

Service To The Aged

Service to the Aged

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Overall summary

We carried out an unannounced comprehensive inspection of this service on 16, 18, and 19 February 2015. Breaches of legal requirements were found in the areas of staffing, staff training and obtaining consent. The provider wrote to us to say what they would do to meet legal requirements in relation to all the breaches. We undertook this unannounced focused inspection on 10 November 2015 to check that the provider had followed their plan and to confirm that they now met legal requirements in those areas. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Service to the Aged on our website at www.cqc.org.uk.

Service to the Aged, known as Sage, is a nursing home for up to 60 older Jewish people. Most people who live there have a diagnosis of dementia and many also have significant needs relating to their health. Sage is a purpose-built home located on a main road in Golders

Green in London, close to shops and transport. Each person has their own bedroom with en suite bathroom and there is a large communal lounge and dining area on the ground floor with a patio and terrace people can use.

There were 52 people using the service when we inspected. The service operates according to orthodox Jewish principles. It is operated by a charity with a board of trustees and a management committee. The charity does not operate any other services.

There was a registered manager in post. A registered manager is a person who has registered with CQC 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.

We found that Sage had a very open and welcoming atmosphere and was a real part of their local community. Visitors were encouraged and there were plenty of opportunities for religious and other activities.

Summary of findings

Appropriate action had been taking place in respect of reducing the number of agency staff, a number of new staff had been recruited, and the provider also had a strategy in place for on-going staff recruitment and retention to the service.

New systems had been introduced in relation to staff training and supervision, and staff told us they were happy with the training and support provided.

Staff showed a good understanding of the Mental Capacity Act 2005 (MCA) and the implications of this

legislation. Staff we spoke with in relation to their work with people, who lacked capacity, were all able to explain the principles of the MCA and how they might apply them.

We found that that appropriate Deprivation of Liberty Safeguard applications had been made for all people using the service who lacked capacity to consent to remaining in the home

Overall, we found that the provider had addressed the breaches of regulations.

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?

We found that action had been taken to improve the safety of the service.

Staff were deployed in sufficient numbers to meet the needs of people who used the service.

While improvements had been made we have not revised the rating for this key question to good; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for safe at the next comprehensive inspection.

Requires improvement



Is the service effective?

We found that action had been taken to improve the effectiveness of the service.

Staff were receiving on going training and supervision and felt supported in their roles.

Staff showed a good understanding of the Mental Capacity Act 2005 and the implications of this legislation.

Deprivation of Liberty Safeguard applications had been completed for people who lacked capacity to consent to remaining at the service so people were no longer unlawfully deprived of their liberty.

While improvements had been made we have not revised the rating for this key question to good; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for effective at the next comprehensive inspection

Requires improvement



Service to the Aged

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 was 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 undertook a focused inspection of Service to the Aged on 10 November 2015. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection in February 2015 had been made.

We inspected the service against two of the five questions we ask about services: is the service safe and effective. This is because the service was not meeting legal requirements in relation to the questions safe and effective.

The inspection was undertaken by one inspector, and an expert by experience. 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 our inspection we reviewed the information we held about the home, this included the provider's action plan, which set out the action they would take to meet legal requirements.

We spoke with seven people using the service and five people's relatives. We interviewed members of the management team, six care support staff and three nurses. We looked at thirteen people's care records, ten staff files, the training matrix and staff rotas.

Is the service safe?

Our findings

At our comprehensive inspection of Service to the Aged in February 2015 we had concerns about the number of agency staff employed, which had resulted in people not always having personalised care.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection on 10 November we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 18 as described above.

People who used the service told us, “I know that my relative is always well cared for,” “There are sufficient staff and they are excellent,” “The carers here are very attentive and efficient, I have absolutely no complaints,” and “You don’t have to wait for anything, there are lots of staff around.” Relatives told us, “The staff deal with those residents who are difficult, with patience,” and “The staff are always talking to residents.”

The registered manager told us that there were five care staff and one nurse on duty from 8am - 2.30pm and four care staff and one nurse from 2pm - 8.30 pm on each of the three floors and at night each floor had one nurse and two care staff. We confirmed this to be the case when we looked at staff rotas. The registered manager told us that at least

six people also employed their own private carers. During the course of our inspection; we observed that at no time did staff appear to be under pressure whilst performing their role. There was a calm atmosphere in the home and those who used the service received staff attention in a timely manner. We spoke with one care worker who told us, “We are never short staffed.” Another care worker told us, “There’s always enough staff so we can spend time with people,” and “things are much better, we are using a loss less agency now.”

The registered manager told us that since our last comprehensive inspection she had recruited 10 full time members of staff but four had left to get better paid jobs. She told us that recruitment was “ongoing” and that “agency usage was now down from 60% to 20%.” Staff told us that the service now used a group of regular agency staff who were familiar with the needs of the people using the service. “We know the agency girls now and we only really need them if people are off sick.”

The registered manager also told us that recruitment was sometimes difficult, “I need experienced people who speak good English, this is hard to find.” She also said she was planning to improve pay and conditions for staff to improve staff retention. We saw that she had recently introduced a new staff reward scheme, where staff would receive gift vouchers when they had excelled in their role.

Is the service effective?

Our findings

At our comprehensive inspection of Service to the Aged in February 2015 we found that people's consent for their care and support was not always obtained, or was sometimes obtained without regard to the requirements of the Mental Capacity Act 2005.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At our focused inspection on 10 November we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 11 as described above.

Staff told us they had completed training on the Mental Capacity Act 2005 (MCA), its associated code of practice and the Deprivation of Liberty Safeguards (DoLS). DoLS provide a legal framework to protect people who need to be deprived of their liberty for their own safety. Staff showed a good understanding of the MCA and the implications of this legislation. Staff we spoke with in relation to their work with people, who lacked capacity, were all able to explain the principles of the MCA and how they might apply them. A member of staff told us how, "You must assume everybody has capacity and support them to make decisions. If not, then we call a best interest meeting with family and professionals to reach the best decision on their behalf." Another worker told us how they facilitated people to make choices, "You get to know people's likes and dislikes and know what they want," they also told us how they used pictures of objects or food to assist those with communication difficulties to make choices. A staff member gave us an example of where a best interest meeting had to take place for a person who refused to take their medicines.

The registered manager had reviewed the capacity of all the people who use the service to give consent to care and treatment and whether they may be being deprived of their liberty. We saw that relevant Deprivation of Liberty Safeguards (DoLS) applications had been made. We looked in detail at the documentation for people who use the service. They were personalised and showed individual needs in detail and the type of support needed due to their lack of capacity. We also saw that each person had an 'agreement and consent form,' and these had been signed

by the person or by their representative where they lacked capacity. We saw that there was a spreadsheet displayed on the staff notice board which alerted staff as to when the DoLS applications needed to be reviewed.

At our comprehensive inspection of Service to the Aged in February 2015 we found that staff did not receive regular support and training to enable them to carry out their roles.

This was a breach of the Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At our focused inspection on 10 November we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 18 (2) (a) as described above.

Staff we spoke with told us that there had been a number of improvements since the Registered manager had been in post. They described her as approachable and visible. Comments included "Things have improved, we get support and lots of training," and "we get supervision and it's very useful, but we can go to our manager at any other time." The registered manager told us that she had introduced a new system of supervision and support. Each floor now had its own manager and staff were now receiving supervision with their line manager at least six times a year. Staff files we looked at confirmed this to be the case.

The registered manager told us that regular staff team meetings were now taking place and also daily stand up meetings were held on each floor so staff could discuss any concerns.

The service employed a training and development manager; she told us that they had brought in a new e-learning program which was accredited to Skills for Care. She told us she ensured that staff attended when they were due and that there was a process for assessing their understanding of the training. We saw various memos on staff notice boards invited staff to attend training. Staff confirmed they were given time to complete their e-learning at home or at their work place. The provider also had a dedicated training room and computers that were available for staff to use.

Systems were in place to test the competence and knowledge base of individual staff members. This helped to determine where additional support was needed.

Is the service effective?

Certificates of training were held on staff personnel files. The training matrix showed learning modules had been completed in areas such as medicines, the Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS), moving and handling, health and safety, communicating effectively, record keeping, infection control and safeguarding adults. We saw that there was also more specialist training available particularly for nursing staff in areas such as leg ulcer management, wound care management, dealing with depression, arthritis care, parkinsons and stroke management.

The training manager also told us she was planning to introduce the Qualifications and Credit Framework (QCF) level 2/3 for staff who did not already have an NVQ (National Vocational Qualification). A care worker told us, “The nursing staff are all clinically trained and generally very good people,” and “There is good communication between staff here. If anything happens we all know.”

New members of staff were required to complete an induction programme which was in line with the Care Certificate standard. New staff told us that this was followed by a week of shadowing a more experienced member of staff.