Jewish Care

Rosetrees

Inspection report

Asher Loftus Way
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 30 August 2016 and was unannounced. We last inspected the home on 4 February 2014 when we found the provider was meeting the requirements in all the areas that we looked at.

Rosetrees is a care home registered to provide accommodation, personal care and support for up to 53 older people including people with dementia. The home is operated and run by Jewish Care, a voluntary organisation. At the time of our inspection, 52 people were living in the home.

The home is purpose built with dining and lounge areas on each floor. The home has 53 bedrooms with ensuite facilities split across three floors. The two floors are accessible via lifts and there is an accessible garden. The home shares kitchen and laundry facilities with another care home from the same provider. The home is part of the Betty and Asher Loftus centre, a community hub with access to a synagogue, shop and a café.

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 policy and staff had a good understanding of the safeguarding procedure. Staff understood the service' safeguarding procedure and were able to demonstrate their role in protecting people from harm and abuse. The service had systems to identify and manage risks. Risk assessments were regularly reviewed but needed more details. The care records had some gaps and needed more information on people's nutrition and hydration needs. 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 had sufficient numbers of staffing to meet people's individual health and social care needs. People and their relatives told us staff were always available and easy to get hold of.

The service followed safe recruitment practices. Staff told us they attended induction training and received regular training, and records confirmed this. However there was gaps in staff supervision and appraisals. People and their relatives told us staff were friendly and caring.

There was choice of food at meal times, and staff supported people to eat when this was needed. 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. People and their relatives were involved in planning their care. People and their relatives were asked about their views. The service offered people with a range of activities. People and their relatives told us they were asked for their feedback and their complaints were acted upon promptly.

The registered manager was very well recognised by people using the service, their relatives and the staff team for the efficient running of the service. 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 a 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 monitoring checks of various aspects of the service. The service maintained efficient systems to improve the quality of care delivery. The registered manager involved people, their relatives and staff in improving the quality of the service delivered.

We have made a recommendation about accessing specialist advice in creating dementia friendly environment.

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.

Assessments were in place to minimise risks to people.

There was sufficient staffing and the service followed safe recruitment practices.

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

Is the service effective?

Requires Improvement

The service was not always effective. There were gaps in staff supervision and appraisal. The service's environment needed to be more dementia friendly.

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

Staff understood people's right to make choices about their care and asked their consent before supporting them.

People's 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 told us staff listened to them and understood their needs. They told us staff respected their privacy and treated them with dignity.

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 detailed and reviewed and updated to reflect people's changing needs.

A selection of individual and group activities were available for people.

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?

Good

The service was well-led. Staff told us they were supported by the registered manager.

People and their relatives told us the registered manager was approachable and helpful.

The service had systems for assessing and monitoring the quality and safety of the service.

Rosetrees

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 30 August 2016 and was unannounced. The inspection was carried out by one adult social care inspector, one specialist advisor, who was a nurse with professional experience of working with older people and people with dementia and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

During the inspection we spoke with ten people using the service, and three relatives. We spoke with the registered manager, the deputy manager, the service manager, one community nurse, four team leaders, two care staff, one living well staff and one cook.

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

We looked at ten people's care plans, daily records and risk assessments. We looked at five staff personnel files including their recruitment and training records and six staff supervision and appraisal records and last two month's staff rosters. We also reviewed the service's selected policies and procedures, accidents / incidents records, meetings notes, activities schedule, quality audits, health and safety checks, and medicines administration charts for people using the service.

We also reviewed the documents that were provided by the registered manager after the inspection. These documents included fire extinguisher appliance check certificate, supervision schedule and dementia training programme outline and certificate.

Good

Is the service safe?

Our findings

People using the service told us that they felt safe at the service. One person told us, "I feel safe here." and "Oh I am very safe here." One relative said, "I feel [my mother] is 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 bruises, change in people's behaviour. They showed an understanding of the service's safeguarding policy and their role in reporting any safeguarding concerns. Staff 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. One staff member said, "It [safeguarding] is to protect people who are vulnerable from abuse and neglect."

The service maintained clear and accurate accidents and incidents records. We saw their new accident / incident recording forms that detailed section on actions / learning 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. 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 felt comfortable to follow the procedure if required. One staff member told us, "I would report and whistleblow, residents come first. I treat them like I want my mum to be treated." The registered manager told us staff were encouraged to raise concerns and, contact details of various agencies were provided to staff during their induction.

The service maintained risk assessments that informed staff on how best to manage the risks. The risk assessments were regularly reviewed however it they needed to be detailed and individualised. Risk assessments were for areas such as falls, environment, moving and handling, nutrition and hydration and medicines. There were detailed and personalised emergency fire evacuation plans. The risk assessments were reviewed regularly and when there were any changes in people's needs.

The service had sufficient staffing numbers to meet people's needs. The registered manager identified staffing ratios by using the provider's risk dependency assessment profile. We saw individual risk dependency profile in people's care plans. The ground floor unit had two care staff and one team leader, two units on first floor and second floor had four staff and one team leader each. In addition to this the registered manager and the deputy manager were available during the day for support. At night there was one staff member on ground floor, two staff on the first and second floors supported by one team leader.

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.

People using the service and their relatives told us there were sufficient numbers of staff on duty and the

staff were always around. Their comments included, "There is always enough staff here." "They have a stable staff team." and "Yes, they [staff] are always available to talk, they [staff] talk to my mother, too. They listen and respond to my mother."

The service maintained appropriate recruitment procedures to ensure staff were suitable to work with people. Staff had undergone the Disclosure and Barring Service (DBS) checks and reference checks before starting to work at the service. Staff personnel files included 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. They also included training records and professional qualifications certificates. However, the documents were not filed suitably and were difficult to find them in the files.

People told us they received medicines on time and were provided with pain relieving medicines when required. Their comments included, "Yes they do give my medicines on time." and "They give me my medication." The staff had a good understanding of medicines policy and were able to demonstrate the service's procedures around medicines administration recording, storage, disposal and reordering of them.

Medicines and the controlled drugs were stored safely in nurses' office and staff who were administering medicines were allowed at medication time. We saw the medicines cupboard temperature record sheet showed the temperature was mainly maintained at the recommended level.

Staff told us they had received training and so felt equipped to administer medicines. People received medicines in blister packs that were supplied by the local pharmacy and staff recorded the delivery in the medicines folder. The service had a medication policy that detailed information on PRN (as-needed) medication administration. However, some PRN medication administration charts did not contain information on frequency of doses and clear guidance on administration.

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. The pharmacy would collect any spare medicines. The medicines audits were carried out on a monthly basis by the deputy manager and quarterly 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 registered manager told us they were introducing weekly medicines audit to reduce errors. 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 alongside reporting to all concerned professionals.

As part of the inspection we looked at the kitchen area. The kitchen area was clean and the fridge and freezer records were up to date and accurate.

We looked at fire drill records, cleaning schedule and records, water tests and maintenance and electric and fire equipment testing records. The service had records of hoist and wheelchair equipment testing records. They were all up-to-date.

Requires Improvement

Is the service effective?

Our findings

People using the service spoke positively about the staff that supported them. They told us staff understood their individual health and care needs. Their comments included, "They [staff] know me well and know how to support me." And "Staff knows what she likes and dislikes. I don't worry about her. Staff understood people's right to make choices about their care. People told us staff gave them choices and asked permission before supporting them. One person said, "Yes they are very good, they give me choices."

The service offered a comprehensive induction course for newly recruited staff. The service had recently increased their induction course to eight days. 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, dementia, safeguarding, and infection control 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.

We looked at the staff supervision and appraisal records, and saw gaps in them. The registered manager told us they were in the process of training their team leaders in providing supervision to the staff thereby delegating supervision responsibilities. Following the inspection, the registered manager informed us that the team leaders were booked on supervision training in September 2016. They further told us that they had provided group supervisions to staff whilst they were waiting for team leaders to be trained in providing supervision. The registered manager said that they had scheduled dates for supervision for staff so that all staff would have received supervision by mid-September 2016. Staff told us they were happy with the management and were well supported by the registered manager.

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.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw DoLS authorisation from the local authority in place.

Staff had 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 told us that they were happy with the food and they were given choices. People's comments included, "I do like the food. However, when I first came here I could not read the menu properly. The registered manager produced a menu for me in a large and bold font so I could read and decided what I would like to eat." and, "Oh yes the food is fair, you can have an alternative if don't like the food." On relative told us, "Oh yes there is plenty of food and the choice is good. [She] enjoys 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. We saw people were given choice of cereals, toast, fruits and boiled egg for breakfast. Lunch was well presented and consisted of three courses. There were menus on the table. The food menus included a choice of starter, two mains plus one alternative option and desserts with water and juices. Food was transported from the main kitchen in hot trolleys and served by kitchen assistants. There were facilities to keep food warm in the units in heated cabinets. Crockery and cutlery were coded to assist in the observance of the service's dietary specifications. People told us their specific needs around food and drinks were met, such as people on soft food diet, gluten free and diabetic diets. On person told us, "When I first came here, I told them [staff] I was on a gluten free diet. I met with the chef and the staff to design the menu. They are very good in reminding me if I pick food that I had the day before. My meal times are now much more enjoyable." One relative said, "They [staff] have been first class with coping with [her] diabetes, excellent in fact." We saw food temperature records and they were up to date.

On the day of inspection, we saw hot drinks and biscuits were delivered to all in the morning and in the afternoon. Fresh fruit and juices were available on all the units throughout the day. One staff told us, "I often go around in hot weather to make sure people have had enough fluid."

The service weighed all the people on a monthly basis. We saw weight management records, people's weights were stable. Staff were able to describe the way they supported and encouraged people to maintain a healthy lifestyle and balanced diet. Although people who were on low sugar and fat diet due to diabetes told us they were well supported, their care plans did not detail their a diabetes management plan. The care plan lacked information on risks associated with diabetes such as hypoglycaemia and hyperglycaemia and signs to look out for low and high blood sugar levels.

We looked at people's daily care records. We found a few gaps in the records and they did not always detail people's nutrition and hydration intake. We informed the registered manager about this and they told us they will review the format of people's daily care records.

People and their relatives told us they had access to health and care professionals. We saw records of this in people's care records. The registered manager told us the GP visited every week. We saw records of professionals' visits. The records included such as doctor, chiropodist, dentist, optician and dietitian. The service made arrangements for people to either attend outside health care appointments or for specialist support to visit them where possible. During the inspection we spoke to the community nurse who was visiting some people. They told us, I am very happy with the job the carers do. I get prompt referrals and they follow instructions." We saw wound management plan and instructions from health care professionals such as a tissue viability nurse regarding pressure ulcer care were followed by staff at the home.

The service was well maintained and purpose built with wide corridors to allow good wheelchair access.

There were open plan spacious lounge and dining areas on all the three floors and an accessible garden. People's bedrooms had ensuite facilities. There were recreational and faith facilities, including a Synagogue, shop and café they shared with some of the provider's other services. There was a name plate on people's door and on the side of the door there was an accompanying display box, where people's photos were displayed. However, there were no other personalised items on display in the memory boxes or memory boards that reflected people's backgrounds. There was a lack of signage and colour zoned walls to support people with dementia in accessing various rooms and facilities in the service.

We recommend that the service finds out more about dementia friendly environments, based on current best practice, in relation to supporting the specialist needs of people living with dementia meal times.

Good

Is the service caring?

Our findings

People using the service and their relatives told us the staff were caring and friendly. People's comments included, "I cannot grumble about the staff, they are very good." And "Yes, the staff are very caring." On relative told us, "Staff are fantastic, they work very hard."

During the inspection, we observed positive interactions between staff and people. The service had a relaxed and happy atmosphere where people were seen chatting to staff, other people and relatives. We saw people watching television in the lounge area, reading newspapers, enjoying the garden and listening to music. Staff were patient and considerate with people and listened to their needs.

People and their relatives told us staff treated them with dignity and respect and that they were listened to. Their comments included, "They listen to me and then act." "I have the most wonderful staff, honestly I do." "They are wonderful." "I am very happy my wife is looked after here. [She] is treated with respect and dignity. They [staff] always listen to us." 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, they closed bedroom doors whilst assisting people with personal care.

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.

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. We observed that where appropriate people were supported to maintain their independence skills, for example in managing their own medicines. One person told us, "Staff are good in supporting me however; I presently bath and dress myself." One relative said, "[My mother] receives assistance to shower but [she] dresses herself. [My mother] also chooses her own clothes to wear. Staff support [her] with that."

Staff recognised people's individual needs in regards to race, religion, sexual orientation and gender. The service supported people in weekly religious practices. Friday night Shabbat services were held each week and all Jewish festivals were celebrated. One relative told us," We had a fantastic Passover. The tables were set very well, the family members were invited and people were really engaged. It was beautifully done." Staff celebrated people's birthdays. One relative said, "Staff always celebrate my relative's birthday, they [staff] bake a cake and have a party. [She] loves it."

We saw people's bedrooms had been personalised with their personal belongings providing a homely environment. Photographs of people living at the home involved in activities and their work 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.

The service had pet animals including two cats and one parrot. During inspection, we saw people happily

stroking the cats. The registered manager told us they had adopted cats and bought a parrot following people's request to have animals at the service.

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

Good

Is the service responsive?

Our findings

People using the service told us staff understood their individual needs. One relative told us, "When [my mother] moved here [she] was lonely, depressed and incontinent. Within two weeks of moving [she] stopped using incontinence pads and gained weight." 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, "I visit [my mother] almost every day, staff are always welcoming."

The registered manager assessed people's needs and completed a pre-admission sheet before they moved to the home and began receiving support. People and their relatives were invited to look at the bedrooms and other facilities offered in the service before confirming their move. One relative said, "When we came to visit this place, we were so impressed. We were showed around and were given a choice of room for my relative."

We saw people's care plans were reviewed every month 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 monthly staff meetings.

The information from the pre-admission assessment was used to draw up people's individual care plans. 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, life history, eating and drinking, medication, religious needs and health related information and correspondence. The care plans also included people's activities preference sheets and a monthly record to monitor how well people were engaging in activities.

People and their relatives told us they were included in their care review meetings, and were able to express their views and wishes regarding their care. People's relatives told us they were invited to participate in the care reviews. Their comments included, "[My mother's] care is reviewed once a year and both my sister and I are present." and "I am given care plan progress and included in care reviews."

People and their relatives told us they were able to engage in a range of activities. One person told us, "They will put a film on in the pavilion and I like to go to that." and "I love dancing and if there is dancing activity I get involved." One relative said, "There are lot of activities here, activities work [for my mother]. [She] is very engaged with the exercise activity. [She] enjoys painting. [She] seems happy after get her hair and nails done."

The service had a team called living well that engaged with people to identify people's interests and hobbies. Based on this the living well team drew up a group activities programme and recorded people's individual activities in their care plans. The group activities programme included activities such as bingo, movement with music, exercise, music, gardening and art and craft. At the time of inspection, we observed two group activities delivered by therapists and staff; these were movement session using sensory

equipment including bubbles and oriental music session. We saw people enjoying the activities and the activities were facilitated to include those who were less able to participate. We saw staff supporting people to access these activities. One person told us, "[They] also come around and remind you what is on for activities, in case you want to go."

People were supported in maintaining their religious interests. For example, some people were supported by staff and volunteers to access Synagogues once a week. One person told us, "They even take me to the Synagogue."

We saw four people's bedrooms; they were spacious, clean with lots of natural light. The rooms were personalised and people had their personal belongings in the rooms for example photos. There were door bells next to people's bedroom door, name plates on people's door and next to their door there were display boxes with people's photos.

In order to encourage people and their relatives to give their feedback, the registered manager recently introduced 'tell us your ideas and suggestions' box. This box was secured at the entrance of the service, it was visible and accessible.

People told us they attended residents' meetings and found them useful. Their comments included, "Sometimes I go to the residents' meetings and I feel my voice is important, if I need something to be said." and "I was asked to chair residents' meeting and is a very good forum." The registered manager told us at the residents' meetings they encouraged people to say how they felt about the service, if they had any concerns or specific wishes. We saw notes of residents' meeting, demonstrated people's views, comments and concerns.

People's relatives told us they were invited to relatives meetings where the registered manager asked them about their views and opinions about the service. At this meeting the registered manager also gave any relevant information on the service. One relative commented, "I attend relatives' meetings and they are helpful."

People were actively encouraged to raise their concerns or complaints. 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. They told us their complaints were listened to and acted on promptly. One relative said, "Initially I had to raise a concern regarding [my relative] accessing a GP, I spoke to the registered manager and they arranged a GP's visit straight away."

The provider's complaints procedure was easily accessible and 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 maintained clear and accurate records of complaints.

Good

Is the service well-led?

Our findings

The service had a registered manager in post. People using the service, their relatives and staff told us the service was well managed and found the registered manager to be approachable and helpful. They told us if the registered manager was not available they could speak to the deputy manager. Their comments included, "The registered manager is approachable and available to discuss things and listens to us." and "I have a very good relationship with her [registered manager]."

People and their relatives told us they were very happy with the staff and the service. One person said, "I am very, very happy here. They are all very nice here." One relative told us, "I would recommend this home to anyone. They look after the residents with great care. It is like a big family."

At the time of inspection, we observed people were able to voice their opinions and wishes comfortably. For example, we saw people asking the staff to change their meal preference for lunch, we saw some people choosing to stay back in the lounge areas to interact with each other and staff instead of attending activities.

Staff told us they were supported by the registered manager. Staff's comments included, "I find the management approachable. I can talk to them if I have problems." "[She] has an open door policy." "We can talk to the registered manager about issues." and "I can talk to the management about my problems." They told us daily handover meetings and monthly staff meetings were helpful. At the staff meetings the registered manager gave updated information on matters relevant to staff and discussed health and social care, staffing and maintenance issues. Staff told us the registered manager involved and consulted them on matters related to the people using the service and improvement of the service. We saw staff meeting minutes; they included discussions on matters such as people's health and care updates, staffing numbers, CQC inspection and activities. We observed a staff handover meeting and although, staff gave information on people's care, there was lack of structure and staff were not sure of what information they were expected to share. We told registered manager about this and they told us they would review their handover meeting structure.

The registered manager told us there were monthly residents and relatives' meetings where people were encouraged to express their concerns and wishes. Residents' meeting notes confirmed this. The registered manager told us they asked people their views on staff and the care delivery. People's views were then discussed with staff in the staff meetings. We saw evidence of this in staff's meetings notes.

There were records of audits and night spot checks to monitor the quality of the service. There were records of quarterly health and safety checks. The night spot checks were carried out by the registered manager and independently by provider's director of care. We looked at the night spot check records. They demonstrated areas recorded that needed improvement and the actions taken to resolve the situation. The registered manager attended monthly provider's management meetings where health and safety issues were discussed and action plans created. We saw meetings notes. The registered manager also conducted quality assurance meetings where they encouraged staff and residents' to voice their issues. The quality assurance

meetings notes confirmed this. The service had staff recognised as champions for areas including dementia, end of life, health and safety, quality assurance, infection control, first aid, fire safety and living well. These staff received additional training in their designated areas and were responsible to promote best practice in those areas.

The registered manager undertook regular walks around the service, identifying areas for improvement. They would randomly go to people's bedrooms and press call bell to see how long it took for staff to attend the call. Monthly medicines and internal health and safety audits were conducted. Incident and accident records were recorded with details about any action taken and learning for 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. 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. An improvement plan was in place based on relatives' survey to address issues including communication, food and furniture.

The registered manager worked with various health and social care professionals in delivering efficient care services to people. In addition to working with Jewish Care services, they worked with district nurses and North London Hospice. They were registered with the local authority integrated care quality team. The registered manager worked closely with the provider's departments and attended provider's registered managers' forum for continuous improvement.