

# Review of compliance

<b>Hull Jewish Community Care Menorah House</b>	
<b>Region:</b>	Yorkshire & Humberside
<b>Location address:</b>	331-337 Anlaby Road Hull East Riding of Yorkshire HU3 2SA
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	January 2012
<b>Overview of the service:</b>	<p>Menorah House is registered to provide care and accommodation for up to 25 older people who may have dementia.</p> <p>It is close to the city centre and has good access to local amenities and facilities.</p> <p>The home is run by the Hull Jewish Community Care and only Jewish festivals are celebrated, however, other</p>

	religions are catered for.
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# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Menorah House was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 8 December 2011, looked at records of people who use services, talked to staff and talked to people who use services.

### What people told us

People we spoke with told us they could come and go as they pleased and there were no restrictions on their movements.

None Jewish people told us they did not mind the fact that only Jewish festivals were observed and no one was concerned about the food provided being exclusively kosher; all those people spoken with were satisfied with the choice and quality of the food.

No one could remember being involved with their care plans or attending any reviews about their care.

People we spoke with told us they were more than happy with the care they received. One person told us "The care staff just can't do enough for you" and another told us "The girls always help me with my makeup in a morning".

People we spoke with told us they would see the manager if they had any concerns or worries.

People told us the manager was approachable and they felt well supported by the staff. They also told us they would speak with the manager if they had any concerns. They told us they had been involved with meetings and could have a say about how the home was run.

### What we found about the standards we reviewed and how well Menorah

## **House was meeting them**

### **Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

People are able to lead a life style of their own choosing and are involved with the running of the home.

### **Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

Everyone who used the service had a plan of care and staff were knowledgeable about people's needs.

### **Outcome 07: People should be protected from abuse and staff should respect their human rights**

People were protected from abuse because there were procedures in place for staff to follow and staff understood these. However, some staff training was in need of updating.

### **Outcome 12: People should be cared for by staff who are properly qualified and able to do their job**

People were cared for by staff that had been recruited safely. However some staff had not received updated training to equip them to effectively meet people's needs.

### **Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

People were involved in the running of the home and could air their views. However not everyone who had an interest in the welfare of those people who used the service had been able to give an opinion and no report had been produced which identified short falls in the service and how these were to be addressed.

## **Actions we have asked the service to take**

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

## **Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 01: Respecting and involving people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

### What we found

#### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

#### Our findings

##### What people who use the service experienced and told us

People we spoke with told us they could come and go as they pleased and there were no restrictions on their movements.

None Jewish people told us they did not mind the fact that only Jewish festivals were observed and no one was concerned about the food provided being exclusively kosher; all those people spoken with were satisfied with the choice and quality of the food.

However, no one could remember being involved with their care plans or attending any reviews about their care.

##### Other evidence

We saw that people's preferences were recorded in their care files and their daily routines were described in detail, for example, when they liked to get up and go to bed.

The home is run by the Hull Jewish Community Care and as a result only Jewish festivals are celebrated. The manager told us she makes this clear to potential users of the service through the 'Service User Guide' and the 'Statement of Purpose'. As a result of this people have made the decision not to live at the home.

When we spoke to staff they were able to describe how to maintain someone's dignity and how to respect their choices.

Residents meeting were held on a regular basis and people were able to air their views at these meetings.

**Our judgement**

People are able to lead a life style of their own choosing and are involved with the running of the home.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

People we spoke with told us they were more than happy with the care they received. One person told us "The care staff just can't do enough for you" and another told us "The girls always help me with my makeup in a morning".

##### Other evidence

We looked at four care files which belonged to the people who used the service. These contained an assessment of needs undertaken by both the staff at the home and the placing authority. From this assessment a care plan had been formulated which instructed the staff how to care for the person. This was written in the first person and provided the staff with information about the person's preferences with regard to the care they would like to receive. We also saw any risks to the person had been assessed and instructions were provided for staff about how best to support the person to avoid these.

There were records of when the person had seen their GP or had been in contact with other health care professionals. We saw that care plans had been amended when people's needs had changed.

When we spoke with the staff they were able to describe people's needs and how to best meet them.

##### Our judgement

Everyone who used the service had a plan of care and staff were knowledgeable about

people's needs.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

There are minor concerns with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

People we spoke with told us they would see the manager if they had any concerns or worries.

##### Other evidence

There were no ongoing safeguarding investigations being undertaken by the Local Authority Safeguarding Team.

We saw that staff had received training on how to protect people from harm. However, some of that training now required updating. When we spoke with staff they were able to describe the procedure in place for the reporting of any safeguarding issues they may witness or become aware of. Staff also told us they would be confident any concerns would be dealt with effectively by the manager.

We looked at staff recruitment files and we saw that Criminal Records Bureau (CRB) checks had been completed before staff started working at the home. This evidenced that they were suitable to work with vulnerable people.

##### Our judgement

People were protected from abuse because there were procedures in place for staff to follow and staff understood these. However, some staff training was in need of updating.

## Outcome 12: Requirements relating to workers

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

### What we found

#### Our judgement

There are minor concerns with Outcome 12: Requirements relating to workers

#### Our findings

##### What people who use the service experienced and told us

We did not ask people about this outcome area.

##### Other evidence

We looked at the files of newly recruited staff and saw that these contained Criminal Records Bureau (CRB) checks and references from their previous employers.

We saw that staff had received training in what to do in the event of a fire, health and safety, moving and handling, first aid, infection control, safeguarding adults and other topics relevant to their role. However, some of this training was now in need of updating.

Staff told us they received training which was relevant to their role and they felt it equipped them to do their job effectively and provide care for the people who used the service.

Newly recruited staff told us they had been through an induction period and checks had been made to ensure they had acquired the right skills to care for the people who used the service.

##### Our judgement

People were cared for by staff that had been recruited safely. However some staff had not received updated training to equip them to effectively meet people's needs.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

There are minor concerns with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

People told us the manager was approachable and they felt well supported by the staff. They also told us they would speak with the manager if they had any concerns. They told us they had been involved with meetings and could have a say about how the home was run.

##### Other evidence

We saw that the manager had undertaken surveys to gain people's views about how the home was run. This included obtaining information from the people who used the service and their relatives. However, we did not see any surveys undertaken which gained the views of other stakeholders, for example, GPs and other visiting health care professionals or any one else who had an interest in the welfare of the people who used the service.

Staff told us they had attended staff meetings and we saw minutes of these.

We did not see a report which collated the views of people who had responded to the surveys and which addressed any shortfalls and set time scales to achieve these.

##### Our judgement

People were involved in the running of the home and could air their views. However not everyone who had an interest in the welfare of those people who used the service had been able to give an opinion and no report had been produced which identified short falls in the service and how these were to be addressed.

## Action we have asked the provider to take

### Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	<p><b>Why we have concerns:</b></p> <p>People were protected from abuse because there were procedures in place for staff to follow and staff understood these. However, some staff training was in need of updating.</p>	
Accommodation for persons who require nursing or personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 12: Requirements relating to workers
	<p><b>Why we have concerns:</b></p> <p>People were cared for by staff that had been recruited safely. However some staff had not received updated training to equip them to effectively meet people's needs.</p>	
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<p><b>Why we have concerns:</b></p> <p>People were involved in the running of the home and could air their views. However not everyone who had an interest in the welfare of those people who used the service had been able to give an opinion and no report had been produced which identified short falls in the service and how these were to be addressed.</p>	

The provider must send CQC a report about how they are going to maintain compliance

with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

<b>Document purpose</b>	Review of compliance report
<b>Author</b>	Care Quality Commission
<b>Audience</b>	The general public
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## Care Quality Commission

<b>Website</b>	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Telephone</b>	03000 616161
<b>Email address</b>	<a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>
<b>Postal address</b>	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA