



# Review of compliance

Birmingham Jewish Community Care Andrew Cohen House	
<b>Region:</b>	West Midlands
<b>Location address:</b>	River Brook Drive Stirchley Birmingham West Midlands B30 2SH
<b>Type of service:</b>	Care home service with nursing
<b>Date of Publication:</b>	March 2012
<b>Overview of the service:</b>	Andrew Cohen House provides accommodation and nursing care for up to 59 older people who may have a range of illnesses.

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Andrew Cohen House was meeting all the essential standards of quality and safety.**

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 14 February 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

### What people told us

55 people were living in the home when we visited and we talked with five of them and their visitors about their experience of living there.

The people living in the home told us they were happy with the quality of the care and support they were receiving. They said:

"It's not too bad really."

"Staff look after me, they're quite good really, pretty helpful."

"Staff are very nice indeed, they will always help you."

People and their relatives told us staff treated them with respect and helped them to be as independent as possible. We saw staff taking time to talk to people and socialise with them.

People and their relatives told us they were happy with the meals provided at the home. They said:

"Very nice, if you don't like what's on offer they will offer other things."

People and their relatives told us the home had carried out an assessment before they had moved in, to make sure it would meet their needs.

### What we found about the standards we reviewed and how well Andrew Cohen House was meeting them

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

People receive the care they need through the planning, delivery and review of care that reflects their needs and choices.

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

The registered provider has arrangements in place to assess and monitor the quality and safety of care and to make ongoing improvements. The views of people and families are used to improve the quality of the care provided.

**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 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

We carried out this inspection to check on the care and welfare of people using the service. We talked with people living in the home and their visitors and looked at the records of four people. This helped us to understand what it was like to live there.

People and their relatives told us that they were happy with the quality of the care provided. They said:

"It's not too bad really."

"Staff look after me, they're quite good really, pretty helpful."

"Staff are very nice indeed, they will always help you."

People and their relatives told us staff treated them with respect and helped them to be as independent as possible. The care files that we looked at indicated that people had been consulted about the type and level of care that they wished to receive. The recordings included timings such as when someone wanted to have a shower. This meant that nursing and care staff had clear instruction about the care that individual's could expect to receive.

People told us that they were happy with how staff met their personal care needs. We saw that people were dressed appropriately for the time of year, looked clean and that their hair was neatly styled. We saw the registered manager complimenting people who had just had their hair styled by a visiting hairdresser. They also gently encouraged other people to use the services of the hairdresser but readily accepted refusals.

People and their relatives told us they were happy with the meals provided at the home. They said:

"Very nice, if you don't like what's on offer they will offer other things."

"I enjoyed lunch, it looked rather good."

We found that the home's senior staff had carried out an assessment of people's care needs before they went to live in the home. This was to make sure that their care needs could be met and to assist people in making a decision about moving into the home. The assessments included people's personal preferences and we saw that the information had been included in the care plans.

We found that the care plans provided staff with information on how they should care for people to meet their needs. The care plans had been written with the involvement of the people living in the home and set out what staff needed to do to meet their needs. They included information about people's physical and mental health, their care needs and their preferences for their daily lives. We saw that they had been reviewed monthly to ensure that the information remained up to date.

We found that assessments of risks had been undertaken. These identified the risks to people using the service and the staff who supported them, and what should be done to reduce them. They included nutrition, mobility, falls and one for whether a person could access the call system to summon assistance.

We found that staff kept daily records of information of the main things that had happened in the day. These reflected the information in the care plans.

We found that if people needed extra support or if they needed to see a doctor, staff arranged this quickly. There was evidence that people were being supported in attending hospital appointments, care staff were being allocated to accompany them. The files confirmed that a range of external professionals were included in assessments and making recommendations for care. These included; a renal dialysis sister, general practitioner (GP), a mental health consultant, psychiatrist, optician, dentist and chiropodist.

We were told that the chiropodist visited the home every week to carry out treatments. The home also had a contract with a GP practice whereby a GP visited every week and saw anyone who required monitoring or assessment.

We talked with some staff working in the home and asked them about people's care needs. We found the staff had a good understanding of people's needs and what they needed to do to meet their individual needs. They were able to tell us some of the things they did to reduce risks for the people using the service. The nurse we spoke with told us that they had undertaken a tissue viability course so that they could assess and make suggestions for care of people who were at risk of developing or had pressure sores. They told us that senior management would ensure that any specialist equipment was made available for people.

We spoke with a person who was recovering from a fall. They told us that a specialist bed that would rise and fall had been provided to help them in getting in and out of bed. This also served to promote the person's independence.

**Other evidence**

During our visit we looked at the staffing rota for the week commencing 13 February 2012. There were two nurses on duty for all shifts so that one could be allocated to each floor. There were a total of ten care staff allocated for the morning shift and eight for the afternoon shift and four for night time. We looked at the rotas for previous weeks and found the same information.

We asked how staff shortages would be covered. We were told that permanent staff may work extra and there were bank staff who could also be contacted. We were told that the three senior staff who were not included on the rota could work shifts.

We spoke with an activities organiser who worked 20 hours each week and supported the full time activities co-ordinator. During our visit we saw that people appeared to be happy and there were lively discussions being held. People were being consulted about which music they wished to listen to.

**Our judgement**

People receive the care they need through the planning, delivery and review of care that reflects their needs and choices.

## 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

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

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

The registered manager told us that senior staff were being increased to promote the service being provided to people. We were told that a clinical manager and a training manager had been appointed and that the home was in the process of recruiting a deputy manager.

People and their relatives told us they were asked to give their opinions and feedback on the care provided. They said they were confident that senior staff would listen to their opinions and would deal with any problems.

We asked people and their relatives what they would do if they were not happy with their care plan or the way in which care was being provided. They said they could raise concerns if they were not happy.

We looked at the complaints book. We found two complaints that had been made in the last six months. We found that investigations had been carried out and letters had been sent to the complainant describing the findings and whether any action had been taken.

We met with the consultant who had been contracted to work for two days each week in respect of quality assurance. They told us that they attended the quarterly meetings that were held where senior staff reviewed the quality audits and agreed any improvements that may have been needed.

We were shown the annual report, it was dated December 2011. The report covered a wide range of topics including consultations with people using the service, their relatives, external professionals, the premises, documents, care files, medications and various meetings. We were also shown a copy of a report that included the action plans agreed for the year 2012 to ensure that the home was continuing to make improvements for the benefit of the people using the service.

We were told that questionnaires were sent to people, their relatives and external professionals every six months. The results of the surveys were included in the reports.

### **Other evidence**

We found that regular meetings were being held with people and their relatives so that the home could accommodate their requests and preferences.

We were shown a document that included a schedule of when staff supervisions should be carried out. We were told that these could be by a one to one meeting or group meetings. We found that audits were carried out in the home, to check that staff practices were meeting the appropriate standards.

The quality consultant told us that they kept a chart of training that staff had completed and when refresher courses were due.

We saw a form which indicated that nurses were reviewing people's care plans on a monthly basis. The quality consultant advised that they also audited care files as a means of checking the practices of nurses who were employed by the home.

Staff told us that, if there was an incident, they would report it to the senior staff on duty. Our discussions with the registered manager confirmed that appropriate action would be taken if concerns were raised. The Care Quality Commission had received notifications from the home confirming that it was taking appropriate action, when necessary.

### **Our judgement**

The registered provider has arrangements in place to assess and monitor the quality and safety of care and to make ongoing improvements. The views of people and families are used to improve the quality of the care provided.

# 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
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