Jewish Care

Jack Gardner House

Inspection report

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London
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Date of inspection visit:
16 August 2016

Date of publication:
11 October 2016

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?	Outstanding

Summary of findings

Overall summary

This inspection took place on 16 August 2016 and was unannounced. We last inspected the home on 22 September 2014 when we found the provider was meeting all the areas that we looked at.

Jack Gardner House is a care home registered to provide accommodation, personal care and support for up to 15 adults with mental health issues. The home is operated and run by Jewish Care, a voluntary organisation. At the time of our inspection 15 people were living in the home.

The home is purpose built and has bedrooms with ensuite facilities split across two floors. The ground floor has dining and lounge areas, and kitchen and a laundry room. The two floors are accessible via lifts and there is an accessible garden. The home is well located with easy access to underground train and bus facilities, and walking distance to local parks and shops. The Jewish learning exchange, the Jewish family centre and the Jewish cultural centre are nearby.

There was a registered manager in post. 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 staff had a good understanding of the safeguarding procedure and the role of external agencies. Staff were able to demonstrate their role in raising concerns and protecting people from harm and abuse. The service had systems to identify and manage risks. Risk assessments were individualised and detailed information on safe management of the risks. The care records were maintained efficiently. Care plans and risk assessments supported the safe management of people's medicines. The service kept accurate records of medicines administered by staff and medicines collection. The service was clean and had effective measures to prevent and control infection.

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 very well supported by the registered manager. There were clear records of staff supervision and appraisal. Staff told us they attended induction training and additional training, and records confirmed this.

The service had sufficient numbers of staff employed to ensure that people's individual needs were met. People and their relatives told us staff were always available and easy to get hold of. They told us staff were friendly and caring.

There was choice of food at meal times, and staff supported people to maintain healthy and balanced diet. People told us they were happy with the food.

The service operated within the legal framework of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People told us staff asked their consent before supporting them. The registered manager and staff demonstrated a good understanding of the procedures under MCA and DoLS.

The care plans were personalised and people's life histories, individual needs and likes and dislikes were recorded. The service was undergoing a review of people's care plans to ensure they were more outcomes focused. 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 encouraged and 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.

People using the service, their relatives and the staff team acknowledged that the registered manager ran the service efficiently. They were passionate and dedicated in improving lives of people by continually reviewing people's care plans and to ensure the best possible outcomes. The registered manager worked in partnership with various local and national organisations, and with health and social care professionals to ensure the service supported people to maintain healthy lifestyle. The service promoted community environment within the service by encouraging people from the local community to participate in service's various social activities.

The service had records of regular monitoring checks of various aspects of the service. The service maintained robust systems and processes to assess, monitor and improve the quality and safety of care delivery. The registered manager involved people, their relatives and staff in improving the quality of the service delivered.

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 safe. People using the service told us they felt safe. Staff were able to identify abuse and knew the correct procedures to follow to act on concerns.

The service identified risks and maintained detailed risk assessments that were regularly reviewed.

There was sufficient staffing and the service followed safe recruitment practices to safely meet people's needs.

People received medicines on time from staff who were appropriately trained.

The service kept accurate records of care delivery and medicines administered and accidents or incidents.

Is the service effective?

Good

The service was effective. Staff told us they received regular supervision and felt very well supported.

Staff received suitable induction and additional training to meet people's individual needs.

Staff asked people's consent before providing any care and support. Staff understood people's right to make choices about their care.

People were encouraged and supported to maintain healthy balanced diet. Their nutritional and hydration needs were being met.

People were referred and supported when necessary to access the GP and other health and care professionals as required.

Is the service caring?

Good

The service was caring. People and their relatives told us staff were caring and friendly. They told us staff respected their privacy and treated them with dignity.

People told us staff listened to them and understood their needs. The service identified people's wishes and preferences, religious, spiritual and cultural needs.

People told us they were involved in planning and making decisions about their care.

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

Is the service responsive?

Good

The service was responsive. People's care plans were person-centred. They were reviewed and updated to reflect people's changing needs.

A selection of individual and group activities were available for people including support accessing volunteering opportunities in the community. A team of volunteers helped out with individual and group activities.

People and their relatives were encouraged to raise concerns and complaints. Their concerns and complaints were listened to and acted on in a timely manner.

Is the service well-led?

Outstanding

The service was extremely well-led. Staff told us they were very well supported by the registered manager. Their opinions were valued and taken on board.

People and their relatives told us the registered manager was caring, friendly, dedicated, passionate and helpful. They told us the service was exceptionally well managed.

The registered manager engaged with people, their relatives and staff in gaining their feedback and acted upon them to improve the services. The registered manager worked collaboratively with several organisations for continuous improvement of the services.

The service had a positive, relaxed and open environment that promoted person-centred culture supported by a committed staff and management team.

The service had robust quality assurance systems that ensured efficient and continual monitoring of the quality and safety of the service.

Jack Gardner House

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 16 August 2016 and was unannounced. The inspection was carried out by one adult social care inspector 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 contacted local authority commissioners, safeguarding team, Healthwatch Barnet and healthcare professionals about their views of the quality of care delivered by the service.

During the inspection we spoke with seven people using the service, and one relative. We spoke with the registered manager, the deputy manager, the service manager, two care staff, one apprentice and one cook. Following the inspection we spoke with two relatives.

We observed interactions between staff and people in communal areas across the home, including medicines administration, two mealtimes and activities.

We looked at four people's care plans, daily records and risk assessments. We looked at five staff personnel files including their recruitment, training, supervision and appraisal records and last two month's staff rosters. We also reviewed the service's selected policies and procedures, accidents / incidents and complaints records, residents' and relatives' meeting notes, activities schedule, 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 statement of purpose and staff meeting minutes.

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, "I feel safe living here due to the staff presence." and "It is safe here and clean too. I can't complain." One relative said, "[My daughter] feels safe and secure here."

Staff told us they had received training in safeguarding adults. Staff gave examples of types of abuse, and the signs of possible abuse they would look out for, for example change in people's behaviour. They explained they would report any concerns to the registered manager and if they were not available then they would report it to the deputy manager.

The service maintained clear and accurate accidents and incidents records including action points to minimise the risk of further incidents. The registered manager told us they discussed incidents that had occurred with their staff team in the staff and handover meetings. We saw staff meeting minutes and attended a handover meeting where we heard discussion around learning points from accidents and incidents. For example, review of an activity programme, maintaining consistency in supporting people with their behavioural patterns, referrals to psychologist and psychiatrist. The registered manager was able to explain the measures they had implemented to avoid similar situations. The service maintained effective operations to prevent abuse of people using the service.

Staff we spoke with told us they had received training in whistleblowing and were able to describe the importance of whistleblowing. They told us they would feel comfortable to follow the procedure if required. One staff member told us, "If I feel the organisation is putting people at risk, I will report it to the service manager and the registered manager, and if nothing is done about it, I will report it to the local authority and CQC." The registered manager told us staff were encouraged to raise concerns and, contact details of various agencies were provided to staff during their induction. We saw information was displayed on the information board in staff office.

The service identified risks to people and measures to reduce identified risks were developed. These were then translated into detailed risk assessments that informed staff on how best to manage the risks. The risk assessments were person-centred to meet people's individual health and care needs. Risk assessments were for areas such as environment, moving and handling, nutrition and hydration, medicines, and mental health and self-neglect. The care records also had missing person profile and contingency care plan. The service worked with healthcare professionals in drawing up specific risk assessments such as psychologist and psychiatrist. 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.

The service had sufficient numbers of staff on duty to meet people's needs. The service had two units and the staffing numbers were allocated as per people's level of needs. Hence, the staffing numbers were different on different days. Generally, the service had five staff during the day and two sleeping staff. In addition to this the registered manager and the deputy manager were available during the day for support. The registered manager told us they used the provider's risk dependency assessment profile to determine

staffing ratios. We saw individual risk dependency profiles in people's care plans. 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 would ask for staff from the provider's other care homes. However, when they had no other option they had used agency staff from a few care agencies they were registered with. They would generally use agency staff for night shift as it was a sleeping staff shift. The registered manager told us they had an efficient and resourceful staff team.

People using the service and their relatives told us there were sufficient numbers of staff on duty and the staff were always available and easy to get hold of including at night. Their comments included, "The staff respond to requests immediately and you can always see one when you are out and about" and "There is always enough staff and they are ready to help."

We reviewed staff personnel files, these contained completed application forms, interview notes, copies of Disclosure and Barring Service (DBS) checks and reference checks, and copies of identity documents to confirm people's right to work. We 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 DBS checks was received before employment.

The medication was well managed, and medicines and controlled drugs were carefully stored. People and their relatives were happy with the support they received with medicines. Their comments included, "They are always on time with medicines and remind me to take them which is good." and, "medicines are well managed by staff, [he] has improved here."

Medicines were stored in a lockable cupboard that had individual blister packs labelled with people's names to minimise errors. The controlled drugs were stored in a safe unit that was secured to the wall. The service had a medicines fridge but it was not used as the service did not have any medicines that required refrigerated storage. However, when the temperature outside got really hot, the cupboard temperature shot up, too. In such situations, staff opened medicines room's windows and used a fan to reduce the temperature.

All the staff were trained to administer medicines and staff administered medicines in pairs to reduce the risk of errors. Staff told us they had received training and so felt equipped to administer medicines. Staff encouraged, supported and supervised people to self-administer medicines wherever possible. We saw self-medication risk assessments in people's care plans. People received medicines in blister packs that were supplied by the local pharmacy and staff recorded the delivery in the medicines folder. We noticed staff followed the PRN (as needed) medicines guidance.

We looked at medicines administration record (MAR) charts; they were accurate and easy to follow. The MAR chart folder had staff signature specimen. The folder also had NICE guidelines on how to administer and record medicines administration. All the MAR charts had residents' allergies information 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 including MAR charts. The pharmacy would collect any spare medicines. Staff carried out stock check every afternoon. The medicines audits were carried out on a monthly basis by the deputy manager and bi-monthly by the registered manager. The registered manager told us pharmacist carried out annual independent medicines audit. We saw records of the independent audit and it showed that the service was following good medicines administration practice. The deputy manager told us medicines errors were immediately reported to the registered manger and were investigated by them. If an error was confirmed then they would seek help from the pharmacy and the doctor and reported the error to all concerned professionals. The registered manager also told us following any medicines errors they

ensured staff were given refresher training for medicines administration.

As part of the inspection we looked at the kitchen area. Suitable procedures were in place to minimise the spread of infection. There were different chopping boards for specific foods to minimise the risk of cross contamination and there was a guide on the wall to prompt staff as to usage.

Staff told us the temperature they washed clothes and bed linen at to ensure they were following the correct laundering instructions. People had designated laundry day to avoid any mistakes. People's clothes, kitchen towels and bed linen were washed separately. Laundry room was locked all the time, and only staff had keys to the room. People were encouraged, supported and supervised to wash their laundry on their designated weekdays.

We looked at fire drill records, cleaning schedule and 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 were supported by trained, skilled and knowledgeable staff. People and their relatives told us staff understood their individual health and care needs and were able to provide the right support. Staff had a good understanding of people's mental health needs and the impact that it had on people's behaviour and lives. People told us the service was having a positive effect on their mental health. One person told us, "This is my home. Because there are no threats here, everyone is okay." One relative commented, "The staff know [my relative] very well and provides excellent support." Staff understood people's right to make choices about their care. People told us staff gave them choices and asked permission before supporting them.

The service offered a detailed eight days induction course. New staff were required to complete this 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 staff member told us they found induction training very helpful. Staff gave examples of the training they had completed such as medicines, de-escalation, capacity and best interest assessments and fire safety. They felt the training was very helpful in enabling them to carry out their responsibilities efficiently. We looked at training records and certificates in staff files. These confirmed the variety of training offered to the staff team. The registered manager told us they worked in collaboration with Jami (the mental health service for Jewish community) to deliver staff training to enable them to achieve continuous professional and personal development.

Staff told us they were very happy with the registered manager and were well supported by the registered manager. We looked at the staff supervision and appraisal records, and it showed staff were receiving appropriate and regular 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. 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).

The service had signed consent forms for people using the service including using photo, sharing of personal information and medicine records. 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 and financial decisions on people's behalf should they lack capacity to make a decision regarding their care.

The service manager arranged on-the-job training workshops on MCA and DoLS. Staff had also received

formal training on MCA and DoLS and there were records of MCA and DoLS training. Staff we spoke with had a very good 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. People's comments included, "The food quality is good and I really enjoy meal times. I do get a choice in what I eat and I can ask for something special if I like." and, "The food is really good here, there are normally two or three choices and one of them will normally be something healthier." One relative told us, "[My relative] likes the food here."

The service operated a catering system for Jewish dietary law and a four week menu rotation with added detail of potential allergens. The food allergies and specific diet information was on display in the dining room for an easy access. The deputy manager told us the menus were sent to them by the provider however, they would change some of the menu items after consulting people. We saw people were given choice of cereals, toast, fruits and boiled egg for breakfast. We saw people were independent to make their own breakfast and saw them chatting to each other during breakfast time.

The deputy manager told us lunch times were not as busy as dinner times as most of the people were out during the day. Most of the people who were out during lunch time would take packed lunch with them. We observed lunch time and saw lunch was well presented and consisted of two courses. The lunch menu was displayed on the wall for people to read. The lunch menu included a choice of mains plus one alternative option and fruits with water and juices. The food was served on the dining table in a buffet style by the chef and people helped themselves to it. We saw people and staff having lunch together and there was a happy and homely feel during lunch time.

We saw food temperature records and they were well maintained. 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 low fat and low sugar diet. One relative told us, "They have a dietician that sees [him] and supports [him] with a balanced diet." At the time of inspection we saw fresh fruit and juices were available throughout the day.

As a good practice, 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 hypoglycaemia and hyperglycaemia. The deputy manager told us they supervised one person in checking their blood sugar levels.

We looked at people's daily care records and although, they were regularly maintained, we noticed when people were away that was not recorded in the daily care records. The deputy manager told us they recognised this as an improvement area and will ensure people's away dates were recorded in the daily care records.

People and their relatives told us their health and care needs were met by the service. They told us they had good access to health and care professionals, and the staff were efficient in maintaining contacts and liaison with health and care professionals. The service's GP was conveniently located; it was only two minutes' walk from the service making it easy for the people to access the service. One person said, "I have a really good GP and [he] is convenient, located next door." and, "I have had my blood pressure and weight looked at here. It is really good here." Staff accompanied people to health appointments.

We saw records of professionals' visits. The records included outcomes and advice from professionals' interventions such as doctors, chiropodists, dentists, dieticians, psychologists and psychiatrists.

People told us that the facilities met their needs. We observed people access their bedrooms, garden, kitchen and dining areas with ease.

Good

Is the service caring?

Our findings

People using the service and their relatives told us the service was caring. They told us staff were kind and helpful. One person told us, "The staff are polite and friendly, they [staff] care about us here." Relatives' comments included, "The staff are friendly, caring and welcoming." and "I am very pleased with the service, staff are very helpful."

During the inspection, we observed positive interactions between staff and people. The service had a relaxed and happy atmosphere where people were seen involved in activities and chatting with other people, relatives and staff. People were seen watching television in the lounge area, some were reading in their bedrooms and some were playing musical instruments. Staff were patient and considerate with people and listened to their needs.

People and their relatives told us staff treated them with respect and dignity. One person told us, "They [staff] are really good. They always knock on the door before coming into my room and talk to me with respect, and respect my privacy which is important." Another person commented, "They [staff] give me my space and respect my privacy and that is what is important. Yes, they knock on my door before coming into my room." One relative told us, "Staff treats [my son] with dignity and respect, his privacy is respected." Staff gave examples of how they provided dignity in care and respected people's privacy when providing care to people. For example, staff told us they always knocked on people's doors and waited to be invited in the room before entering, had sensitive and private chats with people in their bedrooms to ensure confidentiality was maintained.

People told us they were involved in planning and making decisions about their care. People's relatives told us they were involved in their relatives' care planning and reviews and were invited to care reviews. One relative said, "The keyworker calls me regularly to give me feedback on [my relative's] care. Another relative told us, "We get invited for care reviews."

People were encouraged to be as independent as they were able to be. People told us staff encouraged them to voice their wishes and preferences and remain independent. For example, one of the people using the service facilitated a guitar workshop at a mental health wellbeing centre. People were encouraged, supported and supervised where required to manage their own finances. People who were able to do so were given safe boxes in their bedrooms and supported to visit banks. One person told us they volunteered in the community and were supported in maintaining that independence.

Staff recognised people's individual needs in regards to race, religion, sexual orientation and gender. The service had weekly visits from a rabbi who offered religious and emotional support. Friday night Shabbat services were held each week and all Jewish festivals were celebrated. Staff celebrated people's birthdays. One relative told us, "For [my son] birthday, staff organised a party where they invited family and friends. Initially [my son] would find it difficult joining in [his] birthday celebrations but now [he] is confident and likes attending the party. At the last birthday party [he] even gave a speech."

The service benefited from a team of volunteers that supported people pursuing their hobbies and activities. For example, one volunteer had been supporting a person to play snooker in the community for over four years. Some volunteers help out with other activities including preparation for Jewish festivals.

We saw people's bedrooms had been personalised with their personal belongings including photos, books, and musical instruments providing a homely environment. Photographs of people living at the home involved in activities were displayed in the lounge and hallway. Staff were able to explain the importance of confidentiality and respecting people's private information. We saw people's personal information was stored securely.

People had discussions with staff to voice their wishes about their end of life care and these had been recorded under 'thinking ahead' document in their care plans. Care plans provided personalised information regarding the support people wished to have during their end of life care.

Good

Is the service responsive?

Our findings

People using the service told us staff were responsive to their individual needs. Staff understood the importance of person-centred care and provided person-centred care. People and their relatives told us there were no restrictions to visiting times and those visiting were made to feel very welcome. One relative told us, "When I visit [my relative] staff asks me how I am, asks after my wife, they offer me coffee."

The registered manager assessed people's needs and completed admission needs profile 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 people's admission the service provided them with a 'welcome pack' that had various informative leaflets including service's latest CQC report, CQC contact details, contact details for other relevant local organisations including advocacy, service's agreement, consent documents and complaints procedure.

The registered manager told us they were in the process of reviewing people's care plans to make them more outcomes focussed. They told us the emphasis was on setting out action points against identified needs and following up on the action points to ensure they were being met within the agreed timeline. The service had a staff seconded from the provider's other services to lead on the updating of the care plan project. We saw people's care plans were reviewed every quarter or sooner when there was a significant change in people's health and care needs. This meant staff were provided with the most current information on people's health and care needs which enabled them to deliver efficient care. Staff were also informed on people's current health and care needs by the registered manager at daily handover and weekly staff meetings.

People's care plans were drawn up by the registered manager once the initial assessment was carried out. The care plans that had been reviewed were outcomes focused, 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, medication, 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. We saw the care plans had individual contingency plans that detailed people's usual behaviour pattern, triggers that lead to change in people's behaviour pattern, early warning signs and crisis behaviour pattern. They also detailed identified intervention strategies and contact details for various external agencies involved in people's care.

The registered manager demonstrated a good understanding of equality and diversity. They told us they had received training in equality and diversity, and had scheduled training sessions for their staff team.

People told us they were included in their care 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.

Staff made referrals to external agencies so that people with a learning disability and autism received specialist support. Staff understood people's needs, reported any concerns to management, and recorded them in people's care plans.

The service worked with Jami (the mental health service for Jewish community) in accessing their student occupational therapist on a placement twice a year. The student occupational therapist worked with people in enabling them to become independent. They conducted individual assessments, and provided staff with awareness workshops, regimes and tools that supported people in their behavioural management and gaining independent living skills. The student occupational therapist also delivered confidence workshops to people and thereby, developing their self-confidence.

At people's weekly goal setting key-working sessions, they were supported by their keyworkers to choose an activity or goal that would help them to improve their confidence, life skills and quality of life. For example, the activities included playing their musical instrument, playing sports, managing their finances, administering medicines under supervision, participating in laundry and cleaning and tidying their rooms. During the inspection we saw people confidently carrying on with their activities. For example, we saw two people playing musical instruments and some people enjoying a game of table tennis. We also observed one person very well supported by a staff during baking session. We saw records of key-working sessions in people's care plans.

People had personalised programme of activities these included individual and group activities. They told us about various social activities they got involved in such as going out for lunches to cafes. We looked at the activities schedule, the schedule included group and individual activities. For example, cooking, baking, laundry, music sessions, dance class, reading group and men's group. The service also benefited by a volunteer that provided weekly IT workshop that enabled people to communicate with their relatives and friends via social media and internet communication tools such as Skype. Some people volunteered in the community and they told us they found that very satisfying and met new people. People were supported in maintaining their religious interest. For example, some people were supported by staff and volunteers to access Synagogues once a week. During Jewish festivals one person who was pursuing religious studies was invited to give talks on the religious matters. This person had weekly visits from five rabbis and local Yeshiva to support with their religious studies.

The registered manager told us people (who had been living in the independent living services) from the local community would join in various activities at the service. This had led to people forming friendships with people in the community. People told us they had friends who attended some of the activities in the home.

We saw two people's bedrooms, they were personalised and people had their personal belongings in the rooms for example books, photos.

The registered manager told us they held weekly meetings where people were encouraged to say how they felt about the service, if they had any concerns or specific wishes. These meetings were chaired by people using the service and staff would attend to answer people's queries. We saw notes of residents' meeting, demonstrated people's views, comments and concerns. The feedback from resident's meeting was then discussed at staff meeting. We saw records of discussion and action points in staff meeting minutes.

People's relatives told us they were invited to relatives meetings where the registered manager encouraged them to say how they felt about the service, if they had any concerns or specific wishes. At this meeting the registered manager also gave any relevant information on the service. One relative commented, "There are

regular meetings for relatives." Another relative said, "We have relatives' meetings where the registered manager informs us on all that matters."

The service recently introduced newsletter that consisted information on the upcoming events, poems by people using the service and information on people, volunteers and staff's hobbies, stories and opinions. We saw the newsletter and noted various hobbies people pursued and activities they got involved in.

People were actively encouraged to raise their concerns or complaints through weekly residents' meetings. The registered manager had an open door policy to encourage people to raise concerns or complaints. During the inspection, we saw people in the registered manager's office talking to them regarding their activities plan and medicines. We saw complaints policy and procedure on display. People told us if they wanted to make a complaint they would speak to the registered manager and that they felt comfortable to do so if required. People and their relatives felt comfortable raising concerns and complaints.

The provider's complaints procedure was easily accessible, the 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. The service had not received any complaints.

Outstanding ☆

Is the service well-led?

Our findings

The service had a registered manager in post. The registered manager had been managing this service since its registration. They demonstrated exceptionally well their understanding of the care delivery requirements and managerial responsibilities. They were skilled, trained and had number of years of experience in working with the people the service provided care for. The service focused on people's physical and emotional wellbeing, opportunities to access services, information and advice to meet their individual needs. They achieved this by empowering people to lead their own lives, make choices and maximise their independence whilst providing people with appropriate care and support. The service's practices were underpinned by a set of values including honesty, involvement, compassion, dignity, independence, respect, equality and safety.

People using the service, their relatives and staff told us the registered manager was approachable, helpful, passionate and very dedicated to the service. The service was person-centred and people were at the heart of the service. People 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 devoting their life to the service. Anything you need they see to it," "The registered manager is very helpful, [she] always replies to our messages, she is very warm. I give her ten out of ten." and, "The registered manager is terrific. It is an excellent service."

People and their relatives told us they were happy with the service and staff. One person said, "I really like living here because it is a very relaxing environment." One relative told us, "It is one of the best places. The registered manager runs the place very well." People told us the staff were always available and willing to help. One person said, "Staff always have time to speak if you need to."

At the time of inspection, we saw the registered manager interacting with people using the service, their relatives and staff in a positive manner. We saw the registered manager listening to staff's queries attentively and supporting staff with their queries with patience. We observed an open and positive culture in the home where people and staff were able to voice their opinions and wishes comfortably. For example, we saw people discussing with staff their plans regarding activities. One person told us they taught a staff member how to play a musical instrument.

We observed positive and supportive interaction between members of staff team. For example, during staff handover meeting which was run confidently by the staff team without the registered manager, we observed staff having an open discussion around areas that needed to be improved such as supporting and encouraging people to follow their agreed exercise plan, reiterating to people in a positive manner their agreed objectives. This demonstrated that the registered manager enabled their staff team and empowered them to take ownership of the service delivery and deliver efficient care.

Staff told us they were well supported by the registered manager. One staff member said, "The registered manager is very supportive. [She] is a good manager, trains me well and gives me feedback from the training

[she] had attended. [She] promotes open and positive culture by encouraging us to voice our views. [She] is very approachable and maintains an open door policy. [She] listens to me, takes suggestions on board and tells us there is no right or wrong answer. [She] is a good mentor and gives us freedom to try new things around the home." Another staff member told us, "I feel comfortable speaking to the registered manager if not happy about something. [She] listens to me and is very supportive." We saw in one staff member's supervision and learning and development records, a range of ways offered by the registered manager to improve staff member's communication and de-escalation skills. This included one to one training, coaching and classroom type training courses. This staff member was still working with the service and the registered manager told us staff member's approach and communication skills had improved significantly.

There was effective communication with staff; various communication methods included weekly staff meetings and twice a day staff handover meetings. Staff told us the registered manager involved and consulted them on matters related to the people using the service and improvement of the service. For example, introduction of the outcomes section in people's care plan was suggested by a staff member. We saw the staff meeting minutes and it was clearly evident that staff were delegated with tasks in addition to care delivery that were in their interest areas and met their skills, for example designing flyers and leaflets, organising events.

Staff and the registered manager told us they had weekly staff meetings which were used as a platform for staff to express their concerns, ideas and opinions. The registered manager told us staff meetings were also used as a platform to promote staff's continuous professional development by encouraging reflective learning practice and running workshops. We saw records of discussions around supporting people when facing with behaviour that is challenging and workshops on care plans, Mental Capacity Act and Deprivation of Liberty Safeguards. Staff told us they found them very helpful and were encouraged to embed reflective learning practice in their daily work. We saw staff team meeting minutes; they included discussions on matters such as people's health and care updates and activities.

People using the service and their relatives told us the registered manager asked them about their views on care delivery on a regular basis. There were weekly residents' meeting where people expressed their concerns and wishes. Residents' meetings notes confirmed this. The registered manager told us they spent time with the people to seek their views on staff and the care delivery. The registered manager told us they asked people how their life could be improved. People's views were then discussed with staff in the staff meetings and supervision sessions. We saw records of staff discussion in staff meeting minutes around actioning people's wishes such volunteering in the community, exhibiting their artwork. During the inspection two people told us they were volunteering in the community and one person had signed up to volunteer. We were also told by a staff member that three people's paintings were exhibited at the local art centre.

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. The registered manager and the deputy manager slept at the care home two nights each in the week to ensure people were supported during night. The nights the registered manager was not on the shift they carried out night spot checks. We looked at the night spot check records. The audits demonstrated areas recorded that needed improvement and the actions taken to resolve the situation. We looked at provider's unannounced service quality monitoring report and it was overall excellent. The report applauded registered manager and staff team's effort in working collaboratively with other organisations in providing innovative and creative social opportunities to the people using the service.

People, their relatives and staff told us they were asked for formal feedback annually via questionnaires and

informal feedback on an ongoing basis. The registered manager told us they organised social gatherings to provide comfortable and informal environment for relatives, people and staff to interact with each other thereby learning about each other and improving working relationships. These gatherings also gave the registered manager an opportunity to informally seek relatives' feedback on the services. We saw 'your care rating' residents' and staff survey results for the year 2015, and relatives' survey results for the year 2016. The analysis showed people were happy with the care they were receiving, they were happy with the activities, staff's support and with the accommodation. Relatives' survey results showed they were 100% happy with the service and would recommend it to others. Staff's survey results demonstrated they were very well supported and enjoyed their work. Following the inspection we saw staff survey action plan for the year 2016. Some of the areas identified were around more staff outings and restructuring staff meetings. Staff survey analysis also included key engagement factors where the staff scored 100% in areas of trusting and respecting the registered manager of their service and believing the service delivered a high quality service to the people they supported.

The registered manager told us they understood the importance of working collaboratively with health and social care professionals and other organisations to understand and meet people's individualise health and care needs. In addition to working with Jewish Care services, the registered manager also worked with local Jewish and non- Jewish organisations to improve accessibility and opportunities for the people using the service in areas such as employment, volunteering, independent living and peer support groups. Some of the organisations they worked with were Jami (the mental health service for Jewish community), Sue Ryder, Eclipse, MIND and safe neighbourhood community police. For example, the registered manager organised "In 2 Great" party in collaboration with other organisations including Jami, Jewish Care and Richmond Fellowship for people using the service wishing to meet new people. This was a unique event that gave people an opportunity to meet new people and there was live music and food at the event. The registered manager led the food planning and the venue's decorations. People thoroughly enjoyed the event and their comments included, "We would like it to happen again" and "The food was very good."

The registered manager worked with the local authority integrated care quality team to improve the quality of care delivery. We spoke to the liaison person of local authority integrated care quality team and they told us the registered manager was very engaged with the team and attended all their events, the staff team were very engaged with the people using the service. Following attending local authority integrated care quality team's events, the registered manager improved practices around medicines storage and PRN (as needed) medicines recording in people's care plans. The registered manager worked closely with the provider's departments, attended provider's registered managers' forum and independent audit organisations for continuous improvement.