

Jewish Care

Vi and John Rubens House

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Vi and John Rubens House provides accommodation and nursing care and can support up to 105 older people. The service is run by Jewish Care, a voluntary organisation. At the time of our inspection 82 people were living at the service

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

Infection control systems were in place to minimise the spread of infection. Call bell response times were satisfactory and management had oversight of response to call bells. Robust risk assessments were in place for people at risk of skin complications. Peoples had consented to receive care and treatment.

Quality assurance systems were in place to ensure people received person centred and safe care.

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

Rating at last inspection

The previous rating for this service was Good (published 23 January 2019).

Why we inspected

We undertook a targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about skin integrity risk assessments, call bells, infection control and prevention, staff supervisions, and consent. A decision was made for us to inspect and examine those risks.

We use targeted inspections to check potential concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection, we rated this key question Good. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Is the service well-led?

At our last inspection, we rated this key question Good. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Vi and John Rubens House

Detailed findings

Background to this inspection

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

This was a targeted inspection to check on potential concerns that was identified following a review of the service.

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

Registered Manager

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

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed the information we already held about the service. This included previous reports and notifications. A notification is information about important events, which the provider is required to tell us about by law. We used all of this information to plan our inspection.

During the inspection

We spoke with 6 people, 1 volunteer, the head of care service, registered manager, the deputy manager and 3 staff members. We reviewed 5 risk assessments for people at risk of skin complications, consent forms, call bell records and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

The purpose of this inspection was to check a concern we had about skin integrity risk assessments, call bells and infection control measures. We will assess the whole key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management

- Robust risk assessments were in place for people at risk of skin complications.
- Risk assessments included the risks associated with people's skins and measures to minimise the risk of skin complications.
- The service had sought input from external healthcare professionals and where appropriate, sought advice on actions for staff to take to mitigate risks. This helped to safely support people and reduce the risk of harm. Assessments provided clear instructions for staff to help minimise risks of skin complications.
- Where people had graded pressures sores, records showed GP and tissue viability nurses were involved and a wound care plan was in place if required.
- We case tracked the measures in place for people with skin complications, which involved pressure relief mattress and repositioning charts, which were in place.

Staffing

- We observed there was enough staff in place in each unit and staff responded to people's requests in a timely manner. A staff rota was in place for each unit and a dependency tool was used to calculate staffing levels contingent to people's needs. A person told us, "There is plenty of staff here to help."
- We checked call bells records, which showed staff were responding to calls in a timely manner. We tested the call bell with the management team in two units and found the response time was satisfactory.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. We have not changed the rating as we have not looked at all of the well-led key question at this inspection.

The purpose of this inspection was to check a concern we had about management oversight of staff supervision and consent to care. We will assess the whole key question at the next comprehensive inspection of the service.

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

- During this inspection we found systems were in place for quality assurance of the service. Audits had been carried out on care plans to ensure people received person-centred safe care. This included obtaining consent from people receiving care and support. Records showed this had been completed.
- The home had introduced a call bell audit, which monitored the response to call bells. This was analysed and action taken where required to ensure response was made in a timely manner. Call bells were also checked as part of the registered managers daily walk around of the home.
- A supervision matrix was in place, which showed supervisions were not being completed regularly in 2022 due to record keeping. However, the 2023 matrix showed that staff were receiving regular supervisions due to greater monitoring by the management team to ensure supervisions were recorded by care managers for each unit.
- People told us they enjoyed living at the home. A person told us, "I like it here, yes. Another person commented, "I am very happy here." A volunteer of the home told us, "People are well looked after here."