

Jewish Care

Sidney Corob House

Inspection report

122-126 Fortune Green Road
London
NW6 1DN

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31 July 2019

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Sidney Corob House is a residential home providing care for up to 32 predominantly older people with enduring mental health conditions. The home caters specifically for people of the Jewish faith and there were 30 people living at the home at the time of this inspection. Each person had their own room and shared communal facilities provided people with ample space in different lounges and two dining areas, as well as in the garden.

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

People were kept safe from harm and if any concerns about people's wellbeing arose the service took all necessary steps to respond. Staff knew what they should do to minimise the risks that people faced but did not restrict people's right to take reasonable risks.

The service understood people's needs and planned their care well. The care provided was inclusive of people using the service and was planned with their involvement.

Staff were caring. This was evident from what people and relatives told us and the positive and considerate way in which all staff viewed and respected the people being cared for.

The service was exceptionally responsive to people's needs. People were respected as individuals and were not expected to just "fit in" with what was convenient for the service. The service was mindful, sensitive and thoughtful to people's wishes and aspirations and worked hard to meet people's current and changing needs. People had been helped to make difficult decisions in their lives and to return to their lives in the community. A special project had been set up which resulted in people using the service producing a self-help book which was about to be publicised in community settings. A charter of rights had been written for and by people using the service and much attention had been focused on human rights, sexuality and supporting LGBT+ themes. A sensitive approach had been taken to end of life care. Electronic care planning had been introduced with positive outcomes for people.

Management, both by the provider and at the service, was outstanding as the ethos of the service was forward thinking. The way in which the service operated was reviewed regularly with an emphasis placed on moving things forward and seeking innovative ways of maximising the involvement of people using the service as partners and not just recipients of care. A "Friends of Sidney Corob House" had been set up which raised funds for activities and equipment at the home. People had been supported to take part in community events including sharing Shabbat meals with people in the community. Staff were being supported with a development form. Reflective practice sessions and with enhanced training and supervision.

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

Rating at last inspection

The last rating for this service was Good (Inspection report published on 17 March 2017). At this inspection the service remained Good.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Good ●

Sidney Corob House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with three people who used the service and two relatives about their experience of the care provided and received comments by e mail from another relative. We spoke with nine members of staff including the head of care, operations manager, registered manager, assistant manager, administrator, support workers and social inclusion co-ordinator.

We reviewed a range of records. This included five people's care records and multiple medicines records. We also looked at one new member of staff's recruitment records, no other new staff had been recruited to work at the service apart from a support worker who was previously employed at another Jewish Care facility. We looked at staff supervision and training records. We also viewed records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff supervision, training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider took all reasonable steps to minimise the risk of harm or abuse of people. The management and staff at the service were thorough in implementing processes to minimise the risk of abuse. Clear messages were given to people about the commitment of the provider organisation and all staff to everything they could to keep people safe from abuse.
- At the time of this inspection there were no safeguarding concerns. One concern had arisen since our previous inspection. This was responded to quickly by care staff at the service and speedy action was taken to ensure the person was kept safe immediately and in the longer term.
- Staff had access to the organisational policy and procedure for safeguarding vulnerable adults from abuse. Both management and care staff were absolutely clear in their discussions with us about what action they would take if anyone was believed to be at risk of abuse.
- The provider's policy and guidelines for staff clearly stated that a no restraint risk management approach was used. The registered manager reported to us that no restraint had ever been used and de-escalation of incidents continued to work effectively.

Assessing risk, safety monitoring and management

- The registered manager and staff took all reasonable steps to assess, understand and monitor potential risks that people faced in their day to day life.
- Records showed risks to people had been assessed when they first came to the service and were then regularly considered as a part of the monthly care plan evaluation. Up to date guidelines were in place for staff to follow.
- Risk assessments covered a range of different areas that included signs to be aware of which may indicate a person's mental health may be deteriorating. Risk assessments also covered general common risks, for example how safe people were when going out alone, as well as risk assessments tailored to each person's specific day to day care and support needs.

Staffing and recruitment

- The provider used thorough and effective procedures when recruiting staff to minimise the risk to people of employing unsuitable employees to work with vulnerable people.
- One new member of staff had been recruited since our previous inspection. Their recruitment record contained the necessary documentation including references, proof of identity, criminal records checks and confirmation that the staff member was eligible to work in the UK.
- Since our last inspection the service had introduced a rotating rota so that all care staff took turns to provide night time cover. This replaced the previous arrangement which had a separate designated night

team care staff team. This meant that people had access to their keyworkers at different times of day which allowed for key working sessions to take place at different times. The added benefit was that staff had a greater degree of knowledge about people's needs throughout each day and overnight.

- Staffing levels were suitable to meet the needs of people using the service. Flexibility existed to organise staffing to provide for activities and events apart from day to day service user's needs, for example supporting people with appointments.

Using medicines safely

- A person using the service told us "I used to take medicines by myself but now staff help me with it as I am not able to do it now without help."
- Systems were in place to ensure medicines were managed and administered safely. Staff received medicines training and their competency was assessed before they administered medicines and were reviewed to ensure competency was assessed and maintained.
- People had personalised medicines care plans. Medicines administration records showed that people received their medicines as prescribed. Since the previous inspection the service had changed the pharmacy that supplied medicines. The recording system for medicines administration was clear and appropriate guidance about the medicines used was also provided.
- Since the previous inspection the service has created a post of Clinical Lead with the responsibility of supporting the registered manager overseeing the management of medicines. The post holder was a qualified register mental health nurse.

Preventing and controlling infection

- People were protected from the risk of infections. The home was clean. Regular checks of the cleanliness of the environment were carried out. Staff received infection control training. Disposable personal protective clothing including gloves were available. We saw these used by staff when needed.

Learning lessons when things go wrong

- Staff we spoke with knew what they should do if any concerns about people's welfare arose. Systems were in place to monitor and review any incidents, near misses or other welfare concerns to ensure that people were safe.
- People's risk assessments and care plans had been updated if there were any concerns arising from an incident or identified changes to people's care and support needs. Staff responded quickly and made changes to support needs that were identified and emphasised positive changes for people as being important in this process.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remains the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Care records contained a pre-admission assessment, which was detailed, and the home sought all available information from relevant person's, including the person themselves and their relatives about their current care and support needs.
- People's needs, and choices were assessed in line with current legislation and guidance in a way that helped to prevent discrimination. Details about people's cultural, religious, disability, age and relationship needs and personal preferences were included in their care plans. This helped staff to fully understand people's individual needs, so they could effectively provide the care people needed in line with best practice guidance and the law.
- The provider understood the need to consider potential risk that people faced to their ongoing health and wellbeing and day to day activities. There were clear risk assessments in place, for example the risk of falls and injury, leaving the home alone and day to day activities that people engaged in.
- Action was taken in consultation with people using the service to minimise potential risks and to look at positive risk that people could take, not least in terms of engaging with new activities and increasing independence.

Staff support: induction, training, skills and experience

- The provider operated effective staff induction procedures which was confirmed by staff we spoke with.
- Care staff we spoke with confirmed they received regular supervision and records of staff supervision and appraisal were supplied to us which confirmed this. Staff supervision covered areas including the needs of people using the service, training and professional development and day to day staff employment matters.
- The provider had introduced a staff wellbeing week in line with World Mental Health Day on a yearly basis. Staff members' birthdays were celebrated within the home with their consent for this to happen. We were told by the registered manager that if staff were unwell and were on sick leave for a week or more that they were sent a card and flowers from the home.
- The provider was committed to, and provided, staff with training to effectively undertake their work in supporting people.
- The staff training matrix we viewed showed that refresher training was identified, and timescales were listed for updating training as required. All staff we spoke with told us about, and complimented, the range of training opportunities they were offered and thought these choices did equip them with the skills they needed.

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

- A person using the service told us "The food is very good, and it is all Kosher."

- People and staff ate meals together and received specific one to one support at mealtimes if this was needed. People's views about the standard of meals was listened to and suggestions and comments were taken seriously, and changes were made.
- People were provided with a Kosher diet in line with the expectations of people of Jewish faith. People could choose to either adhere or not to a Kosher diet although everyone using the service at present chose to do so. People had a separate dining area to use if they ate non-kosher meals.
- We observed people's mealtime experience at lunchtime. People went to the service counter in the dining area and chose the meal they wanted from the two choices available. Most people did this independently without needing support although care staff were seen helping if people needed this.
- Menus were displayed in the dining area and were reflective of the food that was served on the day. People knew what was on the menu and were also reminded at the service counter and were given a choice.

Staff working with other agencies to provide consistent, effective, timely care

- Care plans showed that the service had close, effective and positive relationships with other health and social care professionals. The care provided was responsive to people's needs, acknowledging when these needs changed not only in terms of additional support but also when people's wellbeing improved.

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

- The facilities in the home were suitable for people using the service. People's own rooms were decorated and furnished in the way that people individually preferred. There was ample space for people to use to engage in communal activities, to socialise and to have private space to receive family and friends.
- A designated activity area with information technology, including internet access had been created for people and we spoke with a person who was using this area. The person told us they liked having this facility and were busily looking at information on websites.
- The decoration of the home was well maintained, and the dining room had been refurbished and designed to represent cultural aspects of Jewish faith and festivals.

Supporting people to live healthier lives, access healthcare services and support

- Sidney Corob House ensured the information about people's current state of physical and mental health was up to date and shared with health and social care professionals that were involved with each person.
- One person using the service was needing to attend appointments more than once per week to receive treatment for a complex serious medical condition. One to one support was provided to assist the person through their treatment and this work helped to provide ongoing and consistent support.
- Staff demonstrated a detailed knowledge of the people they supported and knew what signs to look for should a person's mental health condition begin to deteriorate.
- Most people experienced long term stability in their day to day mental health and the service demonstrated thoroughness in responding to changes that may occur. This was specifically in evidence when someone had experienced a serious deterioration in their mental health and the service responded quickly and diligently to ensure the person was kept safe and received the treatment they required.
- People were supported to use community healthcare services as and when necessary. Each person was registered with a local GP, dentist and optician. Staff supported people to make and attend their appointments and these were planned for and people were supported by staff to attend these as they needed.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider organisation, registered manager and staff were clear about the responsibilities of the service to comply with the MCA and DoLS legislative requirements. DoLS were in place and the necessary approvals was in place for the four people that required this restriction at the moment.
- Best interest's decision meetings were held when required although everyone had the capacity to share their views, make their choices known and be involved in most day to day decisions.
- The manager and all other direct care staff we spoke with had sound knowledge of their responsibilities under the legislation and demonstrated commitment to adhering to these requirements in the best interests of the people they supported.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were treated well by staff. We were told "It's a good service and the staff are very attentive" and "The staff are wonderful, [manager] and all staff are diamonds."
- During the inspection we saw constant examples of positive, warm and caring interactions between people using the service and staff, whether care staff or those employed in other roles. All staff were observed being courteous to people and respectful of the decisions people made.
- A person using the service had recently attended the pride march with a relative, with care staff support provided, which the registered manager told us was the first time the person had done so in their life.
- There was a lot of emphasis placed on people being treated as individuals first. The values of the service were clearly set out and a charter of rights workshop had taken place involving people using the service and staff. The aim of this was to state what every person living or working at the home had a right to expect from each other and to be valued as human beings.
- The service had worked with people to jointly develop a guide focusing on people who are in receipt of care and support services within Jewish Care Mental Health Services. This guide was detailed and discussed sexuality, intimacy and relationships. It looked at nonsexual and sexual relationships and individual sexual behaviour. The guide recognised each person was unique and had a desire for companionship, intimacy and love and yet often this basic right may be denied, ignored or stigmatised. It was evidence of how people's human rights were acknowledged and respected by the service.
- All staff we spoke with understood the importance of respecting people's differences and providing them with personalised support. Staff understood the different ways each person expressed themselves and their personal preferences. Staff worked with people in different ways to meet their individual needs and achieve highly positive outcomes.
- Staff told us, "Jewish care has a real vision for the future" and "People deserve our care, support and respect."
- People's achievements were celebrated, and the home had an event late last year, which will become a bi-annual event, that awarded people a "Sidney." The award ceremony was based on an Oscar style event and included both people using the service, staff and other regular visitors being acknowledged for their achievements and the positive impact this had for everyone living and working at the home.
- A Rabbi visited the home regularly to engage with people about their general wellbeing as well as discussing their faith if they wished to do so. People also attended synagogues if they wanted to. Religious festivals were celebrated by the service who had also made links with a local church of England primary school that bought children to the home to visit and spend time with people.

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

- A relative told us, "Sidney Corob is the "home" that we had been searching for a very long time and [relative] does indeed feel at home and likes being there. This is all down to [the manager] setting a very high standard of care where the client is seen as a person with all their positive attributes, not the negatives."
- Staff encouraged people to make choices and be involved in decisions about their care. Smoking cessation work had been undertaken when people had wished to. The home was a no smoking environment throughout although people were able to use a designated covered smoking area in the garden.
- Personalised care plans detailed the day to day decisions people were able to make and where they needed support. For example, during the inspection we saw that people made choices about what they wanted to do or whether to be in other people's company or alone. Choices people made were evidently respected by staff.
- Staff knew people very well. They knew people's individual routines, likes, dislikes and how each person wanted and needed to be supported. During the inspection we observed staff constantly engaged with people involving them in decisions to do with their care and other day to day needs.

Respecting and promoting people's privacy, dignity and independence

- During the inspection people who needed support with their personal care had their privacy respected. A person told us they spent time alone in their bedroom when they wanted to and were not made to socialise with other people if they didn't want to.
- A person using the service told us that they helped voluntarily at reception.
- A relative told us "In particular the manager and other key staff show imagination in providing support for [relative]. They identified a room near the garden which she moved to, which suited her very well. This is one example of the general thought and creativity in tailoring support to [relative's] needs. They are accompanied to a Monday evening art class, they were taken out to films. These were real highlights in encouraging [relative] to interact and develop confidence."
- People's care records and other confidential information were stored securely and in line with legislation. Staff were fully aware of the importance of respecting confidentiality and not speaking about people to anyone unless they were involved in their care and treatment.
- People were encouraged and supported by staff to be as independent as possible. Throughout the inspection we saw people were spoken with by staff in a considerate and caring way, with staff demonstrating a genuine regard for people's wellbeing.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Care and support plans showed that people and where relevant, their relatives were fully involved in decisions to do with their care. People were supported to achieve their aspirations. A person's relative told us that after many years of living a haphazard lifestyle without mental health support their relative had made remarkable progress and was now more engaged with their family in ways they had never been before. This garnered high praise as the relative had seen the work of the service making a highly positive impact on the life of their relative and their family.
- People received personalised care and support. People's care and support plans reflected people's choices, wishes, goals and what was important to them. Staff knew people well. They were knowledgeable about each person's individual needs and preferences and focused on providing personalised care that was tailored to the individual.
- An example of this is how staff had responded to a person's personal needs. The staff team recognised that a person may not understand or have knowledge about how to meet these needs in a way that could prevent them causing inadvertent physical harm to themselves. This was addressed compassionately through conversations and assurance given to the person that their need was something they should feel ashamed of. The result of this was that the person's key worker built exceptional trust through patience and confidence building, which resulted in the person being supported to seek advice and to make decisions about how their needs could be safely and sensitively met.
- A relative told us, "The mental health system is broken, but not at Sidney Corob House."
- Another example of the responsiveness of the service is that the home was told about a person who had not previously received care or support from social care services. The registered manager and care staff team spent time engaging with the person to gain their trust and then suggested they may benefit from spending time living at the home. The person accepted this and positively worked with the staff team to address the issues that had placed them at risk by neglecting themselves both physically and psychologically. This was an exceptional area of support based on working collaboratively with the person and community based support services. The person successfully engaged with this support, which was coordinated by the registered manager. The significant and positive outcome for the person was that they able to become independent again in the community in as little as eight months.
- The way in which the service worked with people was focused on maintaining positive mental wellbeing. This achieved a high degree of success as people did not individually experience repeated or prolonged mental health relapse and any concern about this occurring for anyone was quickly responded to. Apart from one person who has needed to spend time in hospital, since our previous inspection there had been no significant relapses for people that required hospital admission in order for them to be well again.
- Staff understood people's behavioural support needs. Care plans were in place that included guidance for

staff to follow to provide people with the support they needed with any behaviours that could be challenging. However, the evidently positive, warm and trusting relationships between people using the service and staff resulted in very rare occurrences. The way that people were feeling at any given time was acknowledged and care staff evidently responded to that highly effectively.

- An improvement since the last inspection was the introduction of electronic care plans. We looked at five of these. They were easy to navigate and provided a clear description of people's support needs. Full implementation was scheduled for later this year but we saw that the electronic care plans were already on the way to being fully transferred to this new system. We spoke with two of the provider's information technology representatives who were implementing this system. They told us that they were focused during the implementation of this system to making sure it fulfilled people's care planning needs and the work of the home.

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

- A person using the service told us "I go out with staff to go for coffee and the shops. I used to go out on my own but now staff come with me as I can't walk as well as I used to."

- People were supported to maintain and develop friendships and relationships with people who mattered to them. People were supported to have contact with relatives, using social media or web calling if people's relatives lived some distance away or overseas.

- People and staff were jointly engaged in workshops and discussions about equality and diversity. The ethos was shared as an expectation that, even if people disagreed with how a person lived their life or the values they held, it was everyone's right to be respected and valued. This work had also included lesbian, gay, bisexual and transgendered (LGBT) lifestyle and relationships and proactive support was provided for people to engage and maintain relationships with partners of the same or opposite sex.

- We were introduced to the spouse of a person using the service. They did not wish to talk with us specifically about their spouse living at the service but did not mind us hearing their conversation with the registered manager. The registered manager listened to what they said, they talked about the person's care, and what plans they had for activities. The interaction was very warm, caring and respectful of the person's right to be involved and as a partner in the care of their spouse.

- We were shown a self-help book aimed at promoting positive mental wellbeing which had been created and written by people using the service. This was via a creative writing project where people explored what the word 'treasure' meant to them. They discussed material treasures such as jewellery and relationships and wrote poetry and self-help advice. The registered manager and activity co-ordinator told us that a series of monthly workshops in book shops, community centres and libraries was planned with the launch of this book to raise the awareness of mental health and of Sidney Corob House.

- It was not unusual for people using the service to have experienced isolation from their families and loved ones because of living with long term mental health difficulties. Staff supported people to try to re-establish contact with those they loved, and we spoke with a relative where this had happened. This person told us of the remarkable positive difference the support of the staff had made to their relative.

- People's independence was promoted. During our inspection some people were being assisted to engage in activities both inside and outside of the home and others were engaging in activities or past times independently.

- Since the previous inspection a second activity post had been created. This role is of Activity Organiser who worked closely with the social care coordinator. The registered manager told us that this role was created to develop a more flexible programme of activities and social events, including evenings and weekends as people had requested.

- There had been developments in people's choice to engage in activities. This included attendance at education classes in the community, links with synagogues and local school children visiting the home.

Links with members of the Jewish community had resulted in some people being invited to attend Shabbat meals on a regular basis with families in the local area.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure that was provided to people when they started using the service and information was also readily available.
- The provider had systems in place for monitoring of complaints. Seven complaints had been made to the provider in the last year, which had been quickly responded to and resolved. Historically the home received very few complaints. Comments we received from people and relatives demonstrated how readily any matters could be raised and were responded to so that formal complaints were rare but anything people raised was in any case recorded.

End of life care and support

- The service was involved in providing end of life care from time to time and had detailed procedures to manage this. These procedures including liaison with palliative care nursing specialists. The guidelines for staff emphasised that the focus of end of life care was on supporting a dignified death for the person as well as supporting their families and friends.
- A highly positive example of how the home worked with people was the way in which a person's wishes were discussed and responded to. The person had expressed goals they wished to achieve before the end of their life as well as very personal experiences that they were saddened about and wished to resolve in respect of their relationships with their family. As an example, the person had been supported in their wish to visit the grave of a parent as they had not done so and had not been in touch with their family at the time, or since, their parent's death. The registered manager had liaised with the person's family about their wish to visit the grave and to erect memorial headstone alongside their family's headstone. The person's wish to do this was exceptionally well supported with staff showing sensitivity towards them. This also demonstrated respect for the person by staff at the home assisting the person to fulfil their wishes which was notable for the kindness and compassion shown by the staff team at the service.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People using the service almost entirely received publicly funded care. The provider ensured that people's communication needs were taken into consideration. No one using the service at present required any specialised communication methods other than a person with a hearing impairment receiving support and equipment from a community based service. The provider could accommodate changes to how people received and engaged in communication if this became necessary for people in the future.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- A person using the service told us "She [the registered manager] does listen to me she is very good. Staff are alright I can talk to them."
- A relative told us "[Manager] inspires her staff to have [the service's] ethos to their approach and the staff are good and caring. The atmosphere, the amount of empowerment and the stimulating and rewarding activities are second to none."
- Another relative told us "I have been really impressed as the care is intimate and personal. My [relative] is treated as an adult and is respected."
- The ethos of the service is that everyone was important and deserved the right to be treated with dignity and respect. The service provider had revised their welcome pack to include human rights principles in the expectations of the service. A "Resident and Staff Charter" is being developed at weekly workshops where people and staff came together to discuss and compile a list of expectations people and staff all have from one another. The day before our inspection the latest of these workshops had discussed equality and diversity, specifically around LGBT matters.
- People's outcomes were not only good and often even more exceptional due to the positive impact the service had on people's lives. The open and inclusive culture of the service was evident, not only because the home published and displayed information about the values, but these values were being jointly owned by everyone regardless of whether someone lived or worked at the home. The culture of the service was positive, open and person centred.
- Staff knew people very well and supported and encouraged people to lead the life they wanted. People's wellbeing was central to the service and a "person first" approach was evident in how people's support was planned, and that people were partners in their care not merely recipients of care.
- Staff supported people to be fully included in the local community by supporting them to access local facilities and amenities, including spiritual support and amenities to enjoy leisure and social life activities.
- Staff told us there was a strong feeling of teamwork. Without question all the staff we spoke with told us about a supportive and inclusive service, one member of staff saying, "I can't wait to come to work in the morning."

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

- The registered manager came into post shortly before our inspection in 2017. We were told by relatives and staff that highly positive changes had been made and these had been in consultation and with

people's co-operation. Changes had included, strengthening the ethos and positive culture at the home and working with people to encourage them to take an active lead in deciding about the lives they wished to lead.

- Audits to monitor the service and experiences of people were carried out. These included checks of health and safety, accidents, medicines, incidents, complaints, people's and staff documentation. There were additional audits completed by the operations manager and provider's quality assurance processes.
- The registered manager told us that since the last inspection the provider organisation had appointed a compliance and safeguarding lead who carried out regular audits at the home in addition to the home's internal audits, which we were shown. These audits demonstrated that there was due diligence and oversight of the service which meant that highly positive standards of care and support were consistently maintained.
- The manager, senior staff and care staff were clear about their roles and responsibilities. The team was not hierarchal and there was open and professional communication, which we observed at a handover we attended as well as in day to day staff interactions that we observed.
- Staff felt well supported. They told us the registered manager was approachable and listened to them. Staff spoke enthusiastically and compassionately about their work and the people they cared for.
- Staff meetings, supervision and appraisal meetings were used to share information about people and the service. The registered manager had introduced a development forum which included best practice, reflective practice sessions, lessons learnt sessions and sessions providing staff with details about changes to do with the service. .
- Since the previous inspection the organisation had introduced a new learning management system called SkillBox, which had enabled staff to access and book training courses directly, including face to face and on line courses. We looked at this system and it provided ample and easily accessible training opportunities for staff, whatever their role. The benefit of this was that staff could take a pro-active role in their own professional development.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Communication between people, their families and staff was good and the conversations we observed with people and their relatives was free flowing, engaging and staff were approachable and listened to what people wanted to say. Meetings between people using the service, relatives and staff took place as well as social events. Written surveys were also carried out.
- As an example of the response to people's views, people using the service chose to adhere to the Jewish faith in different ways and to varying degrees. During the Jewish Shabbat access to separate lounges was available for the small number of people who were more religiously observant. Most people living at the home were less so and had voted to have the TV on during Shabbat. The service acknowledged and honoured their request but also made provision for people who want to observe the Shabbat religiously.
- Since the previous inspection, the register manager had undertaken a significant piece of work within the community to raise the profile of Sidney Corob House and to enhance the awareness of mental health. This included, talks in the Synagogue and creating a 'friends of committee' where funds had been raised to enable projects such as the activity room, the newly created ground floor accessible toilet and creative decorations in the communal areas. People had also been on holiday using funds which had been raised by the friends committee, one person telling us they had never been on a holiday before. This demonstrated the notable positive impact of engaging with people in the community to help support people using the service to have positive experiences.
- The service had strong links with the local Jewish community and other community based organisations such as a primary school and visiting arts services.
- We observed staff engaging positively with people and taking an interest in what people were doing and

how they were. Staff listened to people and respected the choices people made and gave them time to make their wishes clear.

- There was a range of meetings for staff at all levels and documentation showed staff could make suggestions and share their views.
- People using the service and relatives told us they had no hesitation in raising anything they wanted to and were asked to give their views about the service. They believed their views were taken seriously, respected and that the service listened and responded to what they had to say.

Continuous learning and improving care

- Staff told us that they were committed to ensuring people received personalised care and had the best possible outcomes that they could. They also told us that they felt encouraged to keep striving for achievement doing whatever they could to see if more can be done to enhance people's quality and experience of life.
- There was a culture of good communication and continuous improvement and learning within the service. The registered manager kept up-to-date with best practice and information was shared with staff. An ongoing programme of staff training, and development was in place to ensure that staff maintained and developed their skills. The provider ensured that their senior management representatives were in regular contact with people using the service to ensure oversight of how the service was operating.

Working in partnership with others

- The service liaised with other health and social care professionals to ensure that people's needs were met.
- Care staff had sought advice and guidance from healthcare professionals where there were any concerns about a person's wellbeing and changes to people's needs.
- Where people had been admitted to hospital the service ensured that contact was maintained with the person and hospital staff. People were not left isolated in hospital as regular contact, including visits, was maintained as the aim was, if possible and appropriate, for the person to return to Sidney Corob House when the person was well and ready to do so.

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

- The manager was fully aware they were legally required to report to CQC, any event which affected the running of the service, DoLS authorisations and significant incidents.
- The manager and other staff knew when they needed to inform relevant professionals including the local authority safeguarding team of incidents and other significant events.
- Staff told us that they were encouraged to share any concerns they had about the service. Staff had confidence, and gave us examples, of issues raised being quickly and properly responded to.