Birmingham Jewish Community Care

# Andrew Cohen House

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

The comprehensive inspection of this service took place on 4 and 5 January 2018. It was unannounced. At our last focussed inspection of this service we found it to be Requires Improvement in the key areas of Safe, Effective and Well Led, however there were no legal breaches of regulation at that time. Other key areas of Caring and Responsive were found to be Good.

Andrew Cohen House is a care home with nursing and can accommodate up to 59 people in one adapted building. The home specialises in providing care to people living with dementia in small separate units within the building. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

People were protected from potential abuse by staff that were trained and understood how to safeguard them. People had risks to their safety assessed and there were plans in place to reduce the risks, which staff understood and followed. There were sufficient staff that had been recruited safely to support people when they needed it. People received support to have their medicines as prescribed. There were systems in place to learn from incidents, or when things went wrong to avoid this happening again.

People had their needs assessed and were supported to meet them by trained well-supported staff. People had their nutrition and hydration needs met and had enjoyable mealtime experiences with lots of choice. The building was purpose built and designed to meet people's needs. People were supported to access health professionals to maintain their health and wellbeing. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and the policies and systems in the service supported this practice.

People had good relationships with staff and were supported in a kind, caring and compassionate manner. People made choices about their care and support and were involved in decision making. People were supported in a way, which maintained their dignity, and staff were respectful.
People had their preferences met and staff understood people's needs.

There were opportunities for people to follow their interests and take part in a wide range of activities. People's communication needs were considered and they had support to follow their religious beliefs and cultural practices. People understood how to complain and complaints were responded to in line with the provider's policy. People had the opportunity to take part in discussions about their preferences for care and support at the end of their life.

A registered manager was in post and people, relatives and staff found they were accessible. People and their relatives had an opportunity to have say in how the home was run. The registered manager had checks in place to assess the quality of the service people received and ensure the management of the service was effective. The registered manager had a vision for the service and plans in place to make continual

improvements.

## 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 were safeguarded from potential abuse and risks to their safety were managed. People received support from staff that were recruited safely and there were sufficient staff to meet their needs. People had their medicines as prescribed and the home was clean and infection control measures were in place. The manager had a process in place to ensure the service learned from things that went wrong.

### Is the service effective?

Good

The service was effective.
People had their needs assessed and plans were in place for effective support. Staff were knowledgeable and received training updates. People were supported to maintain a healthy diet and could choose their meals. People had access to health professionals and received consistent care and support. People were supported in line with legislation and guidance for giving consent to their care and support.

### Is the service caring?

Good

The service was caring.
People were treated with respect and staff were compassionate and caring. People could make choices and were involved in decisions about their care and support. People were supported to maintain their independence and had their privacy and dignity maintained.

### Is the service responsive?

Good

The service was responsive.
People's preferences were understood and they were involved in their assessments, care plans and reviews. People were supported to take part in activities and follow their individual interests. People could be confident that any complaint would be listened to and acted on. People had opportunities for discussions about their wishes for end of life care.

### Is the service well-led?

Good

The service was well led.

People felt able to express their views. Relatives were involved in the service and staff felt able to engage with the management team. The registered manager understood their role and responsibilities and had developed a culture which encouraged learning. The quality of the care people received was monitored and the registered manager had checks in place to ensure people were supported effectively. The coordination between staff and other agencies was effective and people received consistent care.

# Andrew Cohen 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 checked 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 4 and 5 January 2018 and was unannounced.

The inspection team consisted of two inspectors, a nurse who has experience of working with 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, in this case dementia care.

As part of planning the inspection, we checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We also looked at any information that had been sent to us by the commissioners of the service and Healthwatch. We used this information to plan what areas we were going to focus on during our inspection visit.

Before this inspection, we had not asked the provider to complete a Provider Information Return (PIR). 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. Due to technical problems, a PIR was not available and we took this into account when we inspected the service and made the judgements in this report.

We spoke with 15 people, 6 relatives and one health care professional. During the inspection, we spoke with the registered manager and deputy manager and 13 staff who worked at Andrew Cohen House. We also spoke with the trust director. 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 also made informal observations throughout the days of the inspection. We looked at care records, including pathway tracking 6 people. We spent time reviewing records that included rotas, training and supervision lists, staff recruitment files, peoples care files and audits.

Good

# Is the service safe?

## Our findings

When we last inspected this key area during a focussed inspection on 13 June 2017 we found that it Required Improvement. This was because people were not receiving their prescribed skin creams and were not being helped to move regularly in order to protect their skin. At this inspection, we found that these areas had improved.

People and relatives told us they felt safe. One person said, "I certainly feel safe here we always have someone around never are we left on our own." Another person said, "I always feel safe." Relatives told us, "It's a safe environment for sure, I come at different times." and "[My relative] is happy, there are no accidents, they [staff] have sorted everything." A staff member told us, "Safeguarding is protection for the elderly, keeping them safe from abuse, verbal, physical it is really to protect every one of us."

Systems and processes were in place to safeguard people. The provider had a safeguarding policy in place, which gave information about the different types of abuse and staff members' roles and responsibilities when identifying and reporting suspected abuse. We found that all the staff we spoke with were very clear about how to report any abuse or suspected abuse. The staff team also demonstrated an excellent understanding of the whistle blowing procedure, and therefore knew how to raise issues if they felt they were not being listened to. Staff knew who to contact if they felt concerns were not being addressed appropriately at Andrew Cohen House.

The service had received a number of safeguarding and whistle blowing concerns since the last inspection. We discussed these concerns in detail with the registered manager, and found that appropriate action had been taken in all cases. In relation to the safeguarding concerns, the provider had appropriately notified CQC of all safeguarding matters and had always provided further information about the concerns, their investigation findings and the outcome of their findings. This included lessons learnt to reduce the likelihood of adverse events happening again in the future.

Risks to people were managed well and people were kept safe. Care plans provided detailed information on people's identified risks associated with their health, care and medical needs. This included clear guidance to staff on how these risks affected people and the steps to take to monitor and support people in order to reduce or mitigate any risk identified. We saw that in addition to the main files there were welfare files [summary files] for the use of care workers which provided a simplified version of risks. This removed the need to refer to the main file, for example to identifying when someone should not be leaving the unit alone because it would be a risk to their safety. Risk assessments were reviewed on a monthly basis or sooner where a change in a person's condition was identified.

We saw fire safety checks were carried out and weekly tests were conducted. We found people had individual personal evacuation plans and staff could describe these to us. There were checks in place on equipment and the environment to maintain safety. For example, the call bell system, airflow mattresses, bedrails and protective bedrail covers were checked. There were also records of checks on hoists, lifts and wheelchairs. Electricity, gas and water checks were also in place and the registered manager audited these

regularly. This ensured the environment was safe and suitable for people to live in.

Throughout both days of the inspection, the inspection team observed there was sufficient numbers of care staff available around the home to support people well. Rotas seen for the days of the inspection, confirmed that the stated number of care staff were present in the home. Care staff did not seem rushed and were able to attend to people's need in a timely manner. One person said, "Yes there is a bell, carers will respond quickly." Another person told us, "Yes I think there are enough staff even on weekends." A relative said, "There are enough staff most times, there is always someone here, and we are never on our own." The registered manager told us that staff numbers changed depending on the needs of people and that nurses were always available. We saw that staff had some time to spend with people socially and were not purely task focussed in their work.

The provider had safe recruitment processes in place that ensured staff who were recruited and employed were safe to work with vulnerable adults. A number of checks and assurances were required including criminal record checks (DBS), written references, and proof of identity and confirmation of nurses Nursing and Midwifery Council (NMC) registration and validation. The provider had ensured that the checks in relation to criminal records and registration with the NMC were renewed every year. We saw that sufficient checks were in place and that staff were recruited safely.

At our last inspection, we could not be sure that people received their skin creams as prescribed. At this inspection, we saw evidence that people did have their creams applied, and staff could tell us where the cream needed to be applied. However, there were no written instructions for staff for two people about where the cream should be applied. This may have resulted in people receiving their skin creams inappropriately. The registered manager told us before we left the inspection that this had been rectified.

We also found that not everyone who needed them had instructions in place for staff to follow if they needed their medication 'as required' or PRN. Lack of clear instructions for PRN medications can mean that people do not receive their medicines when they need them. We noted however, that communication between staff was very good and the use of short meetings every morning and written daily handover notes ensured that the gaps in the records did not have a negative impact on people's treatment. The registered manager said they would review all people who used PRN medication and make sure they had the correct instructions in place.

One person said, "The nurse locks up the medicines." People who were able to, understood what medicines they were having and why. When asked one person told us, "Yes I know what my medication is for." Relatives we spoke with said they felt that medication was well managed and we did not see any evidence of medication being used to sedate people unnecessarily.

Medicines storage areas were noted to be clean and secure and appropriately controlled for temperatures. Sufficient stock levels of medicines required within the home were held securely and where medicines needed to be disposed of, there were procedures in place to ensure this was done safely and appropriately. In one person's case, the disposal records of the medication had not been recorded well. The nurse we spoke with at the time corrected the recording during the inspection and discussed their concerns with the registered manager.

The process used for ordering people's monthly medicines to ensure that these were received on time and making sure people had their medicines when they needed them were clear and understood by all staff involved with this process. We looked at a sample of Medicine Administration Records (MAR) of people who used the service. There were appropriate arrangements in place for recording the administration of

medicines. These records
were clear and competed well. We saw that where there were gaps in the MAR recording these issues had been dealt with appropriately by the registered manager.

Controlled drugs were stored and managed appropriately. Controlled drugs are medicines that the law requires are stored, administered and disposed of by following the Misuse of Drugs Act 1971.
A number of people received medicines which were disguised in food or crushed. This is known as covert medication and when medicines were being administered covertly to people we saw there were the appropriate agreements in place in the majority of cases but covert medications had begun for one person before the written consent had been gained. The nurse in charge told us that the covert medication was been given safely and had been discussed and agreed by relevant professionals but they were in the process of gaining the written authority.

Records showed that all qualified staff had completed medicines management training and that medicines competency assessments had been completed for those staff who administered medicines.

We found that people were protected from the spread of infections, and staff ensured that the home was clean and hygienic at all times. All areas of the home were very clean and smelt fresh. We saw that a team of cleaning staff working discretely throughout the home during the day, and that they interacted well with people and formed part of the staff team. One person said, "My room is spotless, it's always clean." A relative said, "The place is not only nice, it's very homely. I am glad we found it." We saw that cleaning schedules were in place with a list of cleaning duties to be completed. We saw that chemicals and cleaning materials were kept safely locked away and did not present a danger to people. There was good hand washing facilities in resident's rooms, and communal areas with each room having an individual soap and paper towel dispenser; however, on the day of the inspection, there were plans to replace some of the detergent dispensers to upgrade them and not all were in use on that day. We observed that food hygiene standards were good and did not present any visible concerns. Andrew Cohen House had been reassessed by the Food Standards Agency in January 2017 and awarded 4 out of a possible 5 stars for food hygiene.

There was also evidence that the equipment people used to assist them move such as slings, were for one persons' use only, and therefore reduced the risk of any cross infections. The registered manager carried out audits of infection control and we saw these were effective in keeping the home clean. We noted that the number of infections had slowly been decreasing. People could therefore be confident that practices were in place that would reduce the risk of infection.

Senior staff told us the registered manager held discussions and undertook analysis when things went wrong. We looked at an example of how they undertook root cause analysis after an incident that involved staff behaving in an unsafe manner. This analysis resulted in changes that meant that people were safer in the future. We also saw that the provider recorded all accidents and incidents. All information relating to an accident or incident was recorded on the system with details of the person, details of the incident or accident that had taken place, the actions taken, any investigative action taken and any lessons that were learnt. The registered manager reviewed all accidents and incidents and also produced management reports on a monthly basis. These were shared with the provider and used to review all accidents and incidents for trends and patterns in order to implement improvements to prevent re-occurrences where possible. One relative told us, "[My relative] used to fall over a lot before she came here. They seem to have put that right now though." The registered manager also told us that the falls analysis had shown a slight peak in falls at staff handover time. The staff rota times had been changed to prevent any staff shortages and therefore prevent falls recurring. These examples showed that the registered manager had processes in place to make improvements based on learning from when things went wrong.

Good

# Is the service effective?

## Our findings

When we last inspected this key area on 19 and 20 September and 20 and 21 October 2016, we found that it Required Improvement. At that time staff did not have a sufficiently good understanding of the Mental Capacity Act to support people appropriately, and people's access to healthcare professionals was poorly organised and managed. At this inspection, we found these areas had improved.

People and relatives were complimentary of the care staff that supported them and felt that they were skilled and trained to carry out their role well. One person told us, "They know what's going on with my care and know what I like and dislike" Another person commented," They do know me well if they are not sure, they ask!" Relative's feedback included, "This is an amazing place, mum wouldn't let anyone wash her dress; somehow, they coaxed her into the shower and changed her dress, she likes music and that helped her to get into the shower."

The service carried out comprehensive pre-admission assessments to ensure that they understood and were able to meet people's health, care and medical needs. We found that the assessments for people were person centred and holistic. Assessments were completed
with the person and in partnership with involved relatives and health care professionals. Where people were assessed to have specific health care needs which required the use of specialist equipment, the service ensured that the equipment was ready an available in time for the person's admission.

All newly recruited care staff attended an induction programme which included areas such as orientation to the home, health and safety, residents' likes and dislikes and policies procedures. There was documentary evidence that inductions had taken take place with the support of the care certificate [a nationally recognised induction programme for new staff]. Care staff were then required to attend training in core areas such as safeguarding, moving and handling, basic life support, fire awareness and health and safety. Records confirmed that all staff received training in these core areas, as well as additional topics such as dementia care, and first aid. Care staff's feedback about the training that they received was positive. Comments included, " The service is becoming more aware of dementia, more attuned to people's needs for example people move around the building freely." and "I've had moving and handling training , fire safety, infection control and dementia training. Moving and handling training has helped me at work and personally to know what to do to keep safe when moving around. Other training opened my eyes to substances which could be harmful to people." Care staff told us and records confirmed that they received regular supervision and an annual appraisal. We were told that they felt supported their role.

Andrew Cohen House continued to offer good mealtime experiences for people. Comments from people included, "Two choices on the menus, I can always ask for some more if necessary." and "I always have a drink they provide and if I want one  all you have to do is ask." On both days of the inspection we observed people had received their meals in a timely manner and care staff were available to support people with their meals where required. People were not rushed and we saw one person ate very slowly and was supported to do so. We saw that people were offered a choice of drinks throughout the day and at meal times and we were also told by the registered manager that people were served a choice of drink in the

morning whilst people were
in their rooms waiting for support with personal care.

We observed people being offered a choice of meals, even though they had selected their choices on the previous day. We saw that where people, once served, did not want the meal that they had chosen, this was taken away and alternative options were offered. One person told us how they only preferred vegetarian food and their wishes were always accommodated. Andrew Cohen House is linked to the Jewish community and therefore offers meals that are Kosher to meet the religious preferences of the majority of people who live there. A staff member said, "When you start work you are trained about what is Kosher and people will tell you about the religion and what to do or not to do…Kitchen staff also help. If you feel uncomfortable or do not know something, you can always ask for advice."

Throughout the inspection we saw that meals looked appetising and people overall seemed to enjoy the meal that they were offered. Pureed meals were presented in an appetising way, and staff were aware of the types of food that various people could or could not eat safely. We saw that people received the food that was correct for them. Throughout the home, we saw snacks and drinks were available for people to access as they wished.

Staff told us about systems that were in place to provide consistent support to people. For example, they told us about how handover meetings were held at the start of each shift and information was exchanged between staff and written down for reference. These notes included whether each person had any mobility needs, risks such as choking and equipment used. When people moved between services, the registered manager ensured that immediate information and useful items went with them. We saw that there was a 'hospital bag' that contained the person's hospital password and personal toiletries in case admissions took place quickly.

Care plans were reviewed on a monthly basis or more often if required. This ensured that they were current and reflective of the person's needs. Staff were able to explain the processes involved when referring people to a variety of health care services where specific needs or concerns had been identified. This included referrals to dieticians, speech and language therapists, physiotherapists, continence services and opticians. Records seen confirmed that referrals were made in a timely manner and people were seen by the appropriate professional where required. People staff and relatives all told us that people were seen promptly by healthcare services.

Since our last inspection, the registered manager had changed the design of the home to better reflect the needs of people. For example, people at specific stages of their dementia journey were supported by dedicated staff in specific areas of the home that could meet their needs well. A staff member said, "The changes are for the better because people are at different stages of dementia. People with similar needs are in the same place and we can do activities that suit them." In one area, people who needed high levels of personal care and attention received that care in a small quiet room with a higher ratio of staff to attend to their needs in a very timely manner. We found that the home was calm and people were relaxed and looked at ease. All areas of the home were accessible by people including the garden and outdoor spaces.

Appropriate decoration and signage had been used around the home to support people living with dementia in order to meet their needs and promote their independence. The building had been redesigned to create more areas for people to meet and was decorated and furnished in styles to encourage people to recollect events in their lives. A relative told us," The changes to the layout of the building has helped .My [family member] has been into the new rooms, they sometimes cannot remember what is said to them but

they recall things from seeing items from their own era."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. We found that the service was meeting the requirements of the MCA 2005 and the Deprivation of Liberty Safeguards.

Where people who lived at the home were considered to lack capacity, we saw evidence that a mental capacity assessment had been completed and a Deprivation of Liberty Safeguard authorisation had been made to the local authority. Where authorisations had been granted, this was documented within the care plan including details of any conditions that had been set. The registered manager held an overview of each person who had been granted an authorisation and the date it was due to expire so that re-authorisation could be requested. Care staff we spoke with were able to demonstrate their understanding of the MCA and DoLS and how these affected the care and support that they provided to people.

The registered manager told us that where a person lacked capacity to make a specific decision, a multi-disciplinary approach, including the person's family and friends, had been taken in order to reach a decision, which was in the person's best interest. Staff and relatives we spoke with confirmed this. A small number of files we reviewed showed that evidence of these best interest decisions was sometimes missing, although there were decisions made for people who had been deemed to lack capacity e.g. using bed rails. The registered manager agreed that the recording of the meeting had not happened in all cases, and reassured us that this would be rectified going forward.

People and relatives confirmed that care staff always sought consent before undertaking any support task. One person stated, "Yes they always ask for consent and offer choices all the time" Another person said, "They ask me about my wishes all the time." Care staff understood the need for obtaining consent from the person that they supported and throughout the inspection we observed care staff asking people's consent and offering them choice and options around meal preferences or if they wished to wash their hands or wear a clothes protector at meal times. A staff member told us, "As care workers we should explain what we are doing, people should have a choice, what they eat, what they want." All the care plans that we looked at evidenced that consent to care had been obtained from the person or their relative where they had authority to give that consent.

Good

# Is the service caring?

## Our findings

When we last inspected this key area on 19 and 20 September and 20 and 21 October 2016, we found that it was Good.

People and their relatives told us the staff were kind and caring. One person said, "They really care for us as individuals, they know what I like". A further person told us, "They are caring, the way they speak and the way they look after you." and "Very caring this place is full of smiles and we have laughs." A relative was asked if they thought the home was caring, they said, "Yes this is a happy place you never see anyone unhappy." Another relative said, "Well, I think the staff are good with people, they treat them very well."

We saw that people and relatives had built and developed positive relationships with staff at Andrew Cohen House, including the nurse and care staff team and senior managers. . All the staff we spoke with were kind and caring in how they spoke about people to us. We saw examples of kindness throughout our inspection, such as one staff member was observed checking that someone was comfortable with cushions and blankets. We saw staff spent time talking to people and knew what subjects were of interest to them. This meant people were treated with kindness and had good relationships with staff.

Staff understood people's needs and preferences and knew information about their life histories. Staff recognised the importance of knowing people well and could share details about people with us. The records we saw supported what we were told. For example, one person's records indicated that they wanted to move about as much as possible but needed a wheelchair to enable them to do this safely. Due to the complex nature of their disability, the registered manager had taken the advice of a private occupational therapist in order to ensure the person had the maximum amount of mobility and was also safe. A relative told us, "On Valentine's day all the women at the service received a red rose. On mother's day, old-fashioned china is put out and special cakes made. They put a lot of thought into what they do." We observed that on day of inspection a person's birthday was recognised by decorating their bedroom door and the main lounge around where they normally sat. We noted that the trust director and a priest came to wish the person happy birthday. We found that staff knew what mattered to people and cared enough to ensure it happened wherever reasonably practicable.

People told us how they were able to decide what to do and where to spend their time. Staff told us they enabled people to choose things for themselves. We observed staff asking people to make choices such as where to sit and what they wanted to eat. People were invited to monthly residents meetings, there were also relative's forums and the structure in place meant that a senior worker always had overview of each person's needs and wishes.

Information was in an accessible format for people to understand, for example, the activities schedule for the week was printed in large print with pictures and words describing the event and where they would take place. We saw other information in large print and the noted that some documents were in different languages to accommodate the needs of people living at the home. The registered manager told us that they were buying new technology to enhance communication and access for people. This meant people

had information in a way they understood to help inform the choices they made.

People were treated with dignity and respect and their privacy was maintained. One person said, "[Staff] are polite and understanding." Another person said, "□As far as respect privacy & dignity are concerned they respect us." Staff could describe how they supported people to maintain their privacy. They told us they ensured doors and curtains were closed and people remained covered whilst having personal care. We saw signs were on bedroom doors, which restricted access if personal care was being given. Care plans gave specific information to staff about how to communicate with people to enable them to participate as fully as possible in their personal care.

We saw staff were respectful in how they spoke to and about people. One relative told us, "They respect residents, that's my observation." Staff were discreet when asking people if they needed help and we saw discussions about people's needs were done in private. We found care plans were written in a respectful way and gave staff information about maintaining people's dignity. For example, with their continence needs. We also saw that clean-ironed laundry was left outside people's bedrooms on clothes rails so that people could assist in putting it away if they wanted to. These examples showed people were treated with dignity and their right to privacy was upheld.

People had their independence maintained, for example, some people had keys to their bedrooms. Staff told us there was equipment used to help people with independent eating and drinking and we saw this was in use during the inspection. Aids and equipment were in use to maintain people's independence such as grab handrails, raised toilet seats and hoists to assist with moving and bathing. Staff told us that some people liked to help fold laundry and set tables at meal times. The registered manager told us of plans to develop a small kitchen for people to use to make snacks and drinks if they chose. These meaningful activities all helped to maintain people's independence.

Good

# Is the service responsive?

## Our findings

When we last inspected this key area on 19 and 20 September and 20 and 21 October 2016, we found that it was Good.

People had their needs assessed, care plans had been put in place and these were reviewed regularly. People told us they were involved in their assessments and making decisions about their care. Relatives also told us they were involved in assessments and care planning. One relative said, "The care here is excellent. How they treat my family member is on a day-to-day basis depending on my family member's mood. Staff now know him well and know how to look after him." Staff told us they were informed if people's needs changed and could describe how people's needs were assessed and the plans in place. We found staff followed the care plans when supporting people. We saw people's care plans were reviewed and updated regularly to reflect their changing needs.

People received personalised care and support. One person said, "They know me well." Another person told us, "They always discuss issues with you". Another person told us, "Staff take time to treat me as an individual; they know how I like my tea." Staff knew people well and could describe their preferences. For example, we saw that couples were acknowledged by staff and staff ensured that couples were able to spend time together within the home. Staff could describe people's religious needs and preferences, and this was documented in people's care records. We saw people had been supported to practice their chosen religion. Care was personalised and people were supported to maintain their relationships and visitors all told us they were made to feel welcome. One relative told us, "There are no restrictions on visiting and they are very welcoming."

We saw people's care records included detailed information about their life histories, which included their family, where they lived, what they did for a living and what hobbies they enjoyed. There was personalised information and guidance for staff such as people's likes and dislikes for food and activities. Care staff maintained daily records for each individual, which included daily logs of how the person was, what they had eaten and any noted concerns or issues. Care staff also detailed any activities the person had participated in or any visitors that the person may have had. This helped to ensure that people who stayed in their bedrooms had access to the activities too. When we looked at these documents, we found that they were written in a person centred manner that included both tasks and the person's over all wellbeing.

People were able to express their views and be involved in making decisions about their care and support. One person said, "Yes they respect our preferences and suggestions." A relative told us,
"We are involved and get informed if there are any changes be they medical or social." We saw that people were involved in the planning and reviews of their care plans and we saw examples of where people's wishes had been accommodated. In one instance a person wanted their pet to move into Andrew Cohen House with them and this was about to happen.

People and their relatives told us there were plenty of opportunities to take part in activities. One person said, "I can choose what activities I want, and there is so much to choose from." Another person told us,

"They have someone coming in for some painting but they also have loads of other activities." Another person said, "We have some activities, bingo, music, exercise, in summer we get to go in the garden and outings." A relative told us, "They have trips every month, do flower arranging, people come in for other activities for example exercise every Friday ".
The registered manager told us that there were two full time members of staff who supported people to engage people in activities if they wished. These staff also supported people with their interests. One person said, "I am encouraged to pursue my interests I like to read books." We spoke with the activities staff who were clearly very enthusiastic and showed us the range of materials and activities both inside and outside Andrew Cohen House that they organised.

People and their relatives told us they knew how to make a complaint or raise a concern. One person said, "I have no concerns. If I have any issues, I just speak to the manager, but have had no reason to complain so far." A relative told us, "I have never complained, I know I can speak to the manager if there is a problem, there is an open door policy but I have never had reason to complain." People and relatives we spoke with felt that their concerns would be dealt with appropriately. We saw there was information available to people and visitors which showed how to make a complaint. All the senior staff told us they were always accessible to people and would discuss any concerns they had. We found there was a complaints policy in place and where a complaint had been received an investigation had been undertaken and an appropriate response given. We could see action was taken to learn from complaints. The registered manager had also introduced a system of asking for feedback from visitors and guests and we saw postcards and a discreet letterbox for anyone to use within the foyer. The registered manager told us that this system allowed anyone to raise concerns anonymously if they wished. We found that people's concerns were listened to and responded to well.

During our inspection, no one living at Andrew Cohen House was being cared for near the end of his or her life. The registered manager showed us the processes that were put in place if that level of support was required. We found that people had opportunities to discuss their preferences for when they came to the end of their life, and that healthcare professionals were involved as required. The registered manager could describe how they had previously supported people within the home, ensuring that discussions had taken place about people's preferences and choices and to make sure that people were supported with dignity and in the way they wanted. We found that consideration was given to people's spiritual and cultural beliefs and that these were respected.

Good

# Is the service well-led?

## Our findings

When we last inspected this key area during a focussed inspection on 13 June 2017 we found that it Required Improvement. This was because the auditing and monitoring of the service had only recently begun and had not yet become effective. At this inspection, we found that this area had improved.

Everyone we spoke with during the inspection visit told us the registered manager was accessible and they felt able to approach them about any issues or concerns. One person said, " The manager is approachable so are the staff." Another person told us, "My family is involved in everything that happens to me." A relative told us, " We all take care of any changes, we get involved."

Staff were enthusiastic about their role in supporting people and spoke positively about the home, the registered manager and the provider. Staff said things had improved a great deal since they came into post. Comments included , "It's the first time in years I have felt secure, I've got all the confidence in the world in [the registered manager]." and " We like our new registered manager, there is more communication, we are kept up to date, it's the best it's been in years." and "The managers are fantastic, really supportive."

The registered manager shared their vision for the future with us and could give details about the plans they had in place for the service. We could see these had been informed by feedback from people and relatives and the quality audits. The trust director said, "The registered manager is excellent and knows what needs doing and we work as a team. The service has been restructured; there are regular staff for each specialised area, which has led to clearer areas of responsibility. The atmosphere has changed, now it's friendly more relaxed which has a good knock on effect on the residents, staff and relatives." Staff spoken with during the inspection all accepted that changes had been needed to achieve a sustained improvement at the service. One staff member said, "I think the service copes well with changes, everyone works hard and meets people's needs, and every-one is ready to help." We found that changes that had been implemented had been communicated to everyone concerned in a clear manner and that the entire staff team had worked together to bring them about. People and their relatives felt that the changes had improved the outcomes for people overall.

At the time of our inspection, there was a registered manager in place. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. The registered manager and provider had notified us about incidents and events as required by law, and understood their responsibilities. We saw the rating from the last inspection was on display for people and visitors to see.

We found that staff understood their roles, responsibilities, and these had been communicated well across the whole staff team. Staff told us they got constructive feedback from their managers and felt acknowledged and appreciated in their work. The registered manager showed us the various methods of acknowledging staff's work which included supervision, learning and training and a recognition of staff 's overall wellbeing in the form of a staff checklist which concentrated on nurturing staff emotions and moving towards supporting staff in a more person centred manner.

We found that residents and relatives' forums had been held to obtain views about the performance of the service. A relative told us, "At the relatives meeting we raised a number of things which the service have introduced, for example we suggested a toiletries bag to take to hospital particularly for people who do not have relatives to bring in toiletries for them. There have been a lot of changes but it is for the better, they have done extremely well, making changes to chairs, extra blankets for people, lots of little things done." The relative said the meetings enabled people to make suggestions and hear about any changes. We saw there were notes from these meetings, which showed how individual issues were discussed, and plans were shared for the service.

The registered manager and senior staff conducted regular audits and checks to ensure effective governance of the service. We found that the registered manager had a very comprehensive system of quality audits in place. These included management audits carried out to ensure the environment was safe and the policies and procedures were understood and followed. For example, we saw an audit of infection control was carried out regularly. There were also checks on water temperatures within the building, fire procedures and drills and servicing done on equipment such as lifts and hoists. All these audits showed that the registered manager had checked that work had been carried out to a good standard and we noted that they were up to date.

Other monitoring took place including accidents and incidents, DoLS authorisations, falls people might have, complaints, medication and safeguarding issues. Information was then collated and reviewed so that any patterns and trends could be identified and action taken where areas for improvement were identified. Incident forms included a review by the registered manager and any follow up actions were recorded. The provider was also supplied with this information every month to check and to take action as needed. We met with the provider on the day of the inspection and they told us of their confidence in the registered manager.

The registered manager worked in partnership with other agencies to better meet the needs of people living at the home. For example, a number of staff recently visited a Nursing Home that specialised in a system of caring for people with dementia in order to learn new methods and raise awareness of good practice at Andrew Cohen House. We saw the registered manager had also engaged with external professionals and had accessed good practice networks to improve the care people received, such as local universities who provided work opportunities and learning For students within the home. In addition, shared good practice had improved by involvement with a local registered managers group and national Jewish care provider groups.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. We also found that the management team had been open in their approach to the inspection and co-operated and been very helpful throughout. At the end of our site visit, we provided feedback on what we had found and areas the registered manager might want to reconsider. The feedback we gave was received positively.