

# Leo Baeck Housing Association Limited

## Clara Nehab House

### Inspection report

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13 January 2017

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection on 14 June 2016 under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and found there were two breaches of the regulations, one in relation to staffing, the other the safe administration of medicines.

We inspected Clara Nehab House on 13 January 2017 to check if the service was now meeting requirements of the regulations. The inspection was unannounced. This report only covers our findings in relation to these requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Clara Nehab House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Clara Nehab House is a care home registered for a maximum of 25 people of the Jewish faith. At the time of our inspection there were 22 people living at the service. The service was located in two adjoining houses on a residential street with access to a back garden. There was a lift to access upstairs and there were accessible bathing facilities for people with mobility problems.

At the time of the inspection, there was a registered manager in place at the service. 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.

At the inspection in June 2016 we found there was a warm and friendly atmosphere at the service. People using the service told us they found the staff were caring and kind and were skilled enough to do their job. Relatives spoke highly of the service and would recommend it without hesitation to other people.

At this inspection we found the staff were kind and caring. People told us they felt safe living at the home and staff treated them with dignity and respect. They also told us they thought staff were effective in their caring role. Relatives continued to be happy with the home and the care provided to their family member.

At the inspection in June 2016 we found there was a breach of the regulations in relation to medicines. We found there were discrepancies between the number of tablets in boxes and what the records stated there should be, and boxed tablets were stored without their packaging which was a safety concern.

At this inspection in January 2017 we found that boxed tablets were now stored with their packaging, but there were still discrepancies between the number of tablets in boxes versus records.

At the inspection in June 2016 we found there was a breach in the regulations in relation to staff recruitment. Not all checks and references were obtained prior to staff being recruited permanently. This meant the service could not be confident staff were considered safe to work with vulnerable people.

At this inspection in January 2017 we found that whilst all staff had Disclosure and Barring Service (DBS) certificates in place at the start of working, not all staff had two references on their records when they started working at the service. Where verbal discussions had taken place with referrers to check a person's suitability for the role, records were not kept. This meant the service could still not evidence they were employing staff who were considered safe to work with vulnerable people.

At the inspection in June 2016 and in January 2017 staff talked positively about their jobs telling us they enjoyed their work and felt valued. Staff knew how to recognise and report any concerns or allegations of abuse and described what action they would take to protect people against harm.

At the last inspection in June 2016 we found there were not safeguarding alerts completed if there were assaults between two people living at the service, despite the safeguarding policy stipulating this needed to be done. This meant that the local authority and the Care Quality Commission were not alerted to these incidents. Between the inspection in June 2016 and January 2017 notifications had been received by CQC and referrals made to the local safeguarding team in the event of a person living at the service assaulting another person living there.

At the inspection in June 2016 we noted that risk assessments would benefit from further personalisation to support staff in managing people's risks most effectively. At this inspection the registered manager showed us a report by a dementia specialist who planned to work with the service from February 2017 whose remit was to work with staff and assist in the personalisation of risk assessments and care plans.

At the inspection in June 2016 we noted there had not been a fire drill for over a year. Since then there had been an unscheduled evacuation of the building due to a fire alarm being triggered by building work, which was managed safely. There had been fire safety training for staff since the last inspection and the registered manager told us a fire safety consultant was scheduled to advise the service in the future although there was no confirmed date for this work.

At the last inspection the registered manager told us they were considering options for additional staff support at night and hoped to increase staffing levels to three people at night on a permanent basis. At this inspection we could see three people were now working at night on a regular basis.

At the time of the inspection in June 2016 there was some work being undertaken to improve the facilities at the service. We found the premises were clean and tidy, although the décor was dated. At this inspection we found that the heating system had been upgraded and 22 people's bathrooms had been renovated. The registered manager told us there remained work outstanding on three more individual people's bathrooms and some of the communal bathrooms. Some areas were in need of painting. We were told there were plans to further renovate the service in the coming year.

At the inspection in June 2016 we found food was stored and labelled safely and in line with kosher requirements, and this remained the case at the inspection in January 2017.

At the inspection in June 2016 and in January 2017 we checked the management of people's money and found it was safely managed.

At the last inspection there was a record of essential services such as gas and electricity being checked, and equipment safely maintained. The inspector did not review the information at this inspection.

People living at the service and their relatives and friends told us that the registered manager and deputy

manager had a very visible presence within the home and dealt with any issues as they arose.

There remained two breaches of the regulations relating to staff recruitment and medicines at this inspection. CQC is considering the appropriate regulatory response to resolve the problems we found and will report on this when completed.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe. Written references were not always obtained prior to staff starting to work at the service, and records of verbal discussions with referrers were not stored.

There remained discrepancies between medicine records and tablet stocks.

Staff understood how to identify and manage safeguarding concerns and people told us they felt safe.

People's money was safely managed.

**Requires Improvement** ●

# Clara Nehab House

## **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 undertook an unannounced focused inspection of the service on 13 January 2017. This inspection was carried out to check that the provider had taken action to remedy the breach of the legal requirements in relation to staffing and medicines.

The inspection team consisted of one inspector. The team inspected the service against one of the five questions we asked about the service: Is the service safe?

Before the inspection we reviewed information we held about the service in our records. This included information sent to us by the provider relating to the management of risk. We also reviewed safeguarding alerts and notifications of important events at the service.

During the inspection we met and spoke with two people individually who lived at the service. We also spoke with two members of the care staff, the registered manager and deputy manager. We also spoke with one volunteer who was visiting the home on that day and a health and social care professional who was providing health care on the day of the visit to people living at the service.

Following the inspection we spoke with one relative.

As part of the inspection we observed the interactions between people and staff and discussed people's care needs with staff. We looked at the communal bathrooms and one newly renovated bathroom in a vacant room. We also inspected the kitchen and food storage area.

We looked at two care records related to people's individual care needs, and four staff recruitment files. We looked at the records associated with the management of medicines and management of people's money.

# Is the service safe?

## Our findings

People told us they felt safe living at the home. One person told us "Yes I feel safe, and my belongings are safe." A relative told us "She sleeps like a log, she never used to. She feels safe, especially with such good night staff."

Staff were able to tell us how they would manage any concerns they had in relation to safeguarding adults and could identify the different types of abuse that may occur. Staff were not so familiar with how they could whistleblow although there was information available. The registered manager undertook to ensure all staff, relatives and people living at the service knew how to whistleblow.

At the inspection in June 2016 safeguarding alerts were not completed if there were assaults between two people living at the service, despite the safeguarding policy stipulating this needed to be done. This meant that the local authority and the Care Quality Commission were not alerted to these incidents.

Between the last inspection in June 2016 and January 2017 CQC had been notified when there were assaults by one person living at the service against another. We could see by January 2017 that safeguarding alerts had been completed appropriately and relevant organisations notified for all safeguarding issues.

At the last inspection in June 2016 we could see that of six boxed medicines there were errors when comparing records against stocks for five of them. We also found some medicines had been taken out of their individualised boxes which posed a safety hazard.

At this inspection we found that medicines were no longer removed from their boxes and so were safely stored. To overcome problems with space the service had installed medicines storage boxes in people's rooms although they had not been put into service at the time of the inspection. However, of five boxed medicines we checked records against stocks there were errors with three of them.

We discussed this issue with the deputy manager on the day and after the inspection visit with the registered manager who told us in their view the issue was likely related to errors in recording particularly when people had returned from hospital. We could see in one instance that the recording of tablets from one medicine administration sheet to the next was incorrect, but even taking this into account there was one extra tablet for this person.

Following the inspection in June 2016 the provider had returned an action plan outlining how they intended to remedy the breach of regulations in relation to medicine errors. This included a weekly audit of six people's medicines as part of the quality assurance process. We could see that audits for controlled drugs took place regularly. However, between June 2016 and Jan 2017 audits of non-controlled drug stocks against records took place on six occasions. On four of these occasions the audits covered significantly more than six people, but they were not taking place weekly as per the action plan.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

Following the inspection the registered manager undertook a further audit in January 2017 and found additional errors and acknowledged that there ongoing issues with the management of medicines. The registered manager had spoken with senior staff who administered medicines and now required two staff to book in medicines to the premises. Additional training was planned for all staff administering medicines on 8 February and a meeting was planned with the local surgery regarding medicines management.

At the inspection in June 2016 we had found not all staff Disclosure and Barring Service (DBS) certificates in place at the start of working on a casual basis, either from previous organisation or requested by the service provider. The provider could not evidence that staff were considered safe to work with vulnerable people.

At this inspection we found that all staff employed since June 2016 had DBS certificates in place at the start of working for the service. However, of the four staff files we looked at two staff did not have written references in place at the time of starting work. One person started working on 25 August 2016 but references were not received until 21 September and 9 November 2016. A second person started working on 28 November 2016 but references were not received until 3 and 24 January 2017. A third staff member started working on 1 July 2016 with one reference in place, but the second reference was not received until 6 December 2016.

The registered manager told us that she thought that provided there were DBS certificates in place that there was greater flexibility in the timing for obtaining references. The registered manager also told us that phone calls had been made to previous employers for verbal references but records had not been kept of these phone calls. This was of concern as a provider has to evidence they have satisfied themselves that persons employed are of good character and have the skills and experience necessary to take on the role.

One of the references for a staff member was not entirely positive. The registered manager told us that they had no concerns regarding this person having worked with them. Also, they had discussed this person's reference with the referring organisation but there was no record of this discussion, and no evidence they had risk assessed this person working for the service. References contribute to this evaluation of character and experience. The provider's recruitment policy stipulates two written references are required for employment.

The above concerns were a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that since the last inspection she has updated a recruitment booklet to assist and guide staff. She has also developed a telephone reference form which she intended to serve as an interim tool to risk assess staff prior to receiving their written references.

At the last inspection we looked at risk assessments for people using the service. Whilst there was lots of detailed information gathered in relation to people's care, the risk assessments were not always sufficiently personalised with the updated information.

At this inspection we noted the risk assessments had been updated as a person's needs changed, but a number remained generic in certain sections. We spoke with the registered manager who could show us that a dementia consultant had assessed the service in August 2016 and produced a report outlining how they could support the service going forward. The personalisation of risk assessments was an area identified and the consultant was due to start working with the service in February 2017.



At the last inspection in June 2016 we noted the service held small amounts of cash to enable people to have their hair cut, or buy small items as required. Checking the amount of money held against records and receipts and found minor differences for four out of five people in June 2016. We checked the records at this inspection and found that the finance manager was randomly checking the actual amounts of money held with records on a regular basis. We had no concerns regarding money management for people living at the service.

At the last inspection we noted there were four staff on shift from 8am to 8pm with three staff working until midnight and two night staff. Since the last inspection the registered manager told us that there was now funding for three staff to work overnight. A relative we spoke with told us the night staff were "extremely kind" and "didn't rush [her relative]" which was very much appreciated. People told us they were able to get up and go to bed when they wished, were encouraged to be independent. They also said staff came quickly if they needed help, sometimes agreeing to return in a few minutes when they had completed the task in hand. We had no concerns regarding staffing levels.

At the last inspection we found the service was clean, although much of the décor on the walls and the communal bathrooms facilities and flooring were dated. At this inspection we found that 22 of the en-suite bathrooms had been renovated along with the boiler and heating system. There were further plans to upgrade the building. There were areas where the décor was in need of upgrading, for example paint peeling off wood. However the registered manager told us there was work outstanding as part of the upgrade.

The kitchen area was clean and we could see food stored in fridges was dated and sealed. In keeping with kosher requirements separate fridges, crockery and washing facilities were used.

At the last inspection we noted there had not been a fire drill for over a year. Following the last inspection the registered manager undertook to reinstate fire drills. On one occasion since June 2016 the people living at the service had been evacuated due to an alarm being triggered accidentally. This was successfully managed although records were not kept of the event. The registered manager provided us with names of staff who had recently undertaken training in fire safety and a consultant was being hired to advise on fire safety, although there was no confirmed start date at the time of writing this report.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Medicines management was not safe as stocks did not always tally with records, and recording on medicine administration records was not always accurate. Regulation 12 (1)(2)(g).

### The enforcement action we took:

We served a Warning Notice on the Registered Provider to become compliant with the regulation by 13 March 2017.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider did not ensure references were in place prior to staff starting work. This meant the provider could not evidence safe recruitment processes and that staff were of good character and considered safe to work with vulnerable people. Regulation 19 (1)(2)(a)(b)

### The enforcement action we took:

We served a Warning Notice on the Registered Provider to become compliant with the regulation by 21 April 2017.