

Jewish Care

# Anita Dorfman House

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Anita Dorfman House (ADH) is a nursing home providing accommodation and nursing care for older people some of whom live with dementia. The service is registered to provide care and support for up to 80 people. At the time of our inspection there were 80 people using the service. Care and support is accommodated on three floors, each of which has separate facilities. People who used the service come mainly from Jewish background.

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

We found that the management of medicines required some attention. For example, recorded stock levels for some medicines prescribed when required (PRN) did not reflect actual stock levels. Guidance provided to administer PRN medicines did not contain the signature from the GP to agree the correct guidance was followed and medicines were not stored in accordance with manufacturers recommendations.

There was a friendly, calm and welcoming atmosphere at Anita Dorfman House. Staff knew people and their health care needs well. Potential risks to people's health and welfare had been assessed and regularly reviewed. People told us they felt safe living at Anita Dorfman House and told us the staff supported and cared for them well. Staff spoke knowledgably about the system for reporting any potential signs of abuse. The service had an ongoing programme of staff recruitment. At the time of the inspection the service had adequate levels of staff to ensure people were cared for safely. The service was compliant with guidance and safe processes relating to COVID-19. Infection control procedures were managed well within the service and staff had received training.

Staff told us they enjoyed working at the home and felt well supported. Staff received appropriate training and completed regular supervision sessions. People told us they enjoyed their meals, one person told us, "The food here is of good standard, I can choose what I want and there is plenty of it available, you won't go hungry." People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were cared for safely whilst maintaining and promoting their independence and wellbeing. People told us they enjoyed living at Anita Dorfman House, that staff were kind, caring and patient. One person said, "All carers and the nurses are wonderful, I'm happy here." Staff supported people with dignity and respect and spoke knowledgably about ensuring people maintained their independence.

People received person centred care which suited their individual health needs and reflected their wishes and choices. There was an activities member of staff who provided people with a range of activities to keep them active and involved if they wished. Some people told us they preferred not to take part and their wishes were respected. Staff supported people to communicate in ways they preferred. People were included and involved in decisions about their care, support and day to day lives. The provider had a clear

complaints policy and information explaining how to complain was on display. People knew how to complain and felt they would be listened to, although they told us they had not yet had to complain.

Overall, with the exception of the concerns we found about safe medicines procedures, there was an effective governance system in place. There were a variety of action plans, audits, policies, spot checks, systems and procedures to monitor the quality and safety of the service. These ensured a culture of continuous improvement and learning took place and highlighted any potential shortfalls to improve the safety and quality of care people received. People, relatives and staff felt the service was well led. Staff spoke positively regarding the registered manager and management team and were committed and motivated to delivering quality person-centred care to people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating –

This service was registered with us on 2 May 2019 and this is the first inspection.

Why we inspected

We undertook this inspection because the service was unrated and had not been inspected since being registered with the Care Quality Commission (CQC).

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.

Recommendation

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have made a recommendation in regard to the quality assurance monitoring system of medicines.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement ●

# Anita Dorfman House

## Detailed findings

### Background to this inspection

#### The 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.

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 three inspectors and an 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.

#### Service and service type

Anita Dorfman House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Anita Dorfman House is a care home with nursing care. 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

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last 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 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 used this information to plan this inspection.

### During the inspection

We spoke with 10 people who used the service and three relatives about their experience of the care provided. We spoke with the registered manager and 11 staff including registered nurses and care staff. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at six staff files in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management and running of the service, including incidents and accidents, audits, building maintenance and fire safety. 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.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Whilst people received their medicines safely and on time we identified concerns with the stock levels of medicines and medicines not always being stored in line with their manufacturers guidance. We have further reported on these concerns within the 'Well-Led section.'
- People's care plans detailed how people preferred to take their medicines and guidance was available for staff to ensure medicines was administered to each person appropriately.
- All staff were trained in medicines administration and their competency had been assessed. Staff we spoke with were aware of and demonstrated they understood the procedures in place.
- Medicine Administration Records (MAR) noted all medicines were administered correctly and medicine count records accurately recorded the total of each medicine in stock, with the exception of stock levels for PRN medicines as discussed within the Well-led domain.
- Some people were administered controlled drugs and we found that the service followed the correct procedure for recording, storing and administering such medicines.

### Systems and processes to safeguard people from the risk of abuse

- There were effective processes and systems to identify and respond to concerns of abuse or neglect. The service had been notifying the local authority and CQC of any concerns raised about potential abuse or neglect.
- Staff understood the various forms of abuse and how to recognise these and raise concerns to protect people from harm. One member of staff told us, "It is a great team here, I have never seen anything which raised concern, but if I would, I would report it to the team leader or the manager. I can also contact the CQC or the local authority if I believe nothing had been done about the concern I have raised."
- People told us they felt very safe. One person told us, "I am lucky to be here, I am completely safe, and staff know what they are doing. We saw friendly and relaxed interactions between people and staff throughout our visits. People's relatives had no concerns about their safety and were confident staff were protecting them from harm and abuse."

### Assessing risk, safety monitoring and management

- People's risks had been assessed and were being monitored with them, their representatives and relatives where appropriate. We saw that risks, plans and mitigations were regularly reviewed and updated by managers.
- People's relatives had confidence in the assessment processes carried out to meet people's needs and support them to settle into their stay. Relatives gave us positive examples of how they were involved in contributing information about people's risks, comforts and reducing their stress of moving in. One relative told us, "I am fully involved and kept up to date about any issues in relation to my relative. We had

conversations about my relative using a walking aid, so they are protected from having a fall."

- Staff knew people well and shared updates about people's support needs at shift handovers. These indicated when care staff needed to revisit care and risk plans following changes in needs, risks or due to new health advice. Key risk factors such as diabetes management, food and fluid and pressure care monitoring and observations were recorded.
- Building safety and environmental checks and services schedules were up to date. There were systems in place to monitor and building safety checks when required.

#### Staffing and recruitment

- There were a sufficient number of staff on duty to meet people's needs. One person told us, "There are always enough staff around, they [staff] seem to read my mind. When I sit down for breakfast, they get me my drink and breakfast immediately. You see it is like living in five-star hotel."
- We observed people being supported through the day in an unrushed and attentive way. Relatives we spoke with felt people received the care they needed, when they needed it.
- Safe recruitment processes were being followed. Appropriate checks were made including references being sought and Disclosure and Barring Service (DBS) checks carried out. These checks provide details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### 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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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

- We had received information that the provider was not following current government guidelines for people visiting the home. We discussed this with the registered manager and were provided with an updated visiting guidance which had been sent to all people who used the service and relatives. The new guidance was found to be in line with current government visiting guidance.
- Visitors were supported to follow safe infection prevention and control practices at reception when welcomed into the home.

#### Learning lessons when things go wrong

- Incidents and accidents were recorded and analysed to understand how events happened and how they could be prevented.
- Learning from incidents was shared with the staff team in group or individual meetings. Changes and improvements to processes was communicated with staff when necessary. Staff told us they were updated about changes at shift handover and via unit meetings.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People said they were well cared for. One person told us, "The staff are very nice here. They look after me really well." Relatives praised the care their family members received from staff. One relative told us, "As a relative we have regular meetings, at least once a month with staff. We have in the past asked for additional meetings which always been accommodated."
- The registered manager assessed each person before providing care to ensure they could meet people's needs and preferences. One relative told us the registered manager, "Did ask me about [my family member's] needs and [interests]." The registered manager used this information to develop each person's care plan.
- Care plans contained information about people's diverse needs and included any preferences in relation to culture, religion and diet.
- The registered manager had accessed best practice guidance to support them with care delivery.
- Staff used technology to help them support people. For example, sensor mats to alert staff to some people's movements where they were at risk of falls.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in manual handling, good pressure care, diabetes and training around supporting and understanding Jewish culture.
- Staff told us they received a high level of training. One staff member said, "The training I have received was very good and comprehensive and helped me to understand residents better and how to support them well." Another staff member said, "A lot of training, it is very good and helped me to become better in my job."
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. One staff member said, "We have regular supervisions. Everyone here is very supportive we work well as a team. I can always speak to the manager or any senior staff if I need help or advise."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet. All people we spoke with were positive about the quality and range of food.
- The head chef undertook regular consultations with people about the quality and choice of food available. The kitchen at Anita Dorfman House followed a strict Kashrut laws. Kashrut is a set of dietary laws dealing with the foods that Jewish people were permitted to eat and how those foods must be prepared according to Jewish law. Kitchens on each floor had clear separation of preparation areas for dairy and meat products.

During breakfast and lunch, we observed that different coloured tablecloth was used to visually tell people if meat or dairy dishes were provided. This helped people who had communication difficulties and cognitive impairments to understand what meal was provided.

- Comments made by people in regard to the meals provided included, "There is a wide selection of food on offer every day. If we don't like what's on offer, we can choose from an alternative menu. Recently I asked for something special and they made it for me" Another person told us, "None of us will go hungry or thirsty in here and there is always someone to help us if we need it."
- The dining areas on each floor were a light, welcoming space to eat with views onto the open countryside through large windows. Each table was attractively set, and menus were clearly displayed.
- Throughout our inspection, we saw a range of drinks were readily available, which people and visitors confirmed. Staff knew people's preferences but still checked with individuals to ensure they had choice and their drink was prepared in their preferred way

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were promptly referred to health care professionals when their needs changed, for example dentists and GPs. This was confirmed by their care records, and our conversations with people, their families and staff.
- Staff worked with relevant health professionals to provide specialist support to people, for example to maintain their nutrition and hydration. People were weighed regularly, and their health monitored, with action being taken where necessary, for example providing fortified meals when people were underweight. There was evidence in records and through observations that people were calm and relaxed in their mood. We saw that people had put on weight and looked healthy.
- People benefited from effective and timely care, which reduced their anxieties. We saw how people's mental health had improved in response to the welcoming atmosphere of the home created by the registered manager and the team of staff.

Adapting service, design, decoration to meet people's needs

- Anita Dorfman House was a new purpose-built home, which was spacious and provided people access to large open spaces.
- People using the service could access a large restaurant in the foyer to have a meal or coffee on their own or with their relatives.
- There was a small shop available on site for people to purchase essentials such as toiletries, snacks or biscuits.
- The service was adapted to enable wheelchair users to move around independently and different colour schemes helps people with dementia to better recognise where they are in their home.
- All rooms had en-suite facilities. There was also a spa bath with disabled access available for people to use if they preferred to have a relaxing bath.
- Feedback from people and relatives was very positive and compared Anita Dorfman House and the facilities available to a '5-star hotel'.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were asked for their consent and staff acted in accordance with their wishes. Throughout our inspection, staff involved people in their care and allowed them time to make their wishes known. People's individual wishes were acted upon, including supporting them to access independent advocates.
- People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. People's capacity to make decisions about their care and support was assessed on an on-going basis in line with the (MCA).
- People's capacity to consent had been assessed and best interest discussions and meetings had taken place. For example, DoLS applications had been made to the relevant local authority where it had been identified as necessary. Actions by the registered manager showed their good practice and how they understood their role to ensure people's rights were protected.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff respected people's individuality and treated people with kindness and compassion.
- People spoke highly of the care they received. One person said, "The staff will always ask if I need help but accept that I don't need it all the time." A relative told us, "The staff at Anita Dorfman a very caring, they take the time to listen to [name] and make sure my relative is always well looked after."
- Staff we spoke with knew people well. They spoke about the people they cared for with empathy and respect. It was evident staff had built positive relationships with people and knew what mattered to them.
- People living at Anita Dorfman House were all from Jewish faith and background. The service ensured that care was provided according and in line of people's religious background. All Jewish festivals were celebrated, and people's pastoral needs were met. A rabbi visited the home weekly for people to talk to and ask any questions they might have.
- Information on people's past lives was recorded to assist staff to better understand them. Staff and the registered manager demonstrated a good understanding of the people they were supporting.
- Staff had completed diversity and inclusion training as well as training around Kashrut rules and Jewish practices to help them have a better understanding of individual needs and preferences.

Supporting people to express their views and be involved in making decisions about their care

- People living in the service, and where appropriate their relatives, were encouraged to express their views and were involved in making decisions about the care and support they received.
- People said they were confident staff would listen to their requests and preferences. For example, one person told us they enjoyed time in their room and staff respected this. One relative told us, "We know most of the staff by first name and they always make an effort to meet relatives when they visit." One person told us, "The staff always find time to listen. It may be that they can't straight away, but they don't forget and come back later."
- Care records included person centred information such as people's likes and dislikes, their eating and drinking preferences and their interests and hobbies.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people in a patient manner and treated people with respect. Staff knocked on people's doors before entering rooms. One person said, "Staff have never entered my room without knocking and me inviting them in."
- Staff ensured they did not provide personal care in the communal areas and they were discreet when assisting people. People appeared well dressed and groomed, which promoted dignity and self-esteem.
- People were encouraged and supported to maintain their independence. People had the appropriate

equipment to promote their independence as appropriate referrals were made to external professionals for advice. One person told us, "I can do many things for myself – more now than when I arrived. They [staff] have helped me get more organised." Another person said, "Staff are never far away so they've given me the confidence to do more things for myself."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences;

- People's care plans were person centred and held detailed information about their care and support needs. This included essential information about mobility, nutrition and hydration, skin integrity, continence support, communication and interests. People's social history and preferences were clearly documented.
- People told us that they had been involved in the planning of their care. One person told us, "Staff ask me daily if I want to have anything changed and my relative comes and talks with staff and the manager if there is anything I want to have done differently."
- Staff told us they attended daily handovers to discuss any changes to people's health and care needs. One member of staff told us; "During handover meeting we will always receive any update information if people's needs have changed and the way we support people has to be changed."
- Nurses and support staff completed daily records that reflected the care and support people received.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were provided with information they needed to make decisions in a format they understood. Staff understood how to communicate in a way that suited people as individuals.
- The registered manager was receptive to providing any aids to assist communication for people. This included computer devices, mobile phones, alarms, signage, easy read material and translated material if required. For example, one person enjoyed reading the newspaper but was visually impaired and the service had provided a device which read the written articles to this person.
- The provider had appointed an AIS champion who was responsible for reviewing documents and assessing their suitability for people with various communication difficulties. Documents could be amended and provided in different formats such as larger fonts and braille.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service ensured people were encouraged to be active participants through activities and social events that enhanced their quality of life. People accessed the local community if they wished to enjoy activities which were tailored to people's individual interests. However, a lot of local community groups were invited

to arrange activities and interact with people who used the service.

- People participated in a wide range of activities to meet their needs. During our inspection we saw people engaged in activities such as music, discussions of current affairs, arts and crafts and exercise. The service had access to an allotment and people were able to take part in the gardening club. The day before the inspection the service had been treated to an 'Elvis' entertainer, which people told us they had really enjoyed.
- Relatives spoke positively about staff knowing their past history, likes and dislikes and care needs of their family members.
- The activity co-ordinators were in regular contact with people and actively sought stimulating activities externally and internally.
- People who used the service had also access to a day centre which was on site, a shop and a facility which helped people to make better use of IT and social media.
- The service actively involved relatives and people who used the service in activities and celebrations. For example, during the recent Queens Jubilee celebrations the service arranged a large garden party with BBQ, cream tea, music and an ice cream van. This was attended by people who used the service, relatives and neighbours as well as friends and families of Anita Dorfman House.

Improving care quality in response to complaints or concerns

- Complaints and concerns raised by people who used the service and relatives were taken seriously and acted upon.
- Relatives felt confident that they could approach the registered manager or staff with any concerns. None of the relatives spoken with had made any complaint in the last six months.
- One person told us, "I've never made a complaint yet, nor have my friends. If something did bother me then I would speak to the nurse or may be just ring my son or daughter first." Another person told us, "It is very hot in here today, staff did tell us the air conditioning was being fixed, but it is taking a long time due to parts being ordered from Italy." We discussed this with the registered manager and were told that she had ordered portable air-conditioning units which should be delivered within the next few days.

End of life care and support

- End of life support plans were in place where people had wished to discuss this, detailing how people wanted to be supported at the end of their lives. These care plans were person centred, culturally sensitive, and relatives told us they had been involved in these discussions where this was appropriate.
- We saw staff were trained in this area and had supported people with understanding death and bereavement. People had clearly documented advanced decisions regarding their end of life wishes and feelings recorded in their care and support plans.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Medication audits were not always conducted effectively. We highlighted the medicines administration record shortfalls with the registered manager. The registered manager told us that this had been an oversight during the most recent medicines audit. Audits of medication records are important because they help to ensure people were receiving their medication as prescribed. The registered manager assured us that they would act and resolve the shortfalls we highlighted immediately. We received information following this inspection that action had been taken.
- We found that actual stock levels of prescribed when required (PRN) medicines did not always correspond with what was recorded on the medicines administrations record sheet (MARs). One registered nurse told us, that the most recent weekly medicines audit was not a full audit, and this could be the reason why this had not been picked up.
- People who used the service had PRN protocols in place. However, this had not been signed and dated by the GP, which is recommended by the National Institute for Clinical Excellence (NICE) guidance on managing medicines in care home March 2014. The signature provided by a GP ensured that the current administration of medicines was authorised by a clinician and people can be assured to receive them safely.
- We found that the medicines rooms were excessively warm, and records showed that these were stored for a one-week period between 27 and 30 degrees Celsius. This was above the recommended temperatures for medicines to be stored by the manufactures. We discussed this with the registered manager and were advised that the high temperatures were due to a fault within the homes air conditioning unit. The provider has taken action to repair the air conditioning. However, the registered manager failed, to have an appropriate risk assessment in place to guide staff in such an event and had failed to speak to the dispensing pharmacist to suggest and look for alternatives to store medicines safely.

We recommend that the service seeks information on good practice guidance for the quality assurance assessment of medicines.

- Audits were completed for other aspects of the service, including, quality checks on care plans, risk assessments and the daily support people received.
- People were supported by staff who were trained and motivated to carry out their role.
- Staff received regular supervisions where they had the opportunity to discuss their role and performance.
- Staff training, skills and competence were regular monitored through observations of their practice and

regular refresher training.

- Staff were aware how to raise a concern and told us they would do if the need arose.
- In accordance with their legal responsibilities, the provider had informed us about significant events which occurred at the service within required timescales.
- The management team had contingency arrangements in place to ensure the service delivery was not interrupted by unforeseen events. For example, the COVID-19 pandemic, we saw there were plans in place to ensure care tasks would be completed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- In our conversations with people and relatives they were complimentary about the home. One person told us, "Staff are excellent they can read my mind and do things for even before I have asked the question." Another person said, "This is a lovely home, everything I need is here, I couldn't fault them on anything."
- Staff spoke positively about the culture at the home and told us staff morale had improved considerably under the new registered manager. They told us they felt supported and valued. One care assistant told us how she had recently been praised by the registered manager and this had encouraged her. Another member of staff told us, "I worked in many places before, but this place truly puts people first and shows care for the physical and psychological wellbeing."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour and when things went wrong, apologies were given to people and lessons were learned. These were used to improve the service.
- Records showed investigations were completed for all incidents and these were fully investigated. Actions were identified and shared with people, relatives, staff, and partner agencies.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, staff and relatives worked together with the management team and staff to achieve the best possible outcome and quality of care provided at Anita Dorfman House. The results from these were added to the service's overarching action plan and enabled the management team to see what they were doing well and what needed to be improved.
- The service worked in partnership with a range of other organisations and professionals. For example, care records showed staff discussed care needs with the local GP and specialist health professionals.

Continuous learning and improving care

- The management team spent time working with staff on the floor to identify areas that may need improvement.
- The registered manager ensured they always kept up to date with changing guidance. The management team checked staff were adhering to current guidance and best practice by carrying out spot checks. They also ensured policies had been updated to reflect these changes.
- Staff had completed training and they have access to continued learning so that they had the skills to meet people's needs.