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 2014

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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
Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✗ Action needed
Requirements relating to workers	✓ Met this standard
Complaints	✓ 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 2014, 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 reviewed information given to us by the provider. We talked with commissioners of services.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

When we visited 56 people were receiving care at the home. We spent time with people living at the home and observed how they were being supported. We spoke with nine people who lived at the home and with the relatives of four people. We also spoke to the registered manager and five members of the nursing and care staff.

Throughout the inspection, we found that staff treated people with respect and supported them in a friendly, engaging manner. People told us they were happy with the service they were receiving and how their needs were being met. One person told us, "I can't think of anywhere better to be. The staff are all very nice."

Care was planned and designed to meet the individual health and welfare needs of the people who used the service.

We found that people were not always protected from the risks associated with the unsafe use and management of medicines. . We found that internal audit processes had failed to identify that improvements were needed in respect of cold storage of some medicines and routine recordings of medication administration.

The provider had satisfactory recruitment procedures in place to ensure that people employed at the service were of good character and had the necessary skills to meet the needs of the people who used the service.

People told us they felt able to complain if they were not happy about their care, although the information provided to people using the service was incomplete.

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

What we have told the provider to do

We have asked the provider to send us a report by 06 March 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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 privacy, dignity and independence were respected. 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. People's relatives told us they were made welcome by staff and that at each staff would shut their relative's door for privacy. One relative told us, "I am impressed with staff's care, patience and they treat people individually. I can say, 90% of times they go an extra mile".

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 and homely to them.

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 resident's 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 them going to live at the home.

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, group meetings and care reviews.

People's diversity, values and human rights were respected. People's preferences, cultural and religious needs were included in their care files. Meals provided at the home took account of people's religious and cultural background. Arrangements were in place so that people could continue to practice their chosen religions whilst living at the home. People were dressed in individual styles of dress to reflect their age and gender.

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements

Reasons for our judgement

We looked at how people who used the service were supported to make informed choices about the care and support they received. We found that care plans included information about the things that were important to people. We spoke to people who used the service and they told us that care staff would always seek their permission before providing care. During our visit we observed staff seeking permission from people before they carried out any support. For example, at lunch time permission was sought from people before staff assisted them to wear an apron.

Some people and their relatives were not sure if they had seen their care plan. One person told us, "The home has my care plan but I haven't seen it. It didn't occur to me'. One relative told us they had been fully involved in the person's care plan and reviews. We viewed some of the care plans and found that people or their relatives were invited to sign to say that they had agreed to changes in their care plans. This meant that people were involved in the planning of their care and were able to express their opinions.

The provider may find it useful to note that review documents signed by people or their relatives were not always clear about which care plans or assessments had been discussed and agreed. We were told that mental capacity assessments and people's wishes on planning for the future if they became unwell were regularly reviewed. However, documents sampled did not always evidence that this was the case.

People who used the service were able to discuss the support they received at regular meetings, called 'Quality Circle.' These provided opportunities for people to raise any issues about their care and the things that they wanted to do. It also enabled staff to consult with people about things that were happening with the service. The meetings were formally documented so that staff could refer back to issues raised and plan care in agreement with the people who used the service.

The Deprivation of Liberty Safeguards (DOLS) were only used when it was considered to be in the person's best interest. We found for one person that an application had been made and granted under the DOLS legislation.

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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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 nine people who lived at the home. Overall, people told us they were all happy with the service they were receiving and how their needs were being met. One person told us, "I'm very happy here." Another person told us, "I can't think of anywhere better to be. The staff are all very nice." We spoke with relatives of four people who lived at the home. Overall, they told us they were satisfied with the care provided.

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. People we met looked well groomed and had been supported with their personal care. One person told us, "I can have a shower whenever I want one and staff help me to have a shave."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care plans contained essential information about a person's specific healthcare needs and showed that each person had regular health assessments. We saw that care plans were updated as people's individual conditions changed. A person who used the service told us, "If I'm poorly they phone the doctor quickly." This meant that care plans contained the appropriate information to support staff to meet people's individual care needs.

We saw that risks were identified and the appropriate plans put in place to prevent harm. We looked at the care records of three people who used the service and saw there were risk assessments for each person. Assessments included the risk of poor nutrition, pressure damage to skin, falls and the use of bed rails. Therefore the provider kept people safe from the risk of harm.

Special diets were catered for, dependant on people's health needs or 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. Records showed that

people's weight was regularly monitored and their body mass index calculated. However, during our visit we brought to the managers attention that this had not been calculated for a person who was new to the home. This meant that a full assessment of the nutritional support they required could not be made.

We saw that the provider supported people to attend appointments with other health professionals. We were informed that the GP visited the home every two weeks to review people's health care needs in addition to any urgent visits that were needed. We spoke with two health care professionals during our visit. Neither of them raised any concerns about the care people received. One health care professional told us, "Staff treat people really nicely, they are really good with them." Another health care professional told us, "Staff seem to know people's needs well."

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. Following our visit we spoke with a health professional about the pressure care provided at the home. They told us they did not have any concerns and that staff at the home followed their advice regarding pressure care.

We found that the home employed two members of staff to provide activities to people. We spoke with one member of staff who had good knowledge of people's individual skills and offered appropriate activities. During a gentle exercise session we observed that the activity worker was fully engaged with people. People told us that they enjoy the monthly cocktail party they had with different entertainments and drinks made available to them. The provider may find it useful to note that one relative commented, "The staff have too much paper work and don't have much time to sit with the residents which is very sad".

Management of medicines ✖ Action needed

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was not meeting this standard.

People were not always protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We spoke with the manager about medication training. They confirmed that qualified nurses administered people's medication and they had recently completed refresher training. This was confirmed by the two nurses spoken with during our visit.

Medicines were kept safely. All medicines were stored in locked trolleys and the trolley was stored in a clinical room when not in use. This ensured that unauthorised people could not access or take medicine that was not prescribed and which might harm them or others.

We found that some people were prescribed controlled medication. This was stored separately and stock held was logged in a register. Medication held was checked daily by nursing staff. We counted the controlled medication held for one person and found the stock matched their medication records. This indicated the controlled medication had been administered as prescribed.

Medicines requiring cold storage conditions were being kept in secure fridges. We found that the fridge temperature was not being monitored properly. The service was not able to show that the medicines being stored in these fridges were being stored within the correct temperature range. A failure to store medicines at the correct temperature could mean that they would not be effective to treat the conditions they were prescribed for.

We observed one nurse asking people if they were ready to take their medication and that time was spent talking with people while they took their medicines. We saw that drinks were offered to people when needed. This meant that the person was valued as an individual and that staff understood the importance of supporting people to take their medication. We saw that people's medication record contained a photograph of the person and any known allergies. This would help to ensure that the medication is given to the right person.

One person was given some pain relieving medication, however the nurse who administered this did not immediately sign the medication record. We found that this was

still the case more than an hour later. We spoke with another nurse who was on duty and they confirmed they had not been made aware this medication had been given. This put the person at risk of being further pain reliving medication and exceeding the safe dose.

We looked at the medication records for one person who needed staff to check their pulse before their medication was administered. Records showed this had usually been done but there had been some recent gaps in the records. We looked at the records for a second person who also needed their pulse to be checked and found that records showed staff were doing this.

We looked at the medication administration records for four people over a one week period. We saw that for one person their record had not been signed for one of their medications on one occasion. A count of the number of tablets in stock indicated this had not been given. We looked at the system in place for checking people were being given their medication as prescribed. We found that a recent audit of medication had been undertaken and this showed that for a number of people the medication held in stock for them did not correspond with the medication that had been recorded as administered. This showed that people had not been supported to take their medicines as prescribed. There was no evidence to show that any action had been taken in response to the audit to prevent further reoccurrences of people missing their medication..

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

We saw that the provider used a standard application form. All applicants were required to provide details of current and past employment, education and training qualifications, experience and references. The provider used this information to assess if applicants were competent to meet the care and welfare needs of the people who used the service. The provider used a selection of interview questions to see if applicants met the requirements of the job description. We saw that the manager kept records of what was discussed in the interview.

We looked at the records of four members of staff. We saw that the provider had approached their previous employers for references. Prior to working with people all staff employed by the provider had been checked with the Disclosure and Barring Service (formerly criminal records bureau) and had provided proof that they were legally entitled to work in the UK.

For nursing staff, information about their registration with professional bodies was checked to ensure it was up to date and that the member of staff had the right to practice.

We were told that the majority of staff had either achieved, or were undertaking a qualification in care. Staff training records evidenced that this was the case. This meant that people were usually supported by staff who had the skills and knowledge to meet their individual care needs.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

During our visit people living at the home confirmed they would feel able to raise a complaint if they needed to. One person told us, "I never had any problems here but I would tell them at the office. However nothing goes wrong here." A relative told us they thought staff were very approachable and gave an example of how staff had responded positively to a suggestion for improvement.

We found that there were systems in place to regularly seek the views of people living at the home. Records showed that the manager also met periodically with individuals to check if they knew how to complain or had any concerns to raise. During our visit the manager arranged for a poster to be put on display to inform people and their relatives of the inspection and that they had the opportunity to speak with us should they wish to.

We found that a log was kept of complaints received by the home. This showed that two complaints had been received since our last visit. We found the provider's responses acknowledged, where needed, any shortfall in the quality of service people had received and provided a summary of steps they were making to improve the service. For one of the complaints we sampled some of the actions that the provider had said they would put in place. We found these agreed actions had been undertaken.

A previous complaint had highlighted that the provider's complaint procedure needed improving. This included reviewing the information given to people about the next steps they could take if they remained dissatisfied with how their complaint had been dealt with. We found that the provider had taken some steps to improve the information given to people. However, the provider may find it useful to note that greater clarity was needed to explain the different options available to people, depending on who funded their care.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010** **Management of medicines** **How the regulation was not being met:** The registered person was not ensuring that medicines were stored at the correct temperature so that they work effectively to treat the conditions they were prescribed for. Medication records were not signed without delay to reduce the risk of people receiving an overdose of medication. Staff were not always undertaking the required health checks prior to administering a specific type of medication. There was a lack of evidence to show they that medication audits had resulted in actions to improve medication practice. Regulation 13

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 by 06 March 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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