

Beenstock Home Management Co. Ltd







Beenstock Home Management Co Limited

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? | Requires improvement |  |

Overall summary

This was an unannounced inspection carried out on the 20 October 2015.

Beenstock Home Management Co Limited, is a domiciliary care agency which provides personal care services, exclusively to members of the Orthodox Jewish community who live in a sheltered housing scheme. Accommodation consists of self-contained flats located within a registered care home for older people known as

Beenstock Home. A number of facilities provided by Beenstock Home is also available for the use by tenants of the scheme and includes dining facilities and participation in organised activities.

There was no a registered manager in place at the time of our inspection. 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

Summary of findings

meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. We spoke to the registered manager of Beenstock Home, who explained that due to a misunderstanding between the service and CQC Registration, an error in registering the manager had occurred. The service have since submitted an application to combine the registration of Beenstock Home and Beenstock Home Management Co. Ltd, which is currently being addressed.

When we last inspected this service in May 2014, we did not identify any concerns about the service.

During this inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

We found the service undertook checks to monitor the quality service delivery. These included weekly medication record chart audits, however the last audit had been conducted on 26 September 2015. We looked at an Independent Monthly Home Audit, where records indicated the last audit had taken place in May 2015. Though care files were audited, the service had failed to identify missing risk assessments, which were identified as part of this inspection.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance, because the service failed to assess and monitor the quality of service provision effectively.

People who used the service told us they felt safe, as did their relatives.

We found the service had suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse.

People were protected against the risks of abuse because the service had appropriate recruitment procedures in place. Appropriate checks were carried out before staff began work with the service to ensure they were fit to work with vulnerable adults.

We looked at how the service managed people's medicines and found that suitable arrangements were in place to ensure the service administered medicines safely.

As part of this inspection we looked at the training staff received to ensure they were fully supported and qualified to undertake their roles. Staff we spoke with confirmed they received training both at induction and then annually through refresher training. They also have opportunities to attend other non-mandatory courses.

We found that before any care was provided, the service obtained written consent from the person who used the service or their representative. We were able to verify this by speaking to people and from reviewing care files.

People who used this service could choose whether to have meals in the dining room with residents from the care home or in their own flats. We spent time observing the lunch period to see how people were supported to receive adequate nutrition and hydration.

People we spoke with told us that the service was excellent and that staff were kind and caring.

People who used the service told us that they were treated with dignity and respect by staff.

People told us that staff helped them retain their independence. Staff we spoke with were clear about how to promote people's independence.

The service ensured that staff effectively met the cultural and spiritual wellbeing of people who used the service.

We found the service had systems in place to routinely listen to people's experience, concerns and complaints.

People who used the service were able to access a range of activities available on a daily basis.

We looked at a sample of six care files to understand how the service delivered personalised care that was responsive to people's needs. We found that before people started using the service, a pre-assessment of need was carried out by the service, which included current diagnosis, medication, personal hygiene and continence.

Summary of findings

We found that the management promoted an open and transparent culture amongst staff. Staff we spoke with were positive about the leadership provided by the service.

We found the provider was unable to demonstrate to us that the installation of the CCTV system had been installed in the best interests of people who used the service and that tenants, including people who lacked capacity had been effectively consulted.

Providers are required by law to notify CQC of certain events in the service such as serious injuries and deaths. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.

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 the service was safe. People who used the service told us they felt safe, as did their relatives.

We found the service had suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse.

There were suitable arrangements in place to ensure the service administered medicines safely to people.

Good



Is the service effective?

We found the service was effective. Staff we spoke with confirmed they received training both at induction and then annually through refresher training. They also have opportunities to attend other non-mandatory courses.

Staff received support to ensure they were fully aware of the Jewish aspects of care required such as on the Sabbath and other spiritual needs.

We found that before any care was provided, the service obtained written consent from the person who used the service or their representative.

Good



Is the service caring?

We found the service was caring. People we spoke with told us that the service was excellent and that staff were kind and caring.

People who used the service told us that they were treated with dignity and respect by staff.

People told us that staff helped them retain their independence. Staff we spoke with were clear about how to promote people's independence.

Good



Is the service responsive?

We found the service was responsive. We found the service had systems in place to routinely listen to people's experience, concerns and complaints.

Most people we spoke with knew how to make a complaint. We looked at the service policy on complaints, which provided clear instructions on what action people needed to take if they had any concerns.

Care plans provided detailed guidance to staff on the support individual's required. We saw that care plans were regularly reviewed by the service and involved people who used the service or their relatives.

Good



Is the service well-led?

Not all aspects of the service were well-led. The service failed to assess and monitor the quality of service provision effectively.

Requires improvement



Summary of findings

We found the provider was unable to demonstrate to us that the installation of the CCTV system had been installed in the best interests of people who used the service and that tenants including people who lacked capacity had been effectively consulted.

The service had policies and procedures in place, which covered all aspects of the service delivery.

Beenstock Home Management Co 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 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 inspection took place on 20 October 2015 and was unannounced. The inspection was carried out by two adult social care inspectors from the Care Quality Commission.

Before the inspection, we reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents which may have occurred. We also consulted with other agencies such as Salford Local Authority and the Jewish Federation.

At the time of our inspection, there were 11 people who used services provided by the domiciliary care agency. The service employed five members of dedicated staff, who worked at various times during the day. At night time, coverage was provided by a designated member of care staff and the registered nurse on duty at Beenstock Home. During the inspection, we spent time at the office and looked at various documentation including care plans and staff personnel files.

As part of the inspection, we spoke with four people who used the service and one relative. We also spoke with two members of care staff, the unit manager and the registered manager of Beenstock Home. We also spoke with the night-time member of care staff and the registered nurse on duty during the night.

Is the service safe?

Our findings

People who used the service told us they felt safe, as did their relatives. One person who used the service told us; “Oh yes. I definitely feel safe.” Another person who used the service said “I feel safe. The staff treat me so well.” Other comments included; “There is no reason why I wouldn’t feel safe living here.” When we asked a visiting relative what they thought about safety within the service, they told us; “Oh very. It is a safe environment and I feel comfortable leaving my relative here when I leave.”

As part of the inspection we looked at the way the service protected people from abuse. We found the service had suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse. We also looked at the service safeguarding adult’s policy and saw how the service managed safeguarding concerns.

Each member of staff we spoke with was able to describe the process they would follow if they had concerns about people who used the service. One member of staff told us; “I would speak to the manager straight away. If nothing was done then I would contact the relevant authorities. If I saw a bruise I would report it, especially if they had not had a fall. I would also look for changes in mood or behaviour as an indicator.” Another member of staff said “I’m aware of the different types of abuse that can take place such as physical or emotional. People’s behaviours may be different as well.” Staff confirmed they had received training in safeguarding, which we verified by looking at training records. We found that staff were also scheduled to undertake further safeguarding training on the 05 November 2015.

People were protected against the risks of abuse because the service had an appropriate recruitment procedures in place. Appropriate checks were carried out before staff began work at the service to ensure they were fit to work with vulnerable adults. During the inspection we looked at staff personnel files. Each file contained job application forms, proof of identification, two references and evidence of either a Criminal Records Bureau (CRB) or Disclosure Barring Service (DBS) checks being undertaken. CRB and DBS checks help employers make safer recruiting decisions and prevents unsuitable people from working with vulnerable adults. Staff had also been given the opportunity to declare if they had any criminal convictions.

We looked at how the service managed risk. We saw that people had risk assessments in their care files which covered their flat environment and in particular, areas such as the kitchen, bathroom and trips/falls. In six of the care files we looked at, three of them did not contain a risk assessment. The unit manager told us that the people in question were very independent, but this had been an oversight and that they would complete them immediately.

We looked at how the service managed people’s medicines and found that suitable arrangements were in place to ensure the service administered medicines safely. As part of our inspection we looked at five medication records belonging to people who used the service. These included medication administration records and medication risk assessments. Before the service administered medication, written consent was obtained from the person who used the service or their representative. We found that medication records were up to date and complete.

People we spoke with who were administered medication by staff told us their medication was administered in a timely manner. Medicines belonging to people were locked in a drawer within a cupboard in their room. Medication requiring cold storage was stored in a fridge within a locked treatment room, where controlled drugs (prescription medicines that are controlled under the Misuse of Drugs legislation) were also stored in line with legislation. Medication was administered during the day by trained care staff, which we verified by looking at training records. At night time, medicines were administered by the registered nurse on duty within Beenstock Home.

We looked at how the service ensured there were sufficient numbers of staff to meet people’s needs and keep them safe. People we spoke with raised no concerns about staffing levels during the day and night. We also spoke with staff about the current staffing levels and asked if they felt they were sufficient to meet people’s needs. One member of staff told us; “There are more staff available now than there used to be. There is enough to meet people’s needs, as many people are quite independent.” Another member of staff said “I would say there are enough staff. We do use agency when people are off sick or unavailable though.” We also spoke to the night nurse about staffing levels for the sheltered housing tenants during the evening and night time. They told us that they felt the current staffing levels were enough to meet people’s needs and that they had no concerns regarding the care people received.

Is the service effective?

Our findings

As part of this inspection we looked at the training staff received to ensure they were fully supported and qualified to undertake their roles. Staff we spoke with confirmed they received training both at induction and then annually through refresher training. They also have opportunities to attend other non-mandatory courses. We looked at the staff induction programme, which staff undertook when they first started working for the service. One member of staff told us; "I did get an induction when I first started working here. It was beneficial, because I got to find out about people's religious and spiritual needs, which is important in a service like this. I also covered Safeguarding, Moving and Handling and Health and Safety." Another member of staff said "I was happy with the induction. I got everything I needed."

The staff we spoke with said they had enough training and support available to them. We also looked at the service training matrix, which identified courses staff had undertaken. These included Moving and Handling, Safeguarding, Medication, Infection Control and First Aid. One member of staff told us; "I feel I have enough training and support at the minute." Another member of staff said "We get quite a lot of training. Mandatory courses usually get updated each year."

Staff told us they received regular supervision, but additionally support and advice was always available if required. Supervisions and appraisals enabled managers to assess the development needs of their staff and to address training and personal needs in a timely manner.

We found that before any care was provided, the service obtained written consent from the person who used the service or their representative. We were able to verify this by speaking to people and from reviewing care files. We asked staff about how they sought consent from people before delivering care. One member of staff told us; "I

would always discuss things with them first. I would check that they were in full agreement before delivering any care." Another member of staff said "I would never just start providing care to somebody if it was not what they wanted. I would ask first out of respect and explain to them."

We looked at how the service supported people with their diet. Care plans detailed guidance on the support each person required in respect of food, drink and nutrition. People who used this service could choose whether to have meals in the dining room with residents from the care home or in their own flats. We spent time observing the lunch period to see how people were supported to receive adequate nutrition and hydration. As the service catered for people of the Jewish faith, we saw that there were separate kitchens where milk and meat were handled and that strictly kosher food was provided for people. We saw that a menu with a choice of food was displayed on each table and that shortly before the meal, staff came round and asked people for their preferred choice.

The choice of food available included soup, roast chicken, schnitzel, mashed potatoes, rice and ratatouille. A choice of salad was also available as well as pineapple cake. We saw everybody had something to eat and that staff provided support or prompted people to eat where necessary. Drinks were also available and were topped up if people wanted anymore. Comments from people about the food included; "The food is very good. Staff bring it to my room if I choose to stay in there." "The main meal is usually at lunch time. There is plenty of choice and staff will always find you an alternative if there is something you don't like." "The food is very good. We get plenty of choice." "The cook is very good. The food is excellent." A relative also told us; "It's very good. The food is freshly cooked every day and is very nutritious."

We spoke to the cook, who confirmed that staff provided a list of people who required special diets. They also told us that if people made individual requests for something different, they would always try to meet those requests.

Is the service caring?

Our findings

People we spoke with told us that the service was excellent and that staff were kind and caring. One person who used the service told us; “The care is excellent. The staff, meals and care are all good. They look after me. I have no complaints whatsoever. It is mostly excellent I would say. I am well catered for and they meet my requirements.”

Another person who used the service said “I’m doing very well. I am very satisfied so far. The staff are very pleasant and helpful and when I need help it is there. I am a very satisfied customer and have been impressed so far.”

Other comments from people who used the service included; “The care is very good. Everything is perfect. The staff are nice and kind. There is nothing that I don’t get whilst living here. Everybody is very nice to me here.” “I think it is a very good service. The atmosphere is nice and the staff are very helpful. Overall I would say I am very happy and that the staff are very nice and caring.”

One visiting relative told us; “We are very satisfied I must say. We are very happy with the service. The staff are very pleasant, caring and we don’t have anything to complain about. My relative is always clean and well-presented and never smells. We as a family are extremely satisfied with everything.”

We asked people who used the service whether they were treated with dignity and respect by staff. One person told us: “I have no issues in that area. The staff always dress me

very smartly.” Another person said “They are very thoughtful in that area I must say.” When we asked a third person if they felt staff treated them with dignity and respect they said “Definitely”.

We spoke with staff about how they ensured people were treated with dignity and respect. One member of staff told us; “I assist quite a lot of people with a body wash for example. I would always cover either their top or bottom half and not allow people to come into the room.” Another member of staff said “In a service like this it is very important to have respect for people’s choices. The majority of people living here have different lifestyles and beliefs so it is important to respect that at all times.”

People told us that staff helped them retain their independence. We asked people who used the service if they felt staff promoted their independence. One person who used the service told us; “Since I have lived here the staff have always helped me with my shower, but I must say that every so often they encourage me to have a go on my own.” Another person said “They only assist me if I particularly need them, which gives me independence I would say.” Other comments included; “They allow me to do as much as I can.”

Staff we spoke with were also clear about how to promote people’s independence. For instance, at lunch time we saw that whilst assisting one person to eat their meal, a member of staff helped them to cut up their food, but then allowed this person to eat it themselves. This promoted this person’s independence. One member of staff also said; “I always try to get people walking if they can and give them encouragement to do it more often.”

Is the service responsive?

Our findings

The service had recently appointed a Rabbi, who was responsible for the cultural and spiritual wellbeing of people who used the service. He told us he was very impressed with the homely atmosphere that existed for people who used the service. He described his role as making sure staff were fully aware of the Jewish aspects of care required such as on the Sabbath and other spiritual needs. He stated he was also available to advise care staff on Jewish customs and requirements so that they could effectively meet the needs of people who used this service.

One visiting relative told us; “The service does everything to accommodate religious and cultural needs. People have very different religious and regional customs and the service is excellent at meeting those needs.”

We found the service had systems in place to routinely listen to people’s experience, concerns and complaints. Most people we spoke with knew how to make a complaint, although they had not needed to since using the service. We looked at the service policy on complaints, which provided clear instructions on what action people needed to take if they had any concerns.

We looked at minutes from tenants and committee meeting that had taken place. Where tenants had raised concerns about the quality of some foods being too greasy, the service had responded by changing the kitchen arrangements and reverting to old recipes, which people preferred. The service had even trialled an outside caterer,

but people who used the service were not satisfied so the service reverted to a cook to ensure more homely foods were available. We saw activity timetables were changed following requests from people who used the service.

People who used the service were able to utilise a range of activities available on a daily basis. An activity board listed daily events for people, which included chair exercises, arts/crafts, baking, sing along, bingo, flower arranging and a Shabbos meal every Friday night and Shabbos daytime. We asked people who used the service whether there was enough to keep them occupied. One person who used the service said; “I like the arts and craft sessions. They also do different talks and chair exercises. There is something going on each day of the week to keep us entertained.” One member of the service committee told us; “On Saturday, which is a Jewish holiday, we organise prayers for residents and families, who can join their relatives. We also sing and have lunch together.”

We looked at a sample of six care files to understand how the service delivered personalised care that was responsive to people’s needs. We found that before people started using the service, a pre-assessment of need was carried out by the service, which included current diagnosis, medication, personal hygiene and continence. This involved the person who used the service, their family and other social health care professionals. Care plans provided detailed guidance to staff on the support individual’s required. We saw that care plans were regularly reviewed by the service and involved people who used the service or their relatives.

Is the service well-led?

Our findings

We found that the management promoted an open and transparent culture amongst staff. Staff we spoke with were positive about the leadership provided by the service. One member of staff told us; “I think the service is quite well run actually. The manager is likeable and I have no problems about knocking on the office door.” Another member of staff said; “I think the manager is nice. She is thorough and things get done.” Other comments included; “Management are very approachable and friendly. I find it a great place. We have a good team.”

We found that regular reviews of care plans were undertaken. Regular supervision of staff was also undertaken by the service. We found the service undertook some checks to monitor the quality of service delivery. These included weekly medication record chart audits, however the last audit had been conducted on 26 September 2015. We looked at an Independent Monthly Home Audit, where records indicated the last audit had taken place in May 2015. Though care files were audited, the service had failed to identify missing risk assessments, which were identified as part of this inspection.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance, because the service failed to assess and monitor the quality of service provision effectively.

There was no a registered manager in place at the time of our inspection. 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. We spoke to the registered manager of Beenstock Home, who explained that due to a misunderstanding between the service and CQC registration, an error in

registering the manager had occurred. The service have since submitted an application to combine the registration of Beenstock Management Co Limited and Beenstock Home, which was currently being processed.

During our inspection we noticed that CCTV had been installed to cover public areas such as corridors of flats where tenants of the sheltered housing scheme resided and the communal dining room, where personal care was delivered. We were satisfied that private areas were not infringed by this system. The monitoring system was in the nursing unit of Beenstock Home and enabled staff to monitor security and people in these communal areas. We found the provider was unable to demonstrate to us that the installation of the CCTV system had been installed in the best interests of people who used the service and that tenants including people who lacked capacity had been effectively consulted. As a result of these concerns, we were subsequently informed by the provider that the CCTV system had been switched off until the service had fully consulted recent guidance and sought legal advice.

We looked at the minutes from the most recent staff meeting, which had taken place in October 2015. This provided staff with the opportunity to discuss concerns or talk about areas which could be improved within the service. We saw that topics of discussion included accurate completion of documentation, medication, care issues, cleaning schedules and ensuring that staff wore correct uniforms. One member of staff told us; “We do have team meetings. There are usually two or three a year I would say”.

The service had policies and procedures in place, which covered all aspects of the service delivery. The policies and procedures included safeguarding, medication and end of life care planning.

Providers are required by law to notify CQC of certain events in the service such as serious injuries and deaths. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Regulation

Personal care

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The service failed to assess and monitor the quality of service provision effectively.