

## Service To The Aged

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### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Service to the Aged (known as Sage) is a residential care home providing nursing and personal care to older people of the Jewish faith. The home is registered to accommodate 60 people. At the time of the inspection there were 39 people living in the home.

The home is purpose built consisting of three separate floors with their own lounges, kitchenettes and bathrooms. In addition the home has a number of communal rooms on the ground floor for dining, activities and visitors. One floor specialises in caring for people who live with dementia and two floors accommodate people with nursing needs. There is always a nurse in charge of each of the three floors.

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

Risks to people's safety and wellbeing had been assessed and action taken to help keep people safe from harm, however we found some risks relating to catheter care and dysphagia. Medicines were managed and administered safely. People experienced good care and treatment.

The home followed appropriate procedures for reporting any accidents or safeguarding concerns. Incidents and accidents were reflected on to see if any improvements were needed.

There were enough staff deployed to meet people's needs and ensure their safety. The home's recruitment procedure was not always followed properly in checking applicants' conduct in previous employment. We made a recommendation to improve recruitment practice.

People living in the home and their relatives told us they enjoyed living at this home and felt their religious and cultural needs as Jewish people were met well. The food, activities and daily and weekly routines met their requirements. They told us they were happy with the care and support they received. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff received training for their roles. Staff were caring and kind in their interactions with people and asked their consent during daily tasks. Staff knew people's needs well. Staff supported people to meet their health and nutritional needs.

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

### Rating at last inspection

The last rating for this service was good (published 23 November 2019) . At this inspection the rating has deteriorated to requires improvement.

### Why we inspected

The inspection was prompted in part by notifications of three specific incidents. Two of the incidents had been investigated by the local authority and one was being investigated at the time of the inspection. As a result, this inspection did not examine the circumstances of the incidents.

The information CQC received about the incidents indicated concerns about the management of catheters, dysphagia and communication between staff employed at the home and externally employed care workers. This inspection examined those risks. We undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them.

Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make some improvements.

### Enforcement

We found a breach of regulations relating to safe care and treatment (managing risks). You can see what action we have asked the provider to take at the end of this full report.

The provider acted immediately to try to mitigate the risks to ensure people would receive safe care and treatment.

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe. Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective. Details are in our effective findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led. Details are in our well-led findings below.

**Requires Improvement** ●

# Service to the Aged

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by two inspectors and two professional advisors who were a nurse and a speech and language therapist. The inspection was also supported by an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience contacted people's relatives by telephone to request their feedback.

#### Service and service type

Service to the Aged (Sage) is a 'care home.' People in care homes receive accommodation and nursing or personal care as a 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.

#### Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed notifications of accidents and incidents, deaths, safeguarding alerts and feedback from relatives and professionals received since the last inspection. We used all of this information to plan our inspection.

## During the inspection

We spoke with fourteen staff including the deputy manager, three nurses, senior care assistants, care assistants, the activity coordinator and the chef. We spoke with ten people living in the home and one visitor. We carried out observations of staff interacting with people in all three units and the communal lounge. We also observed a mealtime in the dining room, in the units and people eating in their rooms. We looked around all three units and checked a sample of equipment such as pressure relieving mattresses.

We reviewed a range of records. This included medicines records in two of the three units and medicines management in general. We looked at the care records for eleven people. We looked at three staff files in relation to recruitment records. A variety of records relating to the management of the service, including quality assurance audits, infection prevention and control, training records and health and safety were also reviewed.

## After the inspection

We continued to seek clarification from the provider to validate evidence found and we looked at more records. We spoke with the registered manager by video call. We spoke with one person living in the home and seven relatives of people living in the home by telephone. We also received feedback from four relatives by email. We received feedback from one professional who had regular contact with the home.

# 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 deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- We looked at the care records for three people who had dysphagia (difficulties in swallowing) to see if their care and treatment was safe. There were some discrepancies in the records. One example of this was a person whose recently updated nutrition and hydration care plan stated they needed, "soft vegetarian diet" and "soft fork mash diet" but a speech and language therapist assessment report from two years earlier had recommended a pureed diet. We saw at a mealtime that this person was given the pureed diet but the care records were inaccurate and therefore left them at risk of staff giving them potentially unsafe consistency of food.
- Another person's records said they might or might not need thickener ( a product added to drinks for people who find it difficult to swallow thin fluids) in their drinks which was not clear enough information to ensure safe drinks were provided.
- The majority of staff did not have recent training in supporting people with dysphagia. We were not able to check the dates that staff had completed this training. The registered manager told us all staff had completed this training before. This training was completed immediately in the days after the inspection once we raised this with the registered manager.
- We saw a jar of thickener in a person's room which was prescribed for another person with prescribed directions for the other person who had different needs to this person. There was no risk assessment in place for this product being left in the person's room. We did not know whether this product had been used for the person whose room it was in. We advised the registered manager that this was a choking risk and should be removed. They told us they had removed this product as soon as we pointed it out to them and that the person would not have been able to reach it.
- One person's care plan had inaccurate information about their care needs despite being updated monthly. Their care plan indicated they had no falls when staff told us this person had fallen recently and this was a known risk for the person. In addition information that they managed their own medicines had been entered in the monthly care plan updates several times despite being out of date as staff managed the person's medicines and they had been unable to manage them for some time. There was no evidence that this person had not received safe care and treatment which met their needs but inaccurate care records meant there was a risk of staff making errors.
- For people who had nasogastric feeding or percutaneous endoscopic gastrostomy (PEG) feeds where they were receiving their food directly into their stomach by a tube, there was clear guidance that they needed to sit up when the feed was given. The importance of an upright position was not recorded in relation to giving medicines although this was equally important to avoid risk of aspiration. The lack of detail in the risk assessment about this could put a person at risk if a staff member did not know this information.
- One person who had a catheter was six days overdue to have this changed. This was despite the home

having to make improvements in catheter care after an investigation into catheter management by the local authority. This procedure was carried out as soon as we raised the concern but the system in place for monitoring when catheters were due to be changed was not sufficiently robust. The registered manager improved the monitoring system after the inspection.

- Some people in the home did not have an individual risk assessment outlining their personal risks from COVID-19. People from different floors were seen to be mixing in the lounge and dining room but there had been no risk assessment carried out on the decision to stop people living in separate cohorts/bubbles.

The above amounted to a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We did not find any concerns about health and safety in the building. There were records of monthly health and safety and fire checks. There were maintenance staff working full time in the home to ensure safety.

- Staff had training in fire safety and people living in the home had personal emergency evacuation plans.

- People's health and care needs and associated risks were assessed and recorded within their care records. These included risks associated with falls, nutrition, moving and handling, skin integrity and specific health conditions. Risk assessments included guidance on how to minimise risks and ensure people's safety.

- Safety equipment was well maintained. Pressure relieving airflow mattress settings were checked regularly and this was documented. They needed to be set according to the person's weight and their weight appeared on the form along with the correct setting.

- There were turning charts in place when this was necessary to ensure a person's skin integrity was maintained. Charts showed that people were repositioned as and when necessary.

#### Staffing and recruitment

- Staff recruitment records showed relevant checks had been completed such as application forms, references, proof of identity and Disclosure and Barring Service (DBS) checks. DBS checks inform the service if a prospective staff member has a criminal record or has been judged to be unfit to work with vulnerable adults.

- Whilst most recruitment checks were complete and the home was following the provider's recruitment procedure, we found there had been no checks on a privately employed care worker and two of the staff files we examined did not contain sufficient information about their conduct in previous care roles from references. One had a reference from a friend which was against the provider's own recruitment policy. The policy did not include information about what employment checks were expected for privately employed staff.

We recommend the provider review their recruitment policy in line with best practice.

Immediately after the inspection the provider informed us that further training was to be provided on recruitment to the appropriate staff. They also said they would ensure all checks were taken out on existing privately employed staff and volunteers and in future before they started working in the home.

- There were enough staff on duty to meet people's needs. No concerns about staffing levels were reported to us when we spoke with people, relatives and staff. One to one staffing was provided if required for a person's safety and two people had this support at the time of the inspection. We discussed the systems in place for ensuring records of care delivery were kept for people who were being supported by externally employed workers. This had been a concern for a person who was no longer at the service that important



information may not have been shared. Staff told us that daily care records were maintained for these people and that there was a handover system in place so that Sage staff and external staff shared relevant information daily to ensure safe care was provided.

- A relative told us, "We think that there are enough staff and that they are caring and respectful and good at their jobs."

#### Using medicines safely

- People received their medicines safely and as prescribed. Medicines administration records (MAR) were completed accurately. Medicines were stored safely. Controlled drugs were stored, managed and recorded safely.

- There were no concerns raised about medicines by people in the home or their relatives.

- Where some people had their medicines covertly the required written protocols had been followed correctly. Covert administration is when medicines are administered hidden in food or drink.

- Some people had prescribed medicines to be given as and when needed, known as PRN medicines. These medicines had written protocols for staff to know when they were needed. The PRN protocols were not always person centred, not identifying the part of the body where they experienced pain and whether they could express this verbally or whether it was necessary to assess pain from nonverbal signs and what these might be. We discussed this with the registered manager who told us after the inspection they had improved the PRN protocols. They sent us other PRN protocols which were more comprehensive.

- All staff had received the required training to administer medicines safely and had their competence assessed. We saw a nurse administer medicines for a person with a nasal gastric tube. They did this safely and with care and kindness. We also saw the nurse administer oral medicine which was done appropriately.

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

- Following a recent safeguarding alert we discussed what the service does if someone had unexplained bruising. We were satisfied that staff would record any unexplained marks or bruises and report to the management team for investigation or for safeguarding alert to be raised. There were body map records so that nurses could record any marks on a person and monitor them.

- Relatives told us they thought people were safe and treated well. People living in the home also said they felt safe. One person said, "I feel very safe, they are all polite." Another told us, "They listen, I feel safe" and a third said, "I feel entirely safe, I have no concerns about my care whatsoever."

- Safeguarding policies and procedures explained the process of identifying abuse and what actions to take if any harm occurred. Staff understood safeguarding and whistleblowing procedures and told us they would report any suspected abuse or misconduct from their colleagues. We saw evidence that this was the case and that the registered manager took any allegations very seriously.

- The registered manager understood their responsibilities around reporting safeguarding concerns to all relevant authorities including the Care Quality Commission.

#### Preventing and controlling infection

- There were appropriate procedures and practices in place to prevent and control infection.

- The home was clean. Staff told us they had plenty of Personal Protective Equipment (PPE) such as face masks, gloves and aprons, and had completed training on infection control. There were PPE stations throughout the home and we observed staff wearing their PPE correctly.

- Infection control audits were only carried out every three months but the deputy manager and registered manager explained they had a monthly health and safety audit and daily walkaround checks to check on infection control practice.

- People in the home and their relatives generally thought the home was kept clean.

- Sage had suffered an outbreak of COVID-19 during the first wave of the pandemic including fatalities. At

that time there were no reported concerns about infection control procedures in the home. CQC carried out a remote assessment and the home was found to be following good infection and control practices.

- There was a designated area for COVID-19 testing for visitors to the home. We discussed the appropriateness of the area as it was inside the main entrance to the home. The registered manager told us there was an alternative entrance that some people including staff used and trustees said they would purchase a screen for privacy as visitors were taking tests in view of anyone wishing to enter the home.
- The registered manager had ensured safe arrangements to facilitate visits during the current COVID-19 pandemic in the home or the garden. All visitors were screened and had a test for COVID\_19 before coming into the home.
- There were good food safety and hygiene practices in place.

#### Learning lessons when things go wrong

- The registered manager ensured all accidents and incidents were recorded with details of the event, actions taken and any follow up action required.
- They analysed all incidents and discussed any learning in weekly management and monthly clinical meetings to avoid a similar accident or incident in the future.
- There had been a safeguarding concern where a nurse had made an error in a clinical procedure. The local authority had investigated this and made a list of recommendations for the home to implement to avoid any similar incidents happening again. We found that the majority of the recommendations had been implemented which was evidence of learning from the error.
- All nurses had been provided with training on the clinical procedure (changing a catheter) as this was a recommendation from the safeguarding investigation carried out by the local authority. There were steps in place to ensure nurses were assessed as competent before carrying out this procedure again. However the fact we found one person was six days overdue for a change of catheter indicated that there was further learning needed to ensure people with catheters received the required safe care and treatment at all times. After the inspection the registered manager immediately improved the monitoring system in place to ensure this would not happen again.
- The registered manager and the trustees were open and transparent and demonstrated a willingness to learn and improve from any mistakes.

# 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 has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- At the time of the inspection people were living in two separate units in the home. The home also had other communal rooms on the ground floor which were used for group dining, activities and visitors.
- There were front and back gardens which people were using during the inspection.
- People's rooms were personalised with their own belongings.
- The building was wheelchair accessible and had a lift.

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

- People's needs were assessed and they received good care and treatment. People's care plans addressed their needs in physical health and other aspects of their care.
- Staff reviewed people's care plans every month to ensure they were receiving the right care and support. There was some out of date information in some care plans and this information appeared to be copied at each monthly review. This is addressed in the safe section of this report.
- We found staff had good knowledge of people's needs.
- Relatives and people living in the home were happy with the standard of care. One relative said, "Not only are they professional, efficient, and medically reliable, but they are constantly looking to improve Mum's quality of life and experience since she's been there. When she arrived, she was bed bound with a severe grade four pressure sore, but with the help of the nurses she now manages to enjoy time in her chair every day and her speech and spirits have greatly improved. The staff are always looking for ways to help her further."

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

- People had support with their nutrition and hydration needs.
- People told us they enjoyed the food. Comments included, "It's alright, food is good", "The food is very good" and, "Seems to be a good variety of food and plentiful portions."
- A relative told us their relative went to the home for end of life care seven years ago but liked the food and started eating again and enjoyed more years of better health. Another relative said, " We think that the food is very good."
- The home kept a Kosher kitchen so all meals met the cultural and religious requirements of people living in the home. There were strict rules for staff and visitors not to bring non-Kosher food into the home so that people could be assured their religious requirements were respected at all times.
- People who needed it had food and fluid monitoring charts to enable staff to ensure they were drinking and eating enough. People who had their nutrition through a nasogastric tube or PEG feed had care plans

which explained their needs in good detail.

- The home had notification forms which were sent to the kitchen advising on people's specific dietary requirements such as weight boosting, diabetic or low fat and these diets were provided. We noted there were two categories of altered textures of meal referred to, "soft" and "pureed." Although "soft" and "pureed" are broadly understood, this could potentially limit a person's choice as they may be able to manage foods which are not being presented to them, or another person could be at risk if they are given a 'soft' food which is not safe for them.
- The home was not consistently using the International Dysphagia Diet Standardisation Initiative (IDDSI) used by the NHS which uses globally recognised descriptions such as; "LEVEL 4 - pureed" or LEVEL 5 – Minced and moist," "LEVEL 6 – Soft and bite -sized. These descriptions when used can also help if a person was hospitalised so that the hospital understood their nutrition needs and would provide the required safe consistency.

We recommend that the home use and train staff in the best practice on dysphagia.

Staff support: induction, training, skills and experience

- People received care and support from staff who were trained to carry out their role.
- Staff completed the care certificate, a nationally recognised training qualification for working in care.
- Staff also received training in mandatory topics. Training was refreshed on a regular basis. Records confirmed staff had completed the required training. The exceptions to this had been catheter care which had been completed for the first time in 2021 for nurses and dysphagia training which we were unable to verify dates when staff had completed this. This was completed immediately after the inspection.
- Staff told us that they were supported in their role and received regular supervision. We saw a sample of supervision records to confirm this.

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

- People's health needs were met.
- People and their relatives told us their health needs were met. One person commented; "If I wish to see a GP I can see one the same day," and a relative said, " The staff understand and meet our relative's health needs."
- The registered manager said they found the service from the GP to be very responsive and helpful. The home worked together with the emergency medical service for Jewish people which the registered manager reported to be very supportive. They worked together to meet people's health needs. The registered manager ensured people were referred for specialist services such as speech and language therapy and tissue viability service where needed.
- The provider employed full time physiotherapists in the home who worked with individual people to improve their mobility and ran daily group exercise classes. Physiotherapists also worked with people who had caught COVID-19 and held exercise classes outside or inside to help their breathing.
- Staff knew people well and reported any deterioration in their health. The home was involved with the WHZAN project which is a Barnet initiative to prevent unnecessary hospital admission and reduction in emergency admission and 111 calls.
- People experienced a good standard of oral health care as staff had been trained well by a local hospital. Oral care plans were in place for people detailing the support they needed with cleaning their mouth, teeth or dentures.
- The home created a leaflet with the assistance from the GPs regarding Do not Attempt Cardiopulmonary Resuscitation (DNACPR). The leaflet included information about DNACPR whilst taking into consideration the cultural and religious beliefs of people living in the home. The registered manager told us the leaflet

helped raise awareness and provide clarification especially for people at the end of life.

- Staff were aware of which people were underweight and we saw that supplements were prescribed and weight boosting diets provided for those people. Staff weighed people regularly to monitor weight gain/loss.
- People at risk of pressure sores had their skin checked every day and the care plans for pressure ulcer prevention and wound care were of a good standard.

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 registered manager understood the key the principles of the MCA. Where people were being deprived of their liberty, appropriate referrals had been made to the local authority to ensure this was done lawfully and in the least restrictive way. The DoLS were kept safely and we checked these had been completed and had not expired.
- We observed good practice during the inspection with staff seeking people's consent before they provided care and support, offering them choices and explaining things to them clearly so they understood what was happening.
- Staff understood the MCA and supported people to make their own decisions and choices as far as they were able to, for example in what they ate and where they wanted to have their meal that day.

# 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 deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The audits in the home had not been sufficiently effective in picking up the concerns we found about risk management, some people's care records being inaccurate and some staff recruitment concerns.

We recommend that the provider review their processes and practices for assessing risk and quality to ensure these are robust and effective.

- The registered manager had a good understanding of regulatory requirements.
- The organisation had a clear management structure. The nominated individual and the registered manager had clear roles and different trustees carrying out different responsibilities. There were systems and processes in place which allowed them to monitor and oversee the quality of care people received. This included audits by an external organisation as an extra layer of scrutiny. These audits were comprehensive and included action plans for the home to complete.
- There was a monitoring system in place which included audits of medicines, care records and infection prevention and control practices.
- There was evidence of continued learning and improvements in the home. The registered manager gave us some examples which included learning from incidents that had taken place to ensure the same incident could not happen again.

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

- People and their relatives enjoyed an open and empowering culture in the home.
- People living in the home told us they felt listened to and one person said they had previously had a concern and it had been responded to. Relatives also said that the home listened to their views and acted on their suggestions.
- During the national lockdown due to COVID-19 staff had supported people to keep in touch with relatives by video calls where this was possible.
- The home welcomed visitors as soon as they were able to and had appropriate safeguards in place to help people receive visits safely.
- People had choices in their daily lives and a range of daily activities were provided to help people enjoy a

good quality of life.

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

- The registered manager and deputy understood their responsibilities around duty of candour and being open and transparent when something had gone wrong. They reported all incidents to the local authority and CQC and worked in partnership when other authorities were involved in any concerns. They were both reflective about incidents and about what they learned from them.
- A relative told us, "There have been a couple of negligent staff but the management team have always responded appropriately." Relatives thought the management team were open to their comments.
- A person in the home said "I have only complained once and they listened and resolved the issue immediately."

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

- The registered manager said the home celebrated staff achievements such as when the staff completed their care certificate training. The home held a party to celebrate their achievements and it was attended by the Trustees who handed over the certificates to staff. Staff who completed the training were also given monetary reward to acknowledge their achievement. Staff with long service were also recognised with a monetary reward.
- There had been some staff disputes since the last inspection and as a result the provider had reviewed staff holiday entitlement and sick pay. They were in the process of setting up a staff council in order to be able to listen to staff and for staff to feel empowered and included.
- One person in the home said, "I feel my voice is heard, we are given questionnaires for feedback and there are residents meeting which are very positive experiences."
- A relative said, "I communicate via email and always get a response, [the registered manager] is most approachable." Another relative said, "A hundred plus out of a hundred for the management of the home, I know [the registered manager] she is always responsive, I can't rate this home highly enough, it is excellence beyond words." A third relative said, "I would absolutely recommend this home to anyone."
- A person living in the home told us, "[manager's name] is manager of the nursing care and is always helpful and approachable I can't think of anything that need to improve, it is excellent, I've already recommended SAGE to several people."
- Relatives felt welcomed and told us they were happy with the care provided. People's religious and cultural needs as Jewish people were met well by the food, routines, entertainment and daily practices in the home. The local community contributed to ensuring people's needs were met in this respect.
- The registered manager said they worked in partnership with the GP, local authority and clinical commissioning group.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had not ensured risk assessments and care plans were thorough and up to date to ensure safe care and treatment.