

The Spanish and Portuguese Jews Home for the Aged

Edinburgh House

Inspection report

36 - 44 Forty Avenue
Wembley
Middlesex
HA9 8JP

Tel: 02089084151
Website: www.edinburghhouse.org.uk

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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

Edinburgh House is a residential care home for 51 older people. Some people living in the home have dementia. At the time of our inspection there were 38 people living in the home.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People told us that staff were kind and they felt safe living in the home. There were arrangements in place to safeguard people from the risk of abuse.

We saw positive engagement between staff and people using the service. Staff were respectful and showed they understood people's varied needs when providing them with assistance with their care.

We found systems were in place to manage and administer medicines safely. Accidents and incidents were addressed appropriately.

People were supported to maintain good health. They had access to a wide range of appropriate healthcare services that monitored their health. People were provided with appropriate support, treatment and specialist advice when needed. People's nutritional and dietary requirements were met by the service.

Staff were appropriately recruited. They underwent a range of pre-employment checks to ensure they were suitable to work in health and social care.

Staff received appropriate training and support to enable them to be skilled and competent to carry out their roles and responsibilities.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had the opportunity to take part in a range of activities. Some people had recently been on holiday with staff.

There were some systems in place to assess, monitor and improve the quality of the services provided for people. Some areas of quality assurance were in the process of being developed.

Further information is in the detailed findings below.

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 remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

Edinburgh 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 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.

We carried out an unannounced comprehensive inspection. The inspection took place on the 12 September 2017.

The inspection team consisted of one adult social care 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 safeguarding alerts that had been made and notifications which had been submitted to us. A notification is information about important events which the provider is required to tell us about by law.

We also considered the Provider Information Return [PIR] which the provider had completed before the inspection. The PIR 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. This document had been completed comprehensively and provided us with detailed information about the service.

During the inspection we spoke with twelve people using the service, seven people's friends and relatives, the registered manager, nominated individual [supervises the management of the regulated activity], board member, a team leader, a senior care worker, seven care staff, the activity co-ordinator, chef, housekeeper and the member of staff who carried out laundry duties. We also spoke with a community healthcare professional and spent time observing engagement between staff and people using the service.

We also reviewed a variety of records which related to people's individual care and the running of the home. These records included; care files of five people living in the home, four staff records, audits, and policies and procedures that related to the management and running of the service.

Is the service safe?

Our findings

People told us they felt safe living in the home. A person told us that if they had a worry about their safety they would tell a relative and/or the registered manager and were confident that the issue would be appropriately addressed. People told us "This place is very safe" and "There are plenty people to help me, they answer my call bell immediately."

People's relatives informed us that they did not have concerns about people's safety. A person's relative told us they felt that staff understood how to keep the person safe. We saw that staff were vigilant at making sure they observed people and provided them with the support and aids they needed when people with mobility needs chose to walk within the home. This minimised people's risk of falls as well as supported their independence.

There were policies and procedures for staff to follow to keep people safe. Staff knew how to recognise abuse and told us they would not hesitate to report any poor practice from staff. Staff had received training on how to identify abuse. They knew that they needed to report all allegations and suspicion of abuse to the registered manager, but some staff needed prompting about the need for them to inform the local authority safeguarding team if appropriate action was not taken by management staff. The registered manager told us that they would speak with staff to ensure they were all aware of this responsibility.

The service did not manage people's monies. The registered manager told us that people mostly received support with their finances from family members or their Lasting Power of Attorney.

Risks to people's safety were assessed and reviewed regularly to ensure that support plans were effective in meeting people's changing needs. Risk assessments and management strategies covered areas such as falls, malnutrition, dehydration and pressure ulcers.

The service had robust plans in place to respond to any emergencies or untoward events, and each person had a Personal Emergency Evacuation Plan [PEEP] to use in case of an emergency situation. Arrangements were in place to protect people from fire risks. Regular fire drills and fire safety checks took place, and staff completed training in fire safety.

Equipment such as moving and handling hoists were routinely serviced to ensure that they were safe to use. A range of regular health and safety checks including checks of the electric and gas systems, hot water outlets, window restrictors and the lift were carried out to reduce the risk of people being harmed. Systems were in place to make sure maintenance and repairs were addressed when required.

Accidents and incidents were recorded and responded to appropriately. Records of falls were maintained. The registered manager told us they would commence regular analysis of falls and other incidents to identify any trends and to show the measures put in place to reduce the level of incidents and falls.

The provider had made suitable arrangements about the provision of medicines for people using the

service. We checked medicines storage, medicines administration record [MAR] charts, and medicines supplies. People received their medicines as prescribed from dedicated trained staff.

A computerised medication system was used which provided a transparent overview of stock and audit trail of people's medicines. The registered manager told us that they regularly randomly audited several people's medicines to make sure they were accurate and that people had received the medicines they were prescribed. But, there were no records of these audits. The registered manager told us they would record these checks. A friend of a person told us "We are sure [Person] is getting their medicine on time."

The four staff records we looked at showed appropriate recruitment and selection processes had been carried out to make sure only suitable staff were employed to care for people. These included checks to find out if the prospective employees had a criminal record or had been barred from working with people who needed care and support. Staff told us they were interviewed for their jobs, and confirmed that appropriate employment checks had been carried out.

There were sufficient staff on duty to attend to people's needs and to ensure that communal areas were always staffed so people were monitored and safe. People told us that staff were always available to provide them with assistance when they needed it. We observed that people received help from staff promptly and that staff had time to spend one-to-one time speaking with people.

The home was clean. Hand cleanser was available at reception for people and visitors to use. Staff had access to protective clothing including disposable gloves. Information about the hand washing protocol to minimise the risk of spreading infection was displayed. The head housekeeper told us that she monitored the cleanliness of the service by carrying out spot checks of rooms. The member of staff responsible for the laundering of people's clothes told us about the importance of ensuring that soiled linen was washed at a specific high temperature to minimise the risk of spreading infection.

The local authority had carried out a check of the food safety on 11 November 2016 and had rated the service very good.

Is the service effective?

Our findings

People told us that they were happy with the care they received. People and their relatives told us that they felt staff were skilled and knowledgeable about people's needs. A person told us that staff were "good."

Many care staff had worked in the home for several years, so people received consistency of care. A person's relative told us that this was important to them and commented "There are long term staff here which is good."

Care staff told us that when they started working in the home they had received an induction which included; learning about the organisation, and shadowing more experienced staff to gain an understanding people's individual needs and of the service. The registered manager told us that arrangements were in place to ensure that new care staff would complete the Care Certificate induction. This certificate sets out the standards of care, learning outcomes and competencies that care staff are expected to have.

Care staff had a good understanding of people's individual needs and preferences and how to meet these. Staff told us that they received the training they needed to provide people with the care and support that they needed. Staff training records showed that staff had received training in essential areas such as moving and handling, health and safety, food hygiene, fire safety, and basic first aid. Staff had also completed training particularly relevant to the service, which included dementia awareness, deaf awareness, urinary catheter care and training about the risks of choking. A care worker spoke positively of recent training they had received about supporting people with agitation and other behaviour by using effective communication strategies. Refresher training took place so staff kept their skills updated. Some care staff had obtained qualifications in health and social care.

Staff told us that they felt well supported from senior staff including the registered manager. They told us and records showed that staff met regularly with a senior member of staff to discuss their progress and the service. The registered manager informed us that appraisals of staff performance and development had been planned.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 [MCA]. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards [DoLS]. We checked whether the provider was working within the principles of the MCA.

The registered manager and staff understood and applied the principles of the MCA when supporting people. They knew that when people lacked the mental capacity to make particular decisions, any made on their behalf by relatives, staff, healthcare professionals and others involved in people's care must be in their best interests and as least restrictive as possible. Records showed that a 'best interest' assessor had recently visited a person using the service. Staff knew about the importance of asking people for their consent. People told us that they were asked for their agreement when staff assisted them with care and with other day to day activities.

Some people had DoLS in place. The registered manager told us that there were also several DoLS that had recently been applied for. Our records did not show that CQC had received notification of authorised DoLS. The registered manager told us that this would be addressed. We noticed that some people's bedrooms were locked when they were in the communal areas of the home. The registered manager told us this had been due to one person's unsociable behaviour of entering people's rooms without asking. They informed us that the person's behaviour had recently significantly improved and that this practice would stop. The registered manager told us that people and their relatives had been in agreement to this arrangement and that bedroom doors were always opened by staff at people's request.

People were supported to maintain a nutritionally balanced diet that met their preferences and religious needs. The menu of the day was located on dining tables. Each day's menu provided two or three choices of food that included a vegetarian option for people. The chef told us that they would look in to providing a menu in an accessible picture format for people who had difficulty reading the current menu. People's care plans included information about their nutrition and hydration needs and detailed the support that they needed to make sure these were met.

People were supported to eat and drink in a safe and respectful manner. Arrangements were in place to ensure people's dietary intake was monitored appropriately. When there were concerns to do with people's nutritional needs or swallowing the service involved community healthcare specialists, such as dietitians and speech and language therapists to ensure these needs were met. People were positive about the quality of food served. A person told us they enjoyed the meals and chose the time they had their breakfast. Another person told us that the food was "excellent." Comments from other people included "The food is always tasty. I do have a few choices in what I have," and "I love [the] food here, the carrot soup is lovely."

People were supported to maintain their health and wellbeing. The service had close links with community healthcare professionals, such as the district nursing service, opticians, dentists, psychologists and GPs. People's care records showed people attended hospital appointments and that community healthcare professionals were involved in ensuring people's healthcare needs were monitored and met. A community healthcare professional visited a person during the inspection and spoke in a positive way about the service. A person told us "Health is important, we see a doctor if we need to."

Signage on bathroom and toilet doors was available to help people orientate themselves. People unable to use the staircase had access to a passenger lift, which was serviced regularly. There were 'quiet' rooms where people could spend time on their own or with visitors. Some areas of the service including the outside of the home and some people's bedrooms had been recently redecorated. The registered manager told us that he was aware that there were areas of the environment that could be improved and had plans for more redecoration to take place. A person told us "I love to sit in the garden, the premises of this home is very nice."

Is the service caring?

Our findings

People told us that staff were kind to them and treated them with respect. Comments from people included; "Staff are very nice," "The staff members are amazing, very kind," "The people [staff] are very polite" and "I am happy living here. It's my home and the staff are wonderful."

People were observed to approach staff without hesitation and to smile and laugh with them. A person using the service pointed to a care worker who they knew by name and said "[Care worker] is very kind and gentle, and very patient."

People's relatives also spoke in a positive way about the staff and how people were cared for. Comments included "I sing the praises of the place, it is a great relief for us [Person] is respected and cared for" and "Absolutely wonderful staff, fantastic and caring. I couldn't ask for better. I visit anytime during the day and things are fine whenever I come."

We saw staff engaged with people in a patient, caring manner. Staff knelt down beside people when speaking with a person who were seated, which helped the person see the member of staff and hear what they said to them. We observed staff encourage, reassure and praise people. People's care plans and other records were written in a respectful style.

Staff respected people's modesty and understood what privacy and dignity meant in relation to supporting people with their care. Bathroom and bedroom doors were kept closed when people received assistance from staff. Care staff were discreet when asking people if they wished to use the bathroom facilities.

Staff had a good understanding of the importance of confidentiality and knew not to speak about people other than to those involved in the person's care and treatment. Care records were secured in a lockable cabinet in an office and computers including the electronic medicines records were password protected.

People's care plans showed that people had been involved in decisions about their care. Care plans included information about people's preferences, such as their preferred name. There was some information about people's background. The registered manager told us that they had plans to speak with people about their lives to develop the information they had about people's personal history, which would help staff understand and know people better.

People were supported to maintain the relationships they wanted to have with friends, family and others important to them. Relatives of people spoke about their visits to see people using the service. They told us that they visited the service whenever they wished and always felt welcomed by staff.

People's independence was supported. A person told us that they chose what they wanted to do and at what time they went to bed and got up. People were provided with the equipment they needed to keep and promote their mobility, which included walking frames and wheelchairs. We saw people moving freely within the home. Staff told us that they encouraged people to do as much as they could by themselves such

as washing their face when being assisted with personal care.

The service had a 'Magic Table' which has a series of interactive light games specifically designed for people living with dementia. Staff told us that people enjoyed spending time engaging with staff and other people playing the games and that it was particularly beneficial as an activity for people with dementia who spent time awake during the night.

Staff and people using the service confirmed the service celebrated all the Jewish festivals and traditions. Care staff told us they had been provided with information and learning about the Jewish way of life and told us about the importance of respecting people's individual beliefs and needs.

The registered manager told us that currently there was no one receiving end of life care. He informed us that people had been cared for at the end of their lives by the service, with considerable support provided from the local hospice and community professionals. This meant that people who chose to remain in the home rather than go to hospital at the end of their life were supported to do so by the service. Records showed that some staff had received end of life training in 2016. A person's relative told us they had been involved in a discussion about a person's end of life care. They told us "They [staff] are looking after [Person] here unless [Person] has an acute accident."

Is the service responsive?

Our findings

People received care that met their individual needs. They told us that they were satisfied with the service and received the care and support they needed. They confirmed that they saw a doctor when they needed to.

People's relatives told us that staff communicated well with them about people's needs. They told us that they were kept well informed about any changes in people's health and well-being. People's relatives told us "They [staff] have looked after [Person] superbly," "I am kept well informed, and I am fully involved in decisions about [Person's] care" and "They [staff] are brilliant, 10 out of 10." A person's friend told us that a person's relative was aware of the person's care plan and was kept "well informed by the management regarding [Person's] health."

People's needs were assessed by the registered manager with their participation and when applicable with their family and healthcare and social care professionals involvement, prior to them moving into the home. This helped to ensure that the service was appropriate and could meet the prospective resident's needs. A person told us that they had visited the home before moving in which had helped them to decide whether it was suitable for them.

Care plans were developed from people's initial assessment and identified the support they needed with their care and other aspects of their lives. Care plans were reviewed regularly and included guidance for staff to follow to ensure people's needs were met. For example a person's care records included "[Person] can choose the clothes they want to wear. [Person] likes to be smartly dressed." In another person's care plan there was detailed guidance about when and how a liquid thickening agent should be used in a person's drinks to reduce the likelihood of choking.

Care records were completed during each shift and included details about the activities people took part in and any changes in people's health and care needs so staff had up to date information about people's current needs.

Staff had a good knowledge and understanding of people's needs. They told us that they read people's care plans and were kept informed about people's needs during 'handover' meetings and via on-going communication from senior staff during each shift. We listened to a handover between two senior care staff and found that each person's current needs were discussed fully.

A range of activities were available to ensure people had opportunities to engage in meaningful social interaction. The activity co-ordinator was enthusiastic and told us about the range of activities that she and other staff provided to make sure people had the opportunity to engage in stimulating activities of their choice. A regular programme of activities took place. Some people attended activity sessions held at a day centre. Other activities included bingo, walks, hand ball, exercises, manicures, regular music sessions from a visiting pianist, and singing activities. The activities co-ordinator told us about a 'Music for Life' programme that several people living with dementia participated in. The programme brings together professional

musicians, care staff and people living with dementia through interactive music sessions. The nominated individual told us that people using the service had formed a choir from their participation in this activity.

A person told us that they always had two newspapers delivered so they could keep up with the news. They told us "I am happy with my papers and with my radio."

Some people had recently been on holiday with staff. A care worker spoke of the enjoyment that people using the service and staff had during a vacation to the New Forest. Day trips also took place. The home had some pet cats, which staff told us people were fond of.

The service had a complaints policy and procedure for responding to and managing complaints. People told us that they would speak to staff and/or their relatives if they had a complaint. Relatives informed us they would contact the registered manager if they had a concern about the service. The registered manager said that there had been only some minor 'day to day' concerns received from people during the last twelve months, which had been addressed. He told us that in future these would be documented to show that the service was responsive to all concerns raised by people and that improvements to the service were made when needed.

Is the service well-led?

Our findings

People and their relatives were positive about the way the service was run. They knew who the registered manager was and spoke highly of him and the nominated individual. People and their relatives told us they would recommend the home. There were several recent written compliments about the service which included statements such as "The love and respect shown to [Person] has been very much appreciated" and "Thanks and appreciation for all your love and care shown to [Person]."

The registered manager had an in depth knowledge about people's individual needs and preferences. He told us that he had an 'open door' policy for people using the service, relatives and others. He informed us that he welcomed any feedback from people and said "My [office] door is always open." We saw that the registered manager engaged with people in a positive, friendly and relaxed manner, and provided people with assistance during lunchtime.

The registered manager had been in post since December 2016 and had registered with us in June 2017. 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.

The registered manager had completed level 5 Manager Award which had included a research project about Jewish culture and religion, which he said had been very beneficial in helping him understand the religious needs of people using the service. He told us that he kept up to date with good practice and changes in legislation, attended National Association of Jewish Homes meetings and took part in regular registered manager's meetings where relevant legislation was discussed and knowledge and practices shared.

The service had a staff structure that included the nominated individual, registered manager, team leaders, care staff, and a range of other staff who worked together to provide people with the service that they needed and wanted. Staff had a good understanding of their roles and responsibilities and told us they had opportunities to develop their knowledge and skills. Weekly staff meetings took place. A senior care worker told us that they were involved in creating the agenda for these meetings.

Care staff told us they enjoyed their work. They informed us that the registered manager and other senior staff were approachable and supportive. They told us they received the training they needed to deliver the care people needed, had the opportunity to attend staff meetings, felt listened to and able to raise any issues to do with the service at any time.

The registered manager worked closely with health and social care professionals to make sure people's varied needs were met.

The registered manager told us they received on-going feedback about the service from people and their relatives. Contact with people's relatives was face to face and via phone calls and emails. People and those

important to them had the opportunity to participate in meetings where they could feedback their views of the service. A person's relative told us that communication with management staff was good and that they felt able to approach the registered manager with any concerns that they had about the service.

Care documentation was up to date and comprehensive. The home had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. The service provides a regular newsletter, which helped inform people about the service and of any changes. A person's relative told us that they received the newsletter.

There were systems and procedures in place to enable the quality of the service to be monitored and assessed. Checks were being carried out on a daily, weekly and monthly basis. These included a range of health and safety checks including call bell checks to ensure systems and equipment were safe and in good working order. Records showed action had been taken to address any shortfalls found. The registered manager told us they and the nominated individual were in the process of developing a regular comprehensive audit of the service which will be carried out by the nominated individual. A member of the organisation's board visited the home regularly and did so during the inspection.

The service had been responsive to issues raised in 2016 about the service provided at night. They had employed a night manager to carry out checks and identify where improvements were needed. The registered manager told us that the issues had now been resolved and that he continued to closely monitor the care people received at night. He told us that he started work early in the morning so he had regular contact with the night staff so could address any issues they raised. He also carried out 'spot checks' of the service at night to check people were receiving a good service at night.

A local authority had carried out a check of the service in 2016 and a follow up check in 2017. Records showed that action had been taken by management staff to address the shortfalls found in 2016.