

Jewish Care

Stella & Harry Freedman House

Inspection report

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Date of inspection visit:
11 January 2023

Date of publication:
14 February 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Stella & Harry Freedman House (previously known as Lady Sarah Cohen House) is registered to provide accommodation for up to 120 people who require nursing or personal care and treatment of disease, disorder or injury. The service supports people from the Jewish community. On the day we inspected there were 105 people living in the home .

People's experience of using this service and what we found

People had access to healthcare services and were involved in decisions about their care. Partnerships with other agencies and health professionals enabled effective outcomes for people. Staff supported people to take medicines safely.

People's care was planned and risks to their safety and wellbeing were assessed. The service reviewed these plans regularly, involving people in these reviews and asking for their opinions. However, some risk assessments for people with mental health conditions lacked sufficient detail at the time of our inspection.

Staff had completed safeguarding training and understood their role in identifying and reporting any concerns of potential abuse or poor practice. Recruitment practices were safe and relevant checks had been completed before staff worked at the service.

People and staff praised the managers of the service and agreed that they were approachable, knowledgeable, fair and did their job well. The staff team worked well together and supported the interim manager.

The staff team was committed to providing a high-quality service. They had undertaken training so that they were skilled and knowledgeable to effectively meet people's needs.

Staff encouraged people to be as independent as possible and respected people's privacy and dignity.

Staff consistently strived to ensure that people had the best possible care, and that they were supported in a compassionate, dignified and safe way.

People were given choices about the way in which they were cared for. Staff listened to them and knew their needs well.

Care plans contained information about each person's individual support needs and preferences in relation to their care and we found evidence of good outcomes for people.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The managers of the service actively sought the views of people and their relatives about the running of the service and they dealt promptly with any concerns that people raised.

The provider had systems in place to monitor and improve the quality and safety of the service provided. There was a positive culture throughout the service. Staff told us they enjoyed working at the service and felt valued.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

At the last inspection we rated this service Good. The report was published on 21 June 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service. This report only covers our findings in relation to the Key Questions Safe, Effective and Well Led.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Details are in our safe findings below

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our well-led findings below

Good ●

Stella & Harry Freedman House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008,

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 adult social care inspectors, a pharmacist inspector, a nurse specialist advisor and 2 experts 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.

Service and service type

Stella & Harry Freedman House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. However, there was a temporary

manager in post and the provider was currently in the process of recruiting for a new registered manager.

Notice of inspection

The inspection was unannounced. We visited the service on 11 January 2023.

What we did before the inspection

Before our inspection, we reviewed the information we held about the service which included statutory notifications and safeguarding and the Provider Information Return (PIR). 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.

During the inspection

We spoke with the interim manager, the assistant facilities manager, 4 care workers, 4 nurses, 7 people who used the service and 9 relatives. We also spent time observing care to help us understand the experience of people who could not talk with us. We looked at 8 care records and 3 staff records; we also looked at various documents relating to the management of the service.

Following our visit, we received further information from the interim manager, which included provider audits and survey results.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management.

- The service had systems in place to protect people from abuse and avoidable harm. Staff knew what to do and to whom to report if they had any concerns about people's safety.
- People were protected from the risk of abuse. Staff had completed safeguarding training and staff we spoke with were able to demonstrate how they recognised signs of abuse and poor practice. Staff told us they were able to raise any concerns to the management team and were confident actions would be taken.
- All the people we spoke with told us they felt safe and looked after by the staff.
- Comments from people included "I am comfortable and safe here" and "The staff are like angels and I feel safe."
- The staff assessed all potential risks to people and put guidance in place so that the risks were minimised. Risk assessments were developed that maximised people's independence and ability to remain in control of their life.
- However, we found that some risk assessments for people with mental health conditions lacked enough detail, for example, for 1 person there was insufficient detail of the symptoms related to their personality disorder. However, staff were aware of how to manage the person and the care plans and risk assessments for these people were updated with sufficient details immediately following our inspection.
- Clinical staff were very knowledgeable in wound care and care staff knew the importance of regular repositioning of people. We also found people who spent the majority of their time in bed were on pressure relieving equipment that automatically adjusted according to the person's weight.
- The service employed a team of maintenance people who ensured that the building was kept safe and in good decorative order.
- Regular checks of the building and equipment took place, including fire safety equipment.
- Fire drills were regularly held, and people had individual personal evacuation plans in place to guide staff in the event of a fire.

Staffing and recruitment

- There were enough staff to keep people safe and meet their individual needs. We observed that people were attended to in a timely unrushed manner. The manager used a dependency tool to determine staffing levels required.
- Staff had been recruited in a safe way. Appropriate checks were made of an applicant's work references, full employment history, relevant qualifications and of the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There was very little staff turnover. Most staff had worked at the service for many years which provided

consistency and continuity for people living in the service.

- At the time of our inspection the service used a number of regular agency staff, the manager was actively recruiting to these posts.

Using medicines safely

- There were suitable arrangements for ordering, receiving, storing and disposal of medicines. Storage temperatures were monitored to make sure medicines would be safe and effective.
- However, we found Insulin (for people with diabetes) had been over ordered for some people using the service, the manager took immediate action to address this which included a revised Diabetic Blood Monitoring form and additional weekly audits.
- Medicines were clearly recorded within people's medication administration records. Staff kept and regularly updated a log of medicines people were prescribed. Protocols for 'when required' medicines were in place to guide staff in supporting people with their medicines.
- The service was administering medicines covertly(this is when medicines are hidden in food or drink without the knowledge of the person)in line with the provider medicines and mental capacity policy.
- Staff were unable to administer medicines unless they were trained to do so. This included regular training and competency checks to ensure they had the suitable skills to carry out the task safely. This was confirmed by staff we spoke with.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider's approach to visiting followed the latest government guidance in relation to visiting in care homes.

Learning lessons when things go wrong

- The service had an electronic system in place to monitor incidents and understood how to use them as learning opportunities to try and prevent future occurrences.
- The interim manager explained that following any incident or accident, a review would be undertaken so that any learning or improvements could be considered to prevent any re-occurrences.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Initial assessments of people's needs before they started to use the service were in place and were completed to ensure the service could meet the person's needs before they made the decision to move in.
- The assessments were individualised, detailed and appropriately completed.
- The service used nationally recognised assessment tools, such as the Malnutrition universal screening tool (MUST) and Waterlow pressure ulcer risk assessment tool. This is a tool used to assess people's risk of pressure damage. This meant assessment tools were evidence based.
- People's preferences and care needs had been recorded and those who used the service and their families were given the opportunity to be involved in the care planning process.
- The manager considered people's protected characteristics under the Equality Act. For example, they asked people about any religious or cultural needs they had so that they could plan for those needs to be addressed. Staff were aware of equality and diversity issues.

Staff skills, knowledge and experience

- Staff had undertaken training in a range of topics so that they could do their job well.
- Staff were positive about the training they received and told us they had completed the required training to meet the needs of the people they supported. One member of staff said, " They encourage us to do further training, they are doing a fantastic job. For example, if I want to do stoma training, they will put me forward. There are lots of opportunities to progress."
- Supervisions were happening to allow staff the time to express their views and reflect on their practice.
- Staff felt very well supported. One staff told us, "We are well supported by the manager."

Supporting people to eat and drink enough with choice of a balanced diet

- People were given the required support to meet their nutritional requirements.
- The service provided food in line with Kosher dietary laws and people's food and hydration needs were met
- We observed positive interactions between staff and people at lunchtime. Staff closely observed those who hadn't really eaten much encouraging them to do so and helping them with eating when required.
- Food and fluid intake charts were kept for people staff had concerns about. Referrals were made when required, to appropriate professionals and there was a Speech and Language Therapists (SaLT) on site who provided guidance and support with managing people's intake of food and fluids safely.
- Staff demonstrated a good understanding of how to ensure people had adequate nutrition and dietary preferences as they were set out in people's care plans.
- The menus were regularly discussed with people who lived at the service.

- A person told us, "The food is good, we get a menu and can order something different."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service documented people's health conditions in their care plan.
- People's care plan had details of their GP and any other health professional's involvement. People were supported to attend annual health checks, screenings and primary care service.
- People had access to health professionals as required. If staff were concerned about a person's health and wellbeing, they would relay these concerns to the provider and manager for escalation and action.
- Information available showed people experienced positive outcomes regarding their health and wellbeing.

Adapting service, design, decoration to meet people's needs

- People lived in an environment that was suitable for their needs. Corridors and communal areas were clean and clutter free and each room had its own en-suite. There was a lift between floors, and we saw several people using this throughout the day.
- People's rooms were personalised to their individual tastes and communal areas were well presented and homely. People said staff kept their rooms clean.
- Where people required specialist equipment such as a wheelchair, hospital bed or mobility aid, we saw these had been provided for them.
- The service formed part of the Betty and Asher Loftus centre, a community hub with access to a synagogue, shop and a café.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments (MCA) were completed for people. These had followed best practice and current guidelines. MCA's were decision specific, such as, can someone consent to bed rails being used, or do they consent to remaining at the care home. It was clear if a person was able to understand, retain, weigh up and communicate their decision. When someone was not able to do this, a best interest checklist was completed with all relevant relatives and healthcare professionals.
- Staff empowered people to make their own decisions about their care wherever possible.
- We heard staff asking people for their consent before assisting them and offering people choices about how and where to spend their day.
- Staff knew about people's capacity to make decisions and were able to communicate with people well in a variety of ways to support this.
- Staff confirmed that they had undertaken training in relation to the MCA and demonstrated best practice around assessing mental capacity, supporting decision making and best interest decision making.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- The management team and staff were motivated to provide the best possible person-centred care and support for people.
- An interim manager had been appointed and the service was currently recruiting for the registered manager post.
- People and staff were complimentary about the new manager and said they were very approachable and that they would have no hesitation in raising concerns or making suggestions.
- Staff said they felt comfortable to put forward any ideas they may have to improve the care, support or wellbeing for people and were confident these would be acted upon.
- People and staff told us that they felt involved in changes and were provided with opportunities to give feedback and offer suggestions for improvements.
- Care plans included information about people's diverse needs and how these could be met. For example, supporting people with religious needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- People using the service told us the service was well managed. Comments included, "They try very hard to be excellent", "If anything is wrong, I talk to interim manager and she is very good" and "The office is well run."
- We had no concerns regarding duty of candour. We found the manager was open and transparent throughout the inspection.
- There were systems in place to monitor the safety of the service and the maintenance of the building and equipment. This included monthly audits of people's nutrition, medicines, staff records, care plans, health and safety and accidents and incidents. We were shown examples of quality audits that had taken place at the service recently. This gave an overview of all the checks and audits that were completed on either a daily, weekly, monthly or quarterly basis.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager understood the importance of their role and responsibilities. They demonstrated a strong commitment to providing good care for people using the service, providing support to staff employed within

the service and ensuring compliance with regulatory requirements was achieved.

- The manager had a very good understanding of people's needs and maintained a good oversight of the service .
- Staff were positive about working at the service and felt valued. They told us they were well supported. Comments included, "Yes I am supported in my role, supported by the nurses and the managers, Jewish care is a great employer. They are doing a fantastic job." And "We have a good team here. I have worked here a long time and would not stay if it was bad."
- Staff were aware of the whistleblowing procedure and said they would use this if needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Effective arrangements were in place for gathering people's views of the service they received and those of people acting on their behalf.
- A survey was carried out with relatives and people who used the service in 2022 which showed high levels of satisfaction.
- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service.
- Monthly relatives/residents meetings were also in place.

Working in partnership with others;

- Staff worked well with people, their relatives and professionals to ensure people were supported safely and in the way they wanted.
- Records showed people were supported to access services in the community including GPs, the local clinical commissioning group (CCG) and specialist professionals to promote people's health and wellbeing when required.
- The service had also formed a partnership with Middlesex and Hertfordshire universities and had a number of students' placements available for trainee nursing staff.
- The service employed a dedicated speech and language therapist and staff were nominated to be champions in areas such as hearing loss ,infection control, dementia , end of life and wound management
- Information showed the service worked closely with others, for example, the Local Authority and other healthcare professionals and services to support the delivery of quality care provision.