Jewish Care

Vi and John Rubens House

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

We carried out an unannounced inspection of this service on 11 and 12 December 2018. Vi and John Rubens House provides accommodation and nursing care and can support up to 105 older people. The service is run by Jewish Care, a voluntary organisation. At the time of our inspection 83 people were living at the service.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. This service provides personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service has a registered manager in post. 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 our last inspection on 19 May 2016 the service was rated 'Good'. At this inspection we found that this service continued to be 'Good.'

Safeguarding procedures were in place and staff had a clear understanding of how to report abuse and protect people from harm. A recommendation was made to review best practice guidelines and ensure policies were updated to ensure staff knew how to keep people safe. Risk assessments were in place and gave details about how to support people in a safe way. Staff were recruited in a safe manner. Staffing levels were sufficient, so the service could meet people's needs. Medicines were administered and managed safely. We made a recommendation to review best practice guidelines and ensure policies guide staff to manage medicines in a safe way. Infection control was being managed to prevent the spread of infection. Accidents and incidents were recorded and lessons were learnt to improve the running of the service.

The service had been designed and adapted with people's support needs in mind. Pre-admission assessments had been completed for all people to ensure their needs could be met. Staff received a detailed induction to the service and ongoing training to allow them to provide effective care and support to people. Staff felt supported and received regular supervisions and an annual appraisal. People spoke positively about mealtimes and the service worked well with other health and social care teams to ensure people were supported to stay healthy and well. Staff understood the Mental Capacity Act 2005 (MCA). The MCA is a law protecting people who are unable to make decisions for themselves. Where people did not have the capacity to consent to their care and support, the appropriate applications had been made.

Staff were kind and respectful and knew how to communicate with people with different support needs. Staff demonstrated an understanding around equality and diversity. People and their relatives were fully involved in their care and support provided. Staff maintained people's privacy and dignity and the service promoted people to be as independent as possible.

People received personalised support and each person had an up to date care plan. People were encouraged to engage in activities. However, we did not see evidence of sufficient activities available for people who were in their bedroom. A recommendation was made to follow best practice guidelines and ensure all people felt they had an opportunity to participate in meaningful activities. People and their relatives felt comfortable raising complaints and all complaints were appropriately responded to. The service provided end of life care that took into consideration individual wishes.

People, relatives and staff spoke positively about the registered manager. The service gathered feedback from people, relatives and staff. This service completed quality checks to ensure the service was always improving the quality of care provided.

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 remained safe.	**Good**
Is the service effective? The service was effective.	**Good**
Is the service caring? The service remained caring.	**Good**
Is the service responsive? The service remained responsive.	**Good**
Is the service well-led? The service remained well-led.	**Good**

Vi and John Rubens 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 carried out an inspection of Vi and John Rubens House on 11 and 12 December 2018. This inspection was unannounced and carried out by three inspectors and a specialist advisor in nursing. We were also supported by 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 the inspection we reviewed relevant information that we held about the service. This included the previous inspection report, and notifications we had received. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law. We contacted other health and social care professionals for their feedback. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke to 22 people who lived at the service and five relatives. We also spoke to 27 staff members, two volunteers and two health and social care professionals. We reviewed documents and records that related to people's care and the management of the service including 18 care plans, 10 staff files, the staff rota, medicine administration records and audits.

We also undertook general observations of people and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection we received additional documents to review including care plans and policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, "I do feel safe." There were systems in place to protect people from abuse and staff knew how to report concerns. However, staff were not always aware of what whistleblowing was. A recommendation was made to ensure the service followed best practice guidelines to ensure staff knew how to keep people safe from harm.

Individual risk assessments assessed areas including risk of falls, moving and handling and skin care. These were reviewed regularly and evidence of action being taken to keep people safe had been recorded. For example, one person had been identified as high risk for falls at night. The service put a sensory mat in place and this person was moved nearer to the staff office to promote efficient monitoring. This shows people's risks were managed to keep them safe.

People had mixed responses about staffing levels. One person told us, "There could be more staff." However, another person said, "No problems [staff] come quickly and help, always someone around." We found that that people received care in a timely manner and were not kept waiting when they needed assistance. Staff rotas confirmed there were sufficient staff available to support people. For example, during lunch there were eight care staff and one volunteer co-ordinator to support 27 people. This shows there were enough staff to meet people's needs.

The provider had robust staff recruitment procedures in place. Pre-employment checks such as DBS checks, references, employment history and proof of the person's identity had been carried out. The Disclosure and Barring Service (DBS) is a criminal record check that helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable people. This meant the provider had taken steps to ensure suitable staff were employed.

Medicine records confirmed people were supported to take their medicines as prescribed. One person said, "The staff are very good with medicines." Staff who administered medicines had received training and were competency assessed. However, there were no guidelines available about the use of warfarin. A recommendation was made to follow best practice guidelines to ensure medicines were managed in a safe way.

Systems were in place to prevent the spread of infection. Staff received training on infection control and were provided with Personal Protective Equipment (PPE). One staff member said, "Oh yeah, we never run out of [PPE]." There were adequate handwashing facilities on the premises for staff.

We reviewed people's personal emergency evacuation plans and found that each person had the same form; we spoke to the registered manager about the importance of these being personalised. After the inspection we were sent updated forms that detailed individual health conditions. This meant fire services would be able to support people to evacuate in an efficient, safe manner.

Staff were aware of what to do if accidents or incidents occurred. Accidents and incidents were recorded

and analysed to ensure lessons could be learnt and to reduce the risk of reoccurrence. The registered manager told us of an incident where the relatives felt they had not been updated in a timely manner; as a result, all staff completed communication training. This demonstrated a culture of continuous improvement to ensure people received safe care and support.

Good

Is the service effective?

Our findings

At our previous inspection on 19 May 2016 we recommended that the service review their environment to make sure it was appropriate for people living with dementia. At this inspection we found people's support needs were met through the design and adaption of the service. We saw displays of arts and crafts and tactile and sensory collages that were colourful and inviting to touch. We saw people had personalised memory boxes outside their bedroom doors to support them around the service and to feel at home.

Pre-admission assessments had been completed for people that reflected individual needs; this information was then incorporated into their care plan to guide staff on how to provide effective care.

People and relatives felt that staff were knowledgeable; one person said, "[Staff] seemed well trained." Staff told us they received training and records confirmed essential training was covered including learning about the Jewish faith and dementia. Records showed all staff completed an induction programme and The Care Certificate. The Care Certificate is a set of standards that social care and health workers use in their daily working life. Staff felt supported with supervision and received annual appraisals. One staff member said, "Oh yes [I find supervisions helpful]."

People spoke positively about mealtimes. One person said, "Very homely food, food is tasty." Lunch felt like a special occasion as people had tablecloths, flowers, a menu and a picture choice board. People appeared to be enjoying their food as they were smiling during lunch, and there was plenty of interaction between staff and people. The service catered for people with various dietary needs; people had access to fruit, a choice of drinks and cakes including diabetic cake on each floor. People with pureed food had it presented in an appetising way with the food pureed separately.

People and relatives told us that they received care and support from health and social care professionals. Staff gave examples of how they worked together to support people. One staff member said, "If we notice any changes we let the nurse know." Records confirmed people were seen by professionals including the dietician and optician. People were also having regular health checks. This meant the service worked with other organisations to enable people to stay healthy.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We found that the service was working within the principles of the MCA, and any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. Staff demonstrated an understanding of capacity and how to support people in line with the MCA. One staff

member said, "If they lack capacity, we make decisions for them in their best interests." All care plans had records to confirm people or their relative had consented to the care and treatment they received. This demonstrated the service was working in line with best practice guidelines to provide care and support to people in their best interest.

Good

Is the service caring?

Our findings

People and relatives felt that staff were kind and caring. One relative said, "[Staff] are lovely, they are very kind." Another relative said, "[Staff] are brilliant here, cannot do enough, they are so caring,"

Staff understood the importance of equality and diversity and ensuring people had equal opportunities. One staff member said, "Try to give everybody the same choices. Try to make everybody feel the same and not let others feel left out. If somebody is not joining in you try as much as possible to make sure everybody feels the same." We saw that all staff wore name badges where their name was written in large, bold print. This ensured that people with visual impairments could identify staff and ask for help and support.

As this is a service for people of Jewish faith; staff who were not Jewish told us that they could bring their own food in, as long as it was consumed it in the staff room and they used the cutlery and appliances provided. One staff member explained that in the main kitchen and dining room the milk cutlery and meat cutlery are kept separately. This showed that the service worked in a caring manner to ensure people received support that met their needs in an inclusive and non-discriminatory way.

The service held handovers multiple times a day for staff to attend; one staff member said, "When we have handover in the morning they let us know what is happening with the [person]. We have been told through handovers and through our [electronic care plans]." This shows there were effective systems in place to ensure staff were kept up to date about people's changing support needs to ensure they could provide high quality care and support.

The service encouraged people and their relatives to be involved in their care and support. One person told us, "The staff meet and they do speak to me and my sons." A relative said, "[Person] seems happier here, the staff really do talk to [person] and to us." Records confirmed that people and their relatives could contribute to the care and support that people received. This showed that where appropriate, people and their relatives were actively involved in making decisions about their care and support.

People and their relatives told us they were treated with dignity and their privacy was always respected. One person said, "I am treated with respect and dignity," and their relative told us, "They do respect [person] they know how to work well and treat everyone with dignity." We saw one person who became upset and the staff member supported this person to go to a quiet area in the lounge and offer them emotional support, as well as tissues and a cup of tea and a biscuit.

Records confirmed people were encouraged and promoted to be as independent as possible. One staff member said, "For those who can, try to encourage them to do as, not to take away independence from them." This showed that the service knew how to support people to be as independent as possible and respect their privacy and dignity, and therefore improve their overall wellbeing.

Good

Is the service responsive?

Our findings

People had mixed views about the activities provided for people. People who were able to spend time in communal areas and were not prevented by their health and support needs spoke positively; one person said, "Everyone loves to dance here, I never get bored here, dancing helps you forget your troubles. We go in the garden when the weather is nice." We saw activities including dancing, music and singing take place. We saw staff interacting in a caring and respectful way and every person, at some point had interaction from staff.

However, people who were in their bedrooms did not feel the same way. One person said, "I do get bored on my own, I am sleeping so much because there is nothing else to do. I really do not want to sleep so much." We did not observe any activities taking place for people in their bedrooms. A recommendation was made for the provider to follow best practice guidelines to ensure that all people within the home felt their needs were accommodated for and they had opportunities to engage in meaningful activities.

Staff demonstrated an understanding of person-centred care. One staff member said, "Everybody's care is different because everybody is different." Another staff member told us about one person who, "Likes scrambled eggs in the morning and likes marmalade on top of the porridge and likes lukewarm tea not hot tea." Each person had an individual care plan which contained information about the support they needed from staff. Care plans detailed the support people would need with various things including personal care, mental health and wellbeing and nutritional needs. One person's care plan said, '[Person] is aware of their Jewish religion, culture and background but does not wish to attend the synagogue.'

A complaints policy was in place. People and relatives knew how to make complaints. One relative said, "We do feel our complaint was listened to and the staff responded to our needs." The service kept a log of all complaints received and an action plan to evidence how the complaint had been addressed. All complaints we reviewed had been responded to in a timely and supportive manner by the quality and customer experience team. This shows the service supported people to make complaints and uses these as an opportunity to learn and develop.

Where appropriate, people were supported to prepare for when they reached end of life. One staff member told us, "End of life care needs - that would be in the care plan. Would have had a meeting with the family and [person] about what their needs are. For example, if they don't want to go to the hospital and they wish to stay here, that would be in the care plan." Within people's care plans, end of life information was reviewed; one person's end of life care plan said, '[Person] would like to be cared for in the home during [person's] end of life stage.' The registered manager told us they have purchased folding bed for relatives to stay with their loved ones when they reached this stage. This showed the service was working in line with best practice guidelines to ensure people received appropriate and person-centred end of life care.

Good

Is the service well-led?

Our findings

People and their relatives spoke positively about the registered manager. One person said, "Yes [registered manager] is good."

The registered manger acknowledged the importance of seeking feedback from people and their relatives in order to improve the service; they said, "Make sure [people] are included and not excluded in anything. I have an open door policy." One person told us, "They do ask and I am happy to help to give information to help me and others." We reviewed the most recent survey and found that people were satisfied with the service they received. The service also held meetings for people every two months; one person had said they were, 'Happy with care they are receiving and the care staff have been excellent.'

Relatives told us they had opportunities to provide feedback about the service and they felt their views were listened to. One relative said, "You can talk to the staff or complete forms." We reviewed recent relative surveys and found that mostly the feedback was positive. Overall, 82% of relatives said that their loved ones are always treated with dignity and feel safe within the home. Relatives also had an opportunity to attend relative meetings every two months; here they were advised of upcoming events including being updated on a fun day, 'This is a day for families, friends, residents and staff to come together and have fun and enjoy the summer.'

Staff told us they worked well with the registered manager and as a team. One staff member told us they communicated with each other and learnt about the service through, "Staff survey, one to one supervision. We've got appraisal, regular staff meeting and we have staff forum meeting (quarterly)."

Team meetings are held quarterly; they looked at communication with other professionals, training and staff morale. At one meeting staff were reminded, 'It is important to make sure we communicate well with external agencies and document all discussions.' We also saw records of team meetings held for night staff. This meant that all staff were kept up to date with the running of the service to ensure they could then provide excellent care and support.

We found the service had robust quality assurance systems in place to manage and develop the overall running of the service. Records confirmed that the registered manager and management team completed unannounced spot checks of staff, and audited medicines and health and safety. Spot checks were completed during day and night shifts; during one spot check the registered manager noted that people appeared happy and calm and advised staff to ensure, 'Night sandwiches were available for all [people].'

We saw records to confirm that the management team attended management meetings to ensure they were continually sharing ideas and developing their role. Here, there were opportunities to discuss safeguarding, appraisals and supervisions and areas of responsibility. Within the service, each staff member is encouraged to take a lead on different areas including environment and infection control audits, medication management, complaints, DoLS. This showed that the service was well-led at all levels which in turn allowed staff to provide a high quality of care to people.