Jewish Care

Otto Schiff

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 6 July 2016 and was unannounced. We last inspected the home on 31 January 2014 when we found the provider was meeting all the areas that we looked at.

Otto Schiff is a care home registered to provide accommodation, nursing and personal care for up to 54 older people including people with dementia. The home is operated and run by Jewish Care, a voluntary organisation. At the time of our inspection, 52 people were living in the home.

The home has 54 bedrooms with ensuite facilities split into five units across three floors. Each floor has assisted bathrooms, open plan dining and lounge areas. The ground floor has a large activity room that is used for multiple purposes. The two floors are accessible via two lifts and there is an accessible garden. On the campus where the home is situated there was access to a shop, café and library.

The home had a registered manager who has been registered with the Care Quality Commission since 19 October 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using the service told us they felt safe at the service. The service had robust safeguarding policies and procedures. Staff were able to explain their role when raising safeguarding alerts and concerns relating to abuse. The service had systems to identify and manage risks. Risk assessments were detailed and individualised, and care records were maintained efficiently.

The service was clean and had effective measures to prevent and control infection. The service kept accurate records of medicines administered by staff. There were effective systems for medicines collection. Care plans and risk assessments supported the safe handling of people's medicines.

The service followed safe recruitment practices. Staff files had records of application forms, interview notes, criminal record checks and reference checks. Staff told us they were supported well and we saw records of staff supervision. Staff told us they attended induction training and additional training, and records confirmed this.

The registered manager told us there were sufficient numbers of staff employed to ensure that people's individual needs were met. However some people and staff told us there were not enough staff at all times to meet people's needs.

There was choice of food at meal times, and staff supported people to eat when this was needed. People using the service and their relatives told us they found staff kind and caring. People told us staff listened to them and their individual health and care needs were met.

The service operated within the legal framework of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff asked people their consent before supporting them. There were appropriate referrals for DoLS authorisation for people who were unable to consent to care to ensure their rights were protected.

The service was reviewing people's care plans. The care plans were personalised and people's life histories, individual needs and likes and dislikes were recorded. People and their relatives were involved in planning their care. People and their relatives were asked about their views at residents' and relatives' meetings. People were supported to carry out activities in and outside of the service. People and their relatives told us they were asked for their feedback and their complaints were acted upon promptly.

The service had systems and processes in place to assess, monitor and improve the quality and safety of service provided. There was evidence of regular monitoring checks of various aspects of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was not always safe. People using the service and staff told us there were times when they struggled with staffing numbers.

People using the service told us they felt safe. Staff were able to identify abuse and knew the correct procedures to follow if they suspected any abuse or poor care.

The service had detailed risk assessments in place and were reviewed regularly.

The service kept accurate records of care delivery, medicines administered and accidents or incidents. People received medicines on time from staff who were appropriately trained.

Is the service effective?

Good

The service was effective. Staff received appropriate induction and additional training to meet people's individual needs. Staff told us they received regular supervision and felt very well supported.

The service liaised with relevant agencies to request mental capacity assessments and complied with deprivation of liberty safeguards.

Staff understood people's right to make choices about their care. People told us staff gave them choices and asked permission before supporting them.

People's nutritional and hydration needs were being met.

People were referred to the GP and other health and care professionals as required.

Is the service caring?

Good

The service was caring. People and their relatives found staff caring and friendly. They told us staff treated them with dignity and respect.

People told us staff understood them well. The service identified people's wishes, likes, dislikes, religious, spiritual and cultural needs.

People told us they were involved in planning and making decisions about their care. They said staff listened to them.

People's end of life care wishes were discussed and documented.

Is the service responsive?

Good

The service was responsive.

A selection of individual and group activities were available for people including trips out of the home. A team of volunteers helped out with activities sessions. However, people told us there were not enough activities especially over the weekend.

People's care plans were detailed and personalised and were being reviewed. Staff understood people's needs.

Complaints policy and procedures were followed and logs maintained. People and their relatives were encouraged to raise concerns and complaints.

Is the service well-led?

Good

The service was well-led.

People and their relatives told us they found the manager friendly and approachable. They told us the service was well managed.

The service had systems in place to assess and monitor quality of the service.

Otto Schiff

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 July 2016 and was unannounced. The inspection was carried out by one adult social care inspector, an inspection manager, one specialist advisor, who was a nurse with professional experience of working with older people and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection, we reviewed information we held about the service, including previous reports and notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law. We looked at the information sent to us by the provider in the Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We liaised with three health and social care professionals and local authority commissioners about their views of the quality of care in the home.

During the inspection we spoke with six people using the service, and two relatives of people using the service. We spoke with the registered manager, the service manager, the arts disability and dementia team manager, the care manager, two team leaders, three care staff, the head of hospitality, one cook, one member of domestic staff and two volunteers.

We observed care in communal areas across the home, including medicines administration, three mealtimes and activities. Some people could not inform us on their thoughts about the quality of the care at the home. This was because they could not always communicate with us verbally and we could not understand how they communicated. Because of this we spent time observing interactions between people and the staff who were supporting them. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We wanted to check that the way staff interacted with people had a positive effect on their physical and

emotional well-being.

We looked at six people's care plans, daily records and risk assessments. We looked at five staff personnel files including their recruitment, training and supervision records and last two month's staff rosters. We also reviewed the service's statement of purpose, selected policies and procedures, accidents / incidents and complaints records, staff team meeting minutes, residents' and relatives' meeting notes, activities schedule, quality assurance meeting's notes, quality audits and monitoring checks and medicines administration charts for people using the service. We also reviewed the documents that were provided by the registered manager (on our request) after the inspection. These documents included additional policies and procedures, group supervision chart, accident records, and housekeeping audits.

Good

Is the service safe?

Our findings

People using the service and their relatives told us that they felt safe at the service. One person told us, "The concentration of staff to keep me safe is quite remarkable." One relative said, "Yes, they have been safe."

Staff told us they had received training in safeguarding adults. Staff gave examples of types and signs of abuse. They explained they would report any concerns to the registered manager and if they were not available then they would report it to the care manager. We saw accidents and incidents records that confirmed they were reported appropriately. The service maintained effective operations to prevent abuse of people using the service.

We looked at the safeguarding logs and there were clear and extensive records on the safeguarding cases. The registered manager was able to explain the measures they had implemented to avoid similar situations.

Staff we spoke with told us they had received training in whistleblowing and they would feel comfortable to follow the procedure if required. The registered manager told us staff were encouraged to raise concerns, contact details of various agencies were provided to staff should they wish to contact them.

The service maintained clear and accurate accidents and incidents records in people's individual care plans. The accidents and incidents records clearly stated action points to prevent incidents from reoccurring. The registered manager told us they discussed incidents that had occurred with their staff team in the staff meetings and handover meetings. We saw staff meeting minutes and evidenced discussion and learning points from accidents and incidents. For example, a staff member had forgotten to document details of an incident and to inform the person's family member of the incident. The lack of communication had caused concerns with the family. The registered manager called a staff meeting to remind staff of the importance of communication with people's relatives and record keeping. Since the staff meeting, similar incidents had not been noted.

Individual risk assessments and measures to reduce identified risks were developed for people using the service including those on respite breaks. The risk assessments were person-centred to meet people's individual health and care needs. Risk assessments were for areas such as food and nutrition, falls, medicines, premises, accessing hoist and pressure ulcers. The service worked with healthcare professionals in drawing up specific risk assessments such as speech and language therapist. We saw repositioning and turning charts for people who had severe restricted mobility, and these were completed accurately. There were detailed and personalised emergency fire evacuation plans. The risk assessments were reviewed regularly and if there were any changes in people's needs. Some of the people using the service had private paid companions who supported them with various activities and meal times. The service had a clear companion's agreement and procedure to ensure safe delivery of care.

The service had five units and the staffing numbers were allocated as per people's level of needs. Hence, the staffing numbers were different across units. The ground floor unit had two care staff, two units on first floor

and one unit on second floor had one team leader and two care staff. The Rela unit on the second floor had one team leader and three care staff. The service had recently allocated a floating staff member to two units on the second floor. In addition to this the registered manager and the team leader were available during the day for support. At night there were two care staff on three units, one care staff on the ground floor unit and three care staff on the Rela unit on the second floor.

The registered manager told us volunteers and the social care coordinator helped staff with assisting people during lunch time. We were told if volunteers were not available then the registered manager and the care manager would help out.

The registered manager told us they used the provider's risk dependency assessment tool to determine staffing ratios. The registered manager told us they managed staff emergencies and absences with bank staff that were specifically recruited for that purpose. The registered manager told us when the bank staff were not available they had used agency staff from a few care agencies they were registered with. They told us the provider's business manager had carried out risk analysis of the care agencies before registering with them to ensure the safety of the people using their services. In order to meet service's staffing need and not to rely on agency staff, the service also had recently three staff seconded from the provider's other care homes. The registered manager told us the secondment was working well. On the day of inspection, we met with one care manager who was on secondment.

People using the service told us there was a shortage of staff. Their comments included, "There should be more staff, they work very hard," "Sometimes they are short staffed, but usually there are enough," and "All the staff are very helpful, but they could do with more staff." Staff told us occasionally the staffing numbers on duty struggled to get through the demands of the day. The registered manager told us they were in the process of appointing newly recruited care staff.

The registered manager told us they carried out spot checks to monitor call bell response at different times of the day including early mornings and late evenings. However they did not always keep records of those spot checks. On the day of the inspection, we noticed people's call bells were answered promptly.

We looked at staff personnel files and saw that the recruitment procedure was adhered to. For example, potential staff submitted application forms, an interview took place, references were requested and received, and proof of identity and Disclosure and Barring Service (DBS) checks was received before employment.

The clinical room was well managed and controlled drugs were carefully stored. Other drug storage cupboards did not have locks but a recent internal medicines audit had identified this and new locks were ordered. The medicines dispensing trolley was appropriately locked to the wall when not in use. We saw that when the medicine dispensing trolley was in use it was either supervised by a member of care staff or a team leader or under lock and key. We saw the medicines cupboard temperature record sheet showed the temperature was maintained at the recommended level. Only trained staff and team leaders administered medicines. People were encouraged and supported to self-administer medicines wherever possible.

We looked at medicines administration record (MAR) charts; they were accurately maintained and easy to follow. All the MAR charts had residents' ID photos with their allergies clearly at the front of the files. Staff were able to explain how they maintained these. All the medicines were delivered by one pharmacy in blister packs. The pharmacy would collect any spare medicines.

The last few medicines audits had been carried out by a clinical lead from another of the provider's care

homes. However the new care manager and the registered manager would carry out monthly medicines audit. The clinical lead from the provider's other care home would carry out medicines audit as spot checks. The unit lead would continue to review medicines on a weekly basis. Any errors would be picked up on a weekly basis and reported to the care manager. It would then be investigated by the care manager and the registered manager. If an error was confirmed then they would seek help from the pharmacy and the doctor alongside reporting to all concerned professionals. The registered manager also told us following any medicines errors they ensured staff were given refresher training for medicines administration. There were plans to train all staff member to administer medicines. The registered manager told us this was to ensure the service had sufficient numbers of trained and competent staff to administer medicines in absence of team leaders and senior staff. Staff following the training would be expected to undergo competency assessment test before they would be signed off to administer medicines on their own.

The service was clean and there was no mal-odour observed. Staff used protective clothing such as disposable aprons and gloves when they supported people with personal care. The service had systems in place to manage people's laundry requirements and employed domestic staff to undertake the washing of laundry for people.

We looked at health and safety checks, housekeeping audits, infection control records, water tests and maintenance and equipment testing records. They were all up-to-date.

Good

Is the service effective?

Our findings

People using the service and their relatives told us staff understood their health and care needs and were able to provide the right support. Their comments included, "The staff are very patient and good at what they do," and "They are well trained in here."

Staff understood people's right to make choices about their care. People told us staff gave them choices and asked permission before supporting them. One person said, "They do communicate with me about my care and yes, they do ask before doing things."

New staff were required to complete eight days induction course that was signed off by the registered manager. Induction included areas such as promoting meaningful lives, safeguarding, Jewish way of life, privacy and dignity, dementia, person-centred care and moving and handling, fluids and nutrition. One newly recruited member of staff said they found induction very interesting. Staff gave examples of the training they had completed such as challenging behaviour, capacity and best interest assessments and fire safety. Staff told us they found training comprehensive and had helped them in carrying out their responsibilities. We looked at training records and certificates in staff files. These confirmed the variety of training offered to the staff team.

The service received regular support from the provider's Arts, Disability and Dementia team. The manager of this team worked closely with the registered manager to offer support to staff training in dementia and activities and communication.

Staff told us they were very well supported by the registered manager. We looked at supervision and appraisal records and noticed some gaps. The registered manager told us they were behind on one-to-one supervisions and appraisals against their policy. However staff received regular group supervisions. We looked at the group supervision and one-to-one supervision matrix. This confirmed staff were receiving appropriate support to enable them to do their job effectively. The registered manager told us they arranged both planned and responsive supervisions to ensure staff were fully supported.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The service had signed consent forms for people using the service. There were clear records in the care plans on people's ability and capacity to make decisions and how staff should support people to make decisions. People's care plans stated who could make legal decisions on people's behalf should they lack capacity to make a decision regarding their care.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw DoLS authorisation from the local authority in place. The services manager arranged on-the-job training workshops on MCA and DoLS. Staff we spoke with were able to demonstrate their understanding of MCA and DoLS and how they got people's consent when offering to support them.

People using the service and their relatives told us that they were happy with the food and they were given choices. Their comments included, "There is enough variety and choice of food and snacks." "The food is marvellous and portions are big enough." One relative said, "I asked if they could have an omelette and they were given one when they did not like the menu." However one person said, "I am not sure about the food." and another person said, "I don't like the food here, I like spicy food"

The service operated a catering system for Jewish dietary law and a four week menu rotation with added detail of potential allergens. Meals were served both in the dining areas and in people's bedrooms as per people's choice. We saw people were given choice of cereals, toast and cooked breakfast. Lunch was well presented and consisted of three courses. There were menus on the table. The food menus included a choice of starter, two mains plus one alternative option and desserts with water and juices. Food was transported from the main kitchen in hot trolleys and served by kitchen assistants. The temperature had been measured at the kitchen stage and again at the dining serving areas. There were facilities to keep food warm in the units in heated cabinets. Crockery and cutlery were coded to assist in the observance of the service's dietary specifications. People told us their specific needs around food and drinks were met, such as people on soft food diet and percutaneous endoscopic gastrostomy (PEG) (directly into their stomach). On the day of inspection, we saw hot drinks and biscuits were delivered to all in the morning and in the afternoon. Fresh fruit and juices were available on all the units throughout the day.

Food and fluid charts were maintained for people using the service to monitor the amount of food or drink they consumed. Where necessary we saw that people had been referred to the dietitian or speech and language therapist if they were having difficulties with swallowing. The service maintained appropriate systems for people who received food via PEG tube. The service weighed all the people on a monthly basis. We saw weight management records, people's weights were stable. We saw diet management plans for people on specific diet including a diabetes management plan. Staff were able to describe the way they supported and encouraged people to maintain a healthy lifestyle and balanced diet. Staff were able to explain risks associated with diabetes such as hypo and hyperglycaemia.

People told us their health and care needs were met by the service. People and their relatives told us staff and management were efficient in maintaining contacts and liaison with health and social care professionals. One person said, "If I was unwell, they would get the doctor in. Recently, I had a visit from the chiropodist." Another person said, "The GP visits me on a regular basis." We saw records of professionals' visits. The records included outcomes and advice from professionals' interventions. Records had information on doctors, chiropodists, dentists, incontinence advisors, tissue viability nurse, district nurse and dietitians.

The service was well maintained and purpose built with wide corridors to allow good wheelchair access. There were open plan spacious lounge and dining areas on all the three floors and an accessible garden. People's bedrooms had ensuite facilities. There were recreational and faith facilities, including ground floor lounge room that was used as Synagogue at weekends. The service had access to a shop, café and library on the campus they shared with some of the provider's other services.

Good

Is the service caring?

Our findings

People using the service and their relatives told us they found the service caring and staff friendly and kind. They told us staff treated them with respect, dignity and compassion. Their comments included, "The staff are quite kind to me," and "They staff work hard, they know how to treat people well." Relatives' comments included, "The staff are caring, concerned and respectful." and "The staff here are kind."

During the inspection, we observed staff and the registered manager interacting positively with people. Staff were patient with people and listened to their requests attentively. We observed people enjoying talking to staff and a friendly banter between them. There was a happy atmosphere in the home, with people involved with various activities in groups and individually. People were chatting with staff, relatives and other people using the service. Some were listening to music, some were reading and some were watching television. During meal time, we observed a person who had lunch in their bedroom due to their severe physical disability being supported by staff in a very caring, kind and personable manner. We noticed the person appreciated staff's caring approach and their communication skills.

The service introduced a list of terms and phrases called "Language at work" to promote sensitivity and dignity in care by encouraging staff to use language that emphasised the person and not their disability. We heard some staff use the phrases from the list such as "assisting someone to eat" instead of "feeding", and "stays in bed" instead of "bedridden".

People and their relatives told us they found staff friendly and approachable. People and their relatives told us the staff team treated them with respect and dignity. Staff were able to describe the importance of preserving people's dignity when providing care to people. Staff told us they knocked on people's doors before entering, closed bathroom and bedroom doors when supporting people with personal care to maintain their privacy. One person told us, "The staff does treat me with respect." One relative told us, "They do look after them with respect."

People told us they were involved in planning and making decisions about their care. People's relatives told us they were invited to attend care reviews. People's comments included, "My care plan is reviewed from time to time." And "yes, they did a care plan with me." One relative said, "Yes, they do involve me in their care."

Staff encouraged people to voice their wishes and preferences. Staff recognised people's individual needs in regards to race, sexual orientation, gender and religion. The service had weekly visits from a rabbi who offered emotional support. Friday night Shabbat services were held each week and all Jewish festivals were celebrated.

The service had a team of volunteers that helped out at Friday afternoon events in the lead up to Shabbat service and all Jewish festivals.

People had been supported to voice their wishes about their end of life care and these had been recorded in

their care plans. The service involved professionals from the local hospice around people's end of life care wishes and that it was in accordance with Jewish practice. Their wishes were revisited when the care plans were reviewed to ensure people were given choice to change their wishes. Care plans provided personalised information regarding the support people required and their wishes for their funeral arrangements.

We noticed some bedroom doors had people's photos. Staff told us some people chose to have their names and photos on their bedroom doors and some didn't and their choices were respected. People were encouraged to be as independent as they were able to be. One person told us they were free to move around as they wished and even go out with an escort. One person we spoke told us they still volunteered in the community and were supported in maintaining that independence.

Photographs of people living at the home involved in activities were displayed on all the units. Some people preferred to display their photos and of their family members in a display cabinet outside their bedroom. We saw people's bedrooms had been personalised with their personal belongings providing a homely environment.

Staff were able to demonstrate the importance of maintaining confidentiality and not sharing people's sensitive information with other people. We saw people's personal information was stored securely.

Good

Is the service responsive?

Our findings

People using the service told us they were happy living at the home. They told us staff were responsive to their individual needs and understood the importance of person-centred care. One person said, "My actual needs are definitely catered for." People told us their gender care preference was respected. The service had a separate women's unit for religious observant ladies. People and their relatives told us there were no restrictions to visiting times and those visiting were made to feel very welcome.

The registered manager assessed people's needs in-depth before they moved to the home and began receiving support. People and their relatives were also invited to look at the bedrooms and other facilities offered in the service before confirming their move. On the day of inspection, we observed the registered manager discussing arrangements for a person's move with their family who had wished to look at the service and the bedroom. We also noticed the registered manager offered a choice of bedrooms to the family.

People's care plans were drawn up by the registered manager once the initial assessment was carried out. The service was in the process of reviewing people's care plans. The care plans that had been reviewed were well organised, easy to follow and person-centred. The care plans outlined people's needs, abilities and how their needs were to be met. The care plans were detailed and included people's personal information, family, life history, eating and drinking, cultural and religious needs and health related information and correspondence. The care plans also included people's hobbies and activities preference sheet and their monthly review and evaluation sheet to monitor how well people were engaging in activities.

The registered manager conducted a weekly senior staff meeting to give them most current information on people's health and care needs which enabled them to deliver efficient care. People told us they were included in their review meetings, and were supported and encouraged to express their views and wishes regarding their care. People's relatives told us they were invited to participate in the care reviews.

We saw people's bedrooms, they were personalised as per their wishes. Some people's bedrooms had their personal belongings in the rooms for example books, photos. Some people preferred not to have many items in their bedrooms.

The service was planning a cruise holiday for people using the service and a consultation was conducted with people and their relatives to finalise the arrangements. The service provided a hairdressing facility in the salon room on the ground floor. The service had a social care coordinator who organised weekly activities. They involved people in finalising weekly activities. The service also received regular support from the provider's Arts, Disability and Dementia team. The manager of this team worked closely with the social care coordinator and the care manager to promote a range of vibrant activities including 'Music for brain'. The service had a team of volunteers that helped with facilitating group and one-to-one activities. The schedule of activities that were offered included activities such as music, puzzles and card games and baking and decorating.

On the day of inspection, the morning activity included 'Yiddish' class. We saw people were personally invited and assisted to attend the session. In the afternoon, there were two group sessions, 'Music for brain' and baking and decorating. We observed 'Music for brain' session, this session was attended by seven people using the service and supported by family members and volunteers. We saw photos of people attending baking and decorating session in the café on the campus. The service manager told us people using the service from provider's other services also attended some of the activities which encouraged and promoted community feel at the service.

People using the service's comments included, "There is always someone coming in to entertain." and "The programme of activities is very good." One relative said, "There is plenty going on for them to choose, both here and in the day centre." One volunteer said, "I really enjoy chatting to everyone and just doing little things for the people using the service makes it worthwhile. I really get something out of it." However some people felt there could be more activities. One person said, "There could be more entertainment." and "There could be more at weekends."

The registered manager told us they held stakeholders' meetings every two to three months where people and their relatives were encouraged to say how they felt about the service, if they had any concerns or specific wishes. One relative said, "They do have meetings for residents and relatives." We saw that notes of residents' meetings, demonstrated that people's views, comments and concerns had been discussed. The minutes of one meeting stated that people had enjoyed creative art projects and requested workshops on print making.

People were actively encouraged to raise their concerns or complaints. People told us they knew how to make a complaint and felt comfortable to do so if required.

The provider's complaints procedure was easily accessible. The registered manager maintained a complaints log book at the reception, where people and their relatives were encouraged to write their concerns and complaints. The provider's policy detailed guidance on how to complain and specific timescales within which people should expect to receive a response. There were clear processes in place to effectively respond to complaints. We saw complaints logs and they were efficiently maintained.

People and their relatives felt comfortable raising concerns and complaints. One person using the service told us, "No, I have not needed to grumble about anything, but I would if I wasn't happy." One relative said, "I have no complaints and I feel welcome here."

Good

Is the service well-led?

Our findings

The service had a registered manager in post. They demonstrated a good understanding and had experience in working with the people the service provided care for.

People using the service and their relatives told us they were able to speak to the registered manager and that they were easily reachable. They told us that if the registered manager was not there they could speak to the deputy manager. People and their relatives comments included, "The registered manager is fantastic and has a great sense of purpose and is very hands on," "The registered manager is very kind and nice and comes round a lot," and "The registered manager is a very nice person and I could go to her with a problem"

People and their relatives told us they were happy with the service and staff. One relative said, "This home is managed well and on the whole, we are very pleased with the home." One person said, "I have been relaxed and very happy here." One volunteer told us, "The staff are incredibly professional and I love helping out." People told us the staff were always available and willing to help. On the day of inspection, we saw the registered manager interacting with people using the service, their relatives and staff in a positive manner. We saw them assisting people using the service during lunch time in a compassionate manner, listening to and addressing relatives' requests attentively, and supporting staff with their queries with patience.

Staff told us the registered manager involved and consulted them on matters related to the people using the service and improvement of the service. One staff member said, "The registered manager is very approachable." There was effective communication with staff; various communication methods included monthly staff meetings, weekly senior care staff meetings and three times a day staff handover meetings. Staff told us at the meetings the registered manager informed them on the various matters affecting the service and their role. We saw staff team meeting minutes; they included discussions on matters such as staffing numbers, people's health and care updates. We observed afternoon handover meeting, at this meeting staff were invited to feedback on progress of the care they had provided in the morning including diets and activities outcomes.

People using the service told us the registered manager asked them about their views on care delivery on a regular basis. The registered manager told us they spent time with the people to seek their views on staff and the care delivery. People's views were then discussed with staff in the staff meetings.

The service maintained robust systems to audit and monitor, safety and quality of the service. There were clear records of audits and night spot checks to monitor the quality of the service including monthly health and safety checks, care plan and risk assessments audits. However, the registered manager did not always maintain written records of their spot checks. The audits demonstrated areas recorded that needed improvement and the actions taken to resolve the situation.

People and their relatives told us they were asked for informal feedback on a regular basis and formal feedback via questionnaires once a year. We saw 'your care rating' for the year 2015 residents' survey results. The analysis showed people were happy with the care they were receiving, they were happy with staff's

support and with the accommodation. We saw relatives survey for 2016, although was overall positive, it scored low in "cleanliness of the home, refreshments and food and Jewish atmosphere." The registered manager had discussed these points and addressed them via their stakeholders' meeting.

The registered manager told us there were plans to construct a sensory garden and sensory room in the service. The service manager provided a comprehensive improvement plan for the service for September 2015 – September 2016. The improvement plan highlighted areas such as training, staffing, care plans, companions, supervision, medication, collaborative multi-agency working and communication. We noticed the areas that had already been improved and objectives achieved such as a companions policy and collaborative working meetings including district nurses. The registered manager recognised the need to work collaboratively with district nurses to understand and meet people's individualise health and care needs.

The registered manager worked with the provider's departments, attended provider's registered managers' forum, independent audit organisations and local authorities for continuous improvement. We spoke with four health and social care professionals and commissioners, and they confirmed their input with the service.