Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Andrew Cohen House

River Brook Drive, Stirchley, Birmingham, B30 2SH

Tel: 01214585000

Date of Inspection: 22 January 2013

Date of Publication: February 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Birmingham Jewish Community Care
Registered Manager	Miss Josephine Stinton
Overview of the service	Andrew Cohen House provides accommodation and nursing care for up to 59 older people.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 22 January 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and talked with stakeholders.

What people told us and what we found

We visited Andrew Cohen House and spoke with seven people who lived at the home about the care and support they received. People told us they were happy with the service they were receiving and how their needs were being met. One person told us, "The service we get is excellent."

During our visit we spoke with relatives of three people who lived at the home. They told us they were satisfied with the care provided. One relative told us, "I have nothing but praise for the home."

Throughout the inspection, we found that staff treated people with respect and supported them in a friendly, engaging manner. People living at the home confirmed their privacy was respected. Not all people spoken with could remember planning their care but we found evidence of consultation, wishes and preferences in records.

Staff told us that they were well trained and felt they had been provided with the appropriate support in order to do their job effectively.

People living at the home told us they felt safe and were able to raise any concerns they had.

There were systems in place to monitor the quality of the service. Complaints and comments from people were used to assess if they were happy with the service.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

Throughout the inspection, we found that staff treated people with respect and supported them in a friendly, engaging manner. People living at the home confirmed their privacy was respected. We saw staff knocking on people's bedroom and bathroom doors before entering, this maintained people's privacy.

Each person had their own bedroom and the majority of people had en-suite bathing facilities. We saw that people had personal belongings in their rooms, which reflected their tastes and interests and helped make their rooms more personal to them and homely.

There were systems in place to ensure that people received enough information to involve them in the decision whether to live in the home. People or their relatives had the opportunity to view the home prior to moving in, in order to sample what it would be like to live there. The home had a statement of purpose and residents information pack. This included information about the facilities and services provided at the home.

We saw that an assessment of people's needs took place prior to them living at the home so the home could be confident that they could meet the person's needs prior to going to live at 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 people were consulted and offered choices about the things they wanted to do. We saw that people were able to move freely around the home and socialise with others at the times that they wanted. Some people for example, preferred to stay in their rooms whilst others used lounge and dining areas for meals or activities.

People using the service and their relatives had opportunities to express their views about the service provided at the home. This included their involvement in service satisfaction surveys and care reviews. We looked at the care records for three people who lived at the home. We found that care plans were signed by the person or their representative ensuring their involvement in planning their own care. Not all people spoken with could

remember planning their care but we found evidence of consultation, wishes and preferences in records. Relatives of people living at the home confirmed they were involved in discussions about their care.

People's diversity, values and human rights were usually respected. People's preferences, cultural and religious needs were included in their care files. Meals provided at the home took account of people's cultural background. People told us about food choices and were satisfied with the quality. People were dressed in individual styles of dress to reflect their age, gender and weather and we saw that attention had been paid to their personal care. Arrangements were in place so that people could continue to practice their chosen religions whilst living at the home.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We spent time with people living at the home, observed how they were being supported and asked care staff about people's needs. During our visit, we spoke with seven people who lived at the home. They were all happy with the service they were receiving and how their needs were being met. One person told us, "The service we get is excellent."

We spoke with relatives of three people who lived at the home. They told us they were satisfied with the care provided. One relative told us, "I have nothing but praise for the home."

We looked at the care plans of three people. These contained details of how care needs were to be met and also assessed any risks in relation to nutrition, skin care and how people should be moved safely. We saw that records of visits by professionals recorded and included good detail so it was clear what follow up action had been taken. This means that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We looked at the care records for one person who had sore skin. We found that a care plan was in place so that staff knew what support the person needed. Records showed that the person had received skin care in line with their care plan. After our visit we spoke with a health care professional about the home's pressure care. They told us they had no concerns and that the nurses at the home were always very keen to seek out and act on advice.

We looked at some people's bedrooms and saw that some people had bedrails. We found that risk assessments were in place to ensure that the bedrails were only used where a need had been identified. We looked at the care file of one person who had epilepsy. A care plan was in place giving staff some information on how to respond should a seizure occur. The provider may find it useful to note that further information for staff about the usual type and duration of seizures and when they needed to call the emergency services should help to ensure that staff respond appropriately.

People had access to a range of health and social care professionals both within the community and those that visited the home. This included general practitioners, community nurses, a chiropodist and an optician. Records were kept of appointments or

contact with health and social care professionals.

Staff were able to tell us what people's care needs were. We saw good interactions between people living in the home and staff. Staff spoke kindly to people and were discreet when supporting people with their personal care needs. We saw staff assist people to move position using the hoist. We heard staff explain to people what they were doing. From observations it was evident that staff took their time when supporting people and did not hurry them.

People's nutritional and hydration needs were being met. Menus identified a variety of nutritious meals. Special diets were catered for, for reasons of health, religion and taste preferences. We observed the lunchtime meal being served and the atmosphere was relaxed with people being given time to eat their meals without being rushed. If people required assistance or prompting to eat their meals this was done in a sensitive manner. The tables had been attractively laid for lunch, and people had been provided with napkins, a choice of cold drinks and condiments.

The home employed dedicated members of staff to organise activities for people. People who lived at the home told us they were satisfied with the activities on offer. A relative told us, "There is always something going on when we visit. We have even joined in some of the activities."

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. We had no concerns about the care in the home raised with us and had received no allegations of abuse in the last year. We spoke with commissioners of the service who told us they were unaware of any concerns.

People told us that they felt safe living at the home. They told us that they felt confident that they could raise any concerns that they had, with any of the staff working there. Relatives of people living at the home told us they would feel able to raise any complaints directly with staff at the home.

We saw that safeguarding and whistle blowing policies were in place to guide staff on the actions to take for reporting abuse. We talked to staff about their understanding of safeguarding and their responsibility to report incidents. Staff told us about their training in safeguarding and through our discussion it was clear they knew their duty to report in a timely manner and their role in keeping people safe. Staff spoken with confirmed that if they had any concerns they would feel confident in raising them with the manager.

The Deprivation of Liberty Safeguards (DoLS) were only used when it was considered to be in the person's best interest. There were no DoLS in place for any person that lived in the home as no one's liberty was being restricted when we visited. We had previously been made aware that an application had been made to the local authority but that they had assessed the person was not being deprived of their liberty. The provider may find it useful to note that we had been sent a notification regarding the application being made. However, we were not sent a notification as required regarding the outcome.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

People who lived at the home and their relatives were all complimentary about the staff who worked at the home. One person told us, "They are all very nice."

We looked at the personnel files for three staff. Each member of staff had completed an application form and the date they started working in the service was on file. Interviews had been undertaken and references had been followed up. Documents proving the person's identity including a photograph were available. This process helped to ensure that staff had the skills to undertake the work.

Records showed that criminal record bureau checks (CRB) were obtained before staff started working in the home. We found that where checks had indicated staff had previously committed an offence, additional safeguards had been put in place. This helped to protect people from having unsuitable staff working with them. The provider may find it useful to note that written risk assessments should be available for staff to demonstrate that the Department of Health's guidelines have been fully considered regarding the portability of CRB checks. This will ensure there is a clear audit trail to underpin the risk assessment process.

We spoke with three members of staff that had been employed in the last year. They all confirmed when they first started in the home they were extra to the number of staff on the rota.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

On the day of our visit, there were enough qualified, skilled and experienced staff on duty to meet people's needs. People living at the home and their relatives were complimentary about the staff who supported them. One person told us, "All the staff are very nice."

We spoke with care staff during our visit. Staff told us that they were well trained and felt they had been provided with the appropriate training in order to do their job effectively. This included the provider's mandatory training on a variety of topics including health and safety, manual handling, first aid and fire. Dementia training was planned for soon after our visit. Staff told us they had an induction when they started working at the home and we saw induction information on staff files.

Staff told us they received regular refresher training on assisting people to move. We found that manual handling training for some staff was planned to take place soon after our visit. During our inspection we observed staff and saw they were using the correct techniques for manually handling and moving people.

We found that a training matrix was available to show the mandatory training attended by staff. This showed there was a programme of relevant training for staff that included refresher training.

Staff were able, from time to time, to obtain further relevant qualifications. We found that the majority of care staff who worked at the home had completed or were completing a national vocational qualification in care.

Records showed that staff meetings were held and that these were an opportunity for staff to discuss care practice issues and any improvements that were needed. Staff told us they felt supported in their roles and had regular supervision. One member of staff told us, "The support we get is absolutely brilliant."

Assessing and monitoring the quality of service provision ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

Systems were in place to seek the views of people who lived at the home. We found that regular meetings were being held with people and their relatives so that the home could accommodate their requests and preferences. Questionnaires were distributed regularly to people, relatives and care professional to seek their views. The results indicated that the home had performed well with the majority of people stating that they were satisfied with their care.

There was an appropriate complaints procedure and a record of individual complaints. Although there were not many complaints recorded these were investigated and appropriate action taken where necessary. One relative told us, "I did raise a small concern. I was very happy at how they dealt with it and it would not put us off raising another concern."

The home employed a member of staff dedicated to quality assurance. We found that a system of internal audits was in place that included care delivery, infection control, medication, meals, staffing, policies and procedures, accidents and incidents. We saw that any areas that required improvement were reported back to staff and action plans were developed. An annual report was produced covering the outcome of consultations with people and audits.

A recent environmental health visit had taken place and had identified that improvements were needed regarding food safety. We saw that an action plan had been put in place following a visit. It was clear what action had been taken to resolve issues and ensure standards were improved.

We sampled some of the health and safety arrangements that were in place. Regular checks were carried out on the hot water to make sure people were not at risk of scalding. There were appropriate maintenance checks on the fire alarm, fire extinguishers and emergency lighting. A fire risk assessment and fire procedures were in place. However, the provider may find it useful to note that information was not available about how each person would need to be assisted in an emergency.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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