiving end of life support. However, staff were aware of the need to respect people's wishes and where to get support when caring for people towards the end of their life. Care records were discussed, outlined people's end of life care preferences.

## Is the service well-led?

### Our findings

People and staff told us the service was well-run and that any issues they took to management were listened to and acted upon. One person told us, "They're very efficient." Another person told us, "Even in all that snow they phoned to tell me they were on their way and would be with me in 5 minutes."

There were clear management structures in place with staff being aware of their roles and responsibilities. The registered manager received support from the service manager. The registered manager told us the senior leadership was visible and approachable. The registered manager notified us of all incidents that they were required by law. Staff told us they were supported by management and that they were enabled to do their job.

Staff thought there was an open, honest supporting culture where learning was encouraged among staff. Action had been taking following a recent staff survey which included setting up a staff forum. There was also a drive to create opportunities for leadership within the care staff roles.

Quality of care delivered was monitored. This included regular monitoring checks by senior management to ensure people's care records, staff records, training supervision and appraisal were up to date. However, we found two policies needed to be updated. The registered manager was aware and told us the legal department was in the process of finalising the recruitment and selection and disciplinary policy.

People and staff were asked for feedback on how the quality of the service could be improved and this was taken into account. One relative told us when asked about the quality care delivered, "We are always accommodated; we get the weekly rota with the names and times and if anything is not convenient, they try to change it." The annual feedback survey showed people felt they made decisions about the help they received. Staff told us they felt valued and that they attended regular meetings.