

Jewish Care

Rubens House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 24 and 27 January 2017 and was unannounced. We last inspected the home on 27 January 2016 when we found the provider was in breach of three regulations, in relation to staff supervision, monitoring of changes in care records and meeting the requirements of Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). During this inspection we found that the provider had made adequate improvements in relation to providing regular supervision sessions to their staff team including conducting group supervision. However, care and monitoring records were not sufficiently detailed and accurate, in order to ensure that people's needs were fully and responsively met. People using the service who were unable to give informed consent were not consistently protected by the home within the requirements of the MCA and the records related to them were not always accurately completed.

Rubens House is a home registered to provide accommodation and personal care and support for up to 46 older people. Rubens House is operated and run by Jewish Care, a voluntary organisation. At the time of our inspection 43 people were living in the home. The home is purpose built with dining and lounge areas on the ground floor. The home has 48 bedrooms all with hand basins and some with ensuite facilities split across four floors. All the floors are accessible via lifts and there is an accessible garden. The home has a kitchen and a synagogue, and laundry and hairdresser facilities.

The provider had moved one of their experienced and long standing registered managers to this home since the departure of the previous registered manager. The new manager had only been in post for two weeks during the time of inspection. They were in the process of becoming registered manager for this service. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had systems to identify and manage risks but they were not adhered to. People's risk assessments were not regularly reviewed and we found a number of gaps in them. People's health and care records were incomplete and inconsistent. Although, people were happy with the medicines support, the service lacked systems for safe medicines administration. We found gaps in medicines administration records and staff did not always follow safe medicines administration practice.

Although, the management felt there were sufficient numbers of staff deployed to meet people's individual needs. People, their relatives and staff told us there were not enough staff available at all times to meet people's individual needs. People's nutrition and hydration needs were not always met.

The service did not operate within the legal framework of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Although, people told us staff asked their consent before supporting them. People who lacked capacity to make decisions were not appropriately supported.

People's care plans were incomplete and not regularly reviewed. People were not always supported as per their care plans. Although, the service offered people a range of group activities, there was lack of activities for people with complex needs. People and their relatives told us they were comfortable in raising concerns and their complaints were acted upon.

There was lack of evidence of regular monitoring checks of various aspects of the service. The audit processes were not effective in ensuring records relating to people who used the service were accurate and up to date.

People using the service and their relatives told us they found staff friendly and caring. People told us staff listened to them. However, they said agency staff were not always helpful and caring.

Most people using the service told us they felt safe at the service. Staff had a good understanding of the safeguarding procedure and their role in protecting people from harm and abuse. The service was clean and had effective measures in place to prevent cross contamination.

Most people were happy with the food and told us they were given plenty of choice at meal times. The service worked with various health and care professionals to support people with their needs and wishes.

The service followed appropriate recruitment practices. Staff including agency staff received induction and regular training, and records confirmed this. Staff were provided with regular one-to-one and group supervisions. The service was reviewing their appraisal system.

We found that the registered provider was not meeting legal requirements and there were three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to person centred care, need for consent, sufficient numbers of staffing to meet people's care and treatment needs, effective systems for the safe administration of medicines, nutrition and hydration and recordkeeping and audits of care delivery.

You can see what action we asked the provider to take at the end of this report.

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. Not all people felt safe at the home. The service did not deploy sufficient staffing numbers to meet people's individual needs.

The service lacked effective systems for safe medicines administration. Risk assessments were incomplete, not always appropriately completed, and not regularly reviewed.

Staff were able to identify abuse and knew the correct procedures to follow if they suspected poor care or abuse.

The service followed safe recruitment practices.

Requires Improvement ●

Is the service effective?

The service was not always effective. People's nutrition and hydration needs were not always met. Health and care records relating to people's health were not always accurately completed. The environment was not dementia friendly.

People's mental capacity assessments were not always completed. People that lacked capacity to consent care were not appropriately supported.

Staff felt supported and received regular supervision. All staff including agency staff received suitable induction and training to do their job effectively.

People were able to access the GP and other health and care professionals to maintain their healthy.

Requires Improvement ●

Is the service caring?

The service was not always caring. People found agency staff were not always caring and respectful. People's relatives were involved in planning and making decisions about people's care.

People were supported in maintaining relationships with their family and friends. Staff supported people to remain as independent as possible.

Requires Improvement ●

The service identified people's wishes and preferences, religious, spiritual and cultural needs.

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

Is the service responsive?

The service was not always responsive. Care plans were not reviewed and did not reflect people's changing needs. There were lack of activities for people with advanced dementia and complex needs.

There was a range of group activities available for people, including trips outside of the home.

People and their relatives were comfortable in raising concerns and complaints. Their concerns and complaints were listened to and addressed.

Requires Improvement ●

Is the service well-led?

The service was not always well-led. The service had systems and processes for assessing and monitoring the quality and safety of the service however, these were not adhered to. The health and care records were inconsistent, with several gaps and at times inaccurate.

Staff felt well supported by the new manager.

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

Requires Improvement ●

Rubens House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 and 27 January 2017 and was unannounced. The inspection was carried out by an adult social care inspector and three experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

During the inspection we spoke with 25 people using the service, and three relatives. We spoke with three volunteers, social care coordinator (activities coordinator), creative arts development manager, seven care staff (including one team leader), Rabbi, care manager, the manager, service manager, and Assistant Director of Care Services. We observed care and staff interaction with people in communal areas across the home, including medicines administration, breakfast on one floor, lunch times on three floors and three activity sessions. Some people could not inform us on their thoughts about the quality of the care at the home. This was because they could not always communicate with us verbally and we could not understand how they communicated due to their complex needs. Because of this we spent time observing interactions between people and the staff who were supporting them. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We wanted to check that the way staff interacted with people had a positive effect on their physical and emotional well-being.

We looked at seven people's care plans, daily records and risk assessments, and medicines administration records for 15 people. We looked at six staff personnel files including their recruitment and training, and supervision. We also reviewed staff rotas, accidents / incidents records, medicines audits, staff, residents' and relatives' meeting notes, activities schedule, quality audits, health and safety and monitoring checks, and records relating to the management of the service.

Is the service safe?

Our findings

We received mixed responses from people using the service when we asked them if they felt safe within the home. Some people felt safe and their comments included, "I feel safe", "There are security locks on the [front] doors and I have no worries" and "I feel secure here. I don't feel afraid of anything." However, some people said they felt unsafe due to shortage of staff. Their comments included, "I am on the fourth floor and in the night when I ring the bell, they don't answer and there is nothing you can do. You can't always do things when you want to: they [staff] say they are short of staff", "It's a bit of a fight to come down. In the morning, they try to rush you. At times there are not enough staff. It's not that they don't come to you, but they come rather late" and "Standards have gone down, the home does not have enough staff." One relative said, "They [staff] say they will do something and then they get called to do something else and they never come back." Another relative commented, "There is a list on the back of Mum's door of all the things that should be done, but they tell her they [staff] haven't got time."

We spoke to staff about the staffing numbers and they said there were not enough staff during peak times, poor allocation of staffing and high usage of agency staff. Their comments included, "agency staff can make things a bit difficult. Need more staff during meal times and think need better staff allocation" and "We need more staff, there is quite a bit of agency staff. Not all agency staff are reliable. During the morning we need more staff. That is why sometimes breakfast is late." We observed breakfast and noticed some people were brought down to the dining area after 10.30am and saw some people were having breakfast till 11.45am. We spoke to the manager and the service manager about this. And they said that some people choose to have a late breakfast.

The management told us they were using agency staff to cover care staff vacancies but were undergoing staff recruitment. They said their staffing ratio was four people to one staff member, which is high for a care home. However, staff told us that people had higher needs with majority of them needing help with personal care and assistance during meal times. One staff member told us that they felt overwhelmed in the mornings as it was only two of them supporting nine people on the floor with most people needing one to one help. Another staff member told us they couldn't always finish their morning medicines round on time as had to support staff with personal care and escorting people down to the dining area. We observed lunch time and saw people waiting for a long time to be served. One person told us, "They are short of staff at mealtimes. Sometimes you have to wait [long] for your food." We saw one person complaining about waiting for a staff member and the staff member responded "We are a bit busy today." The service was not deploying staff effectively to meet people's individual needs on time.

We concluded the above evidence was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management told us they were re-introducing a risk dependency profile that would enable them to appropriately identify people's needs and the support they require. The current call bell monitoring system wasn't working and the manager had requested maintenance to repair it. We saw evidence of the correspondence.

People said medicines were given on time and were provided with pain relieving medicines when required. We observed staff administering medicines. Most staff followed correct procedures in administering medicines. However, during breakfast time we saw a staff member who was administering medicines, give medicines to a person in their hand and moved on to another table without ensuring the person had taken the medicine. We found this to be an unsafe practice, as the staff member did not make sure that the person had taken their medicine before signing the MAR chart. We spoke to the management about the incident and they said they would speak to the staff member and reiterate expected medicines procedures. The management later told us the staff member was going to be put on medicines training and until then taken off medicines administration responsibility. Following inspection, we were informed that the staff member was completely taken off medicines administration responsibilities.

We reviewed MAR charts and found gaps in the records. For example, two people's morning medicines were not signed for in MAR chart and several people's 8.00am medicines were not signed for, the staff member told us they did not have time and signed the MAR charts at 1.10pm. There was no clear guidance on actions that were meant to be taken if staff found errors in MAR charts. For example, one staff member who was on duty over the weekend had forgotten to sign for an evening medicine but there was no explanation for this gap. When we asked the staff member who was on duty about this two day old gap on the MAR chart, they told us "[name of staff member] had forgotten to sign the MAR chart and they would complete gap analysis form on their return". We asked them whether they knew the person had received their medicines, they said "Yes as when I checked the blister pack, the pill was missing and that meant the person was given medicines". This practice was putting the person at risk of harm as the staff member was assuming the person had received their medicines. This meant the person may not have received their medicines as prescribed.

We looked at blood glucose monitoring forms for people with diabetes but found several gaps. The monitoring forms did not have any instructions for staff on how often they were required to monitor people's blood glucose levels and what the reading meant, and the information was not documented in people's care plans. We asked the management and after checking with their staff they told us staff were not sure how often blood glucose checks were required.

Controlled drugs were kept securely and medicines were stored safely and securely. Room and fridge temperatures were monitored. The controlled drugs register had a gap. The staff member had forgotten to carry the medicines forward and rectified the error in our presence. We counted the drugs that were kept in the controlled drugs cabinet and they matched with the register. People received medicines in blister packs that were supplied by the local pharmacy. We asked staff how they ensured safe collection and returning of medicines and they told us they were not sure. We reviewed the provider's medication policy and although it specified medicines collection procedure, the service was not implementing it and meant they were in breach of their policy. The service lacked effective systems for the safe administration of medicines.

Staff we spoke with told us they received regular medication training and felt equipped to administer medicines. We saw records of two monthly medication audits. At the inspection, we found some areas of concerns that were identified during the in January 2017 audit. For example, staff not being aware of medicines ordering and collection procedures. During our inspection, the management gave us a detailed action plan based on the latest medication audit with outcomes, target dates and achieved dates.

People's risk assessments had several gaps and some had not been reviewed for more than two years. The service did not maintain risk assessments for all people, and failed to inform staff on the risks involved in supporting people and how best to manage them. For example, one person who uses a wheelchair, unable to weight bear and requires two staff to support with full body hoist, their moving and handling needs

assessment was incomplete and did not have information on their needs and abilities. There was no moving and handling risk assessment for this person. This meant the service had not identified risks involved in supporting this person and how to mitigate those risks, thereby putting the person at risk of harm. Another person at high risk of falls due to difficulties with balance and mobility issues, their falls risk assessment was incomplete and there were no instructions for staff on how to support the person to reduce the risk of falls. This meant the person was not being appropriately supported and was at risk of harm by experiencing falls.

We concluded the above evidence was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke to the management about the risk assessments. They told us they were going to review all the risk assessments and retrain staff in carrying out risk assessments. They further said, all the risk assessments would be signed off by the manager. We were provided with a copy of their action plan.

Staff were trained in safeguarding and whistleblowing and were able to explain the procedures. Staff knew signs of abuse and who to report if suspected any signs of abuse, neglect or poor care. The service maintained effective operations to prevent abuse of people using the service.

The service followed appropriate recruitment procedures to ensure staff were suitable to work with people. Staff had undergone Disclosure and Barring Service (DBS) criminal checks and reference checks before starting to work at the service. Records seen confirmed this.

We saw recent accidents and incidents records, these included action points and learning outcomes. The service had recently introduced a new procedure that expected staff to get the accident and incident forms to be signed off by either the care manager or the manager. This was introduced to ensure the accident and incident forms were appropriately completed and necessary learning was gained from it.

Infection control practices were followed by the service. We looked at fire drill records, water tests and maintenance and electric and fire equipment testing records. The service had records of hoist and wheelchair equipment testing records. They were all up-to-date. However, the fire evacuation plan for the service was in need of updating. The manager told us that they were in the process of updating the fire evacuation plan.

Is the service effective?

Our findings

We asked people and their relatives if they felt the home provided effective service. Most people and their relatives were happy with the service and said staff understood their needs. Although, they also said new agency staff were not always aware of people's needs. Staff we spoke with told us not all agency staff were effective as they were not as committed to providing good care and did not always take instructions from the regular staff. One staff member said they had to continuously "remind agency staff to listen to us as we have a better understanding of people needs."

New staff were provided with a comprehensive induction programme that included the provider's policies and procedures. They also had to complete the Care Certificate standards that included trainings on areas such as safeguarding, moving and handling and person-centred approach. Staff were provided with additional training in areas such as pressure ulcer prevention, infection control, and dementia. We looked at staff induction, training records and certificates in staff files. Staff told us they found training helpful. The management told us they were reviewing some of their training courses including dementia care and providing stimulating activities. The manager showed us their newly created staff training matrix that included staff names, their job titles, and training course titles, dates of trainings attended by staff and future training booking dates.

We looked at the reviewed staff supervision matrix that detailed staff names, their job titles, and supervisors' names, group supervision and one-to-one supervision dates. The records showed staff had been receiving regular supervisions including group and one-to-one. However, there were gaps in appraisal records. The management told us they were reviewing the appraisal process to make it more productive and effective. They were not certain on when the new appraisal system would be introduced but confirmed that in the mean time they would be using a detailed one-to-one supervision format to appraise staff. Staff told us they were happy with the new manager and were enjoying working them.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

Information kept on people's plans on their ability and capacity to make decisions and how staff should support people to make decisions were not always accurate and at times contradictory. For example, one person's mental capacity assessment was blank, although the person was identified as lacking capacity and their family were making decisions on their behalf. Another person had two mental capacity assessments in

their care plan, one had identified the person as having capacity and the other assessment had identified the person as not having capacity. The person was on DoLS but their Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) stated the person had capacity. This meant staff were not given sufficient and accurate information on people's ability and capacity to enable them to support people appropriately to make decisions.

The service sought consent from people to deliver care and share their information. Records seen confirmed this. People told us staff always asked their permission before supporting them. Their comments included, "The staff always ask my permission when they wash me in the morning" and "Staff do ask my permission they are very polite people". Staff told us they had received training on MCA and DoLS and staff we spoke with were able to explain how they obtained people's consent when offering to support and assist them.

However, where people were unable to give consent and did not have lasting power of attorney, best interest decision meetings were not always conducted. For example, one person who lacked capacity to give consent to care and treatment was not given supplements that were prescribed by their dietician as the family did not want the person to have supplements. Instead of arranging a best interest decision meeting, the staff discontinued giving supplements as per the family's wishes and the person lost more weight.

The above evidence was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's nutrition and hydration needs were identified at the time of admission via initial needs assessment and throughout their stay at the home. The service maintained nutritional risk assessments for people at risk of malnutrition and dehydration. However, the records we saw showed these risk assessments were not appropriately completed and corresponding records such as weight charts were not suitably maintained and monitored. For example, one person's nutritional risk assessment was not appropriately completed. The person had lost over one and half kilos in September 2016 but it was not reflected in October 2016 to January 2017 risk assessment records. Their monthly weight charts did not record the person's weight loss. This meant the person may not have received appropriate nutrition and hydration support.

One person who lacked capacity to consent to treatment and care, had a history of diverticulitis disease which can cause abdominal pain and cramps amongst other things, one of the action points for staff was to ensure they had sufficient fibre in their diet. However, their nutrition and hydration charts did not demonstrate this person was having adequate intake of fibre in their diet. Another person's weight monitoring charts showed the person had lost over four kilos since April 2016 and was seriously underweight, they were referred to a dietician in April 2016 and then again in June 2016; however it was September 2016 when the person was seen by the dietician and prescribed supplements. Although, the person received supplements in September 2016, according to their nutrition and hydration charts they had not received supplements since October 2016. Their weight monitoring charts showed they had further lost over one kilos since October 2016. We spoke to the management about this, they spoke to the staff member and it was confirmed the person was not receiving supplements. The management urgently raised a safeguarding alert and put management plans in place to provide effective care and support to this person. Therefore this person's nutritional needs were not being met by the service.

During our inspection we saw jugs of water and juices with empty glasses left on tables for people to help themselves to it when they were thirsty. However, not everyone was physically able to access jugs of fluids. One relative commented, "They do not get enough water. It's one glass in the morning and one in the afternoon and at lunchtime. She keeps getting urine infections. The doctor says she should drink more. They bring drinks but they don't pour them out". We saw in between meal times people who were unable to ask

for drinks or physically able to get drinks were not always offered drinks although drinks were there in the rooms. One person was offered a drink when the staff came to administer medicines and the person was thirsty as they finished a glass of juice instantly. The person was then not offered another drink.

We concluded the above evidence was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people how they found food and most of them said they were very happy with it and they were given enough choices. Their comments included, "The food is very nice and I get enough food and drink", "If I suddenly say I want Yorkshire pudding you get it even if it not on the menu, he [the chef] wants to know what we really fancy and we all like being a bit spoiled", "The food is excellent. I like it", "We eat very well. I always look forward to breakfast. It's supper I don't like very much. There is a lot of pasta and I don't like pasta, but there is always something else available." However, some people said they would like more fruits for dessert. We observed lunch and saw the tables were very nicely laid, and enough choices offered to people. One person asked for a beer and this was brought to him. Although the lunch service was a bit slow and some people had to wait for a long time, people were happy with their meal.

Last year, a food reminiscence project was held in which people talked about the traditional Jewish foods they recalled from their younger days. As a result, these dishes were incorporated into the menu for example people were served different cakes at tea. We spoke to two chefs who told us they were sent updated list of people's names with food allergies and specific diet information such as soft food diet, gluten free and diabetic diets and we saw this was displayed in the kitchen.

Breakfast, lunch and supper were served both in the dining areas and in people's bedrooms as per people's choice. We saw people were assisted by staff, relatives and volunteers during meal times.

People's health and care monitoring records and charts were not reviewed and completed regularly, and had several gaps and did not always mention the support provided to people. For example, the person who had a history of diverticulitis disease, the staff were instructed to observe the person's bowel movements and record them daily in the elimination chart. The elimination charts seen had several gaps. Staff had failed to record in the elimination charts over 15 occasions in the month of January 2017 and over 180 occasions between March 2016 and December 2016. This meant the person may not have received effective care where they may have demonstrated discomfort and pain due to their health condition. Staff were required to maintain repositioning / turning charts for people who were at high risk of pressure sores. We saw their repositioning / turning charts had several gaps. One staff member told us not all staff completed charts appropriately and "Were lazy or forgot to record it and meant there were gaps in the records."

Most people told us they had access to health and care professionals. However, couple of people told us sometimes it took long for staff to arrange a GP visit and request certain medication. We saw records of visits from health and care professionals in people's care plans.

The service was in need of refurbishment. For example, shower rooms and toilets were in need of repairs and paint was peeling off the walls, and the management told us they needed upgrading for an easy hoist and wheelchair access. Upstairs, corridors were unadorned with doors marked and scuffed in some places. The management told us they were in the process of renovating the premises and were in discussions with the renovation team. There was a lack of signage and colour zoned walls to support people with dementia in accessing various rooms and facilities in the service. The service manager told us they had ordered some signage to make the premises more dementia friendly.

Is the service caring?

Our findings

Apart from comments about staff being rushed and not having enough time, people were mainly complimentary about the staff. Their comments included, "The staff here are very nice and friendly, they are very respectful to me", "When I was poorly and off my food, the staff and the chef tried to tempt me that was very kind" and "They are kind. They look after us." However some people felt staff could be more caring. One person said, "I don't bother the staff. If I had to bother, God forbid; they look away and pretend they don't hear. If you ask too much they scream and shout" and "People are treated like children here."

During our inspection, we saw some positive interactions between staff and people. Staff were patient, kind and respectful with people and listened to their needs. For example, we saw one staff member put an arm round a person and asked them where they would like to sit. Another person who complained that they wanted a particular cushion and that it was not coming fast enough for them, the staff member reassured them and asked the person politely to be patient. However, we saw some agency staff being impatient and not engaging well with people. For example, during lunch time we saw one agency staff member assisting a person with their meal, but they were not talking to the person and were resting their arm on the person's wheelchair. The person was trying to make a conversation but the agency staff member did not respond. We spoke to the service manager about this staff member; they told us this was their first day. The service manager then spoke to the agency staff member, and after that we saw them interacting positively with the person. We saw the manager ask a person if they wanted to watch television or listen to music, the person said they would like to listen to music. The manager asked an agency staff member to find out from the person what music they wanted to listen and to put on their preferred music. However, after 10 minutes we noticed the agency staff member had not engaged with the person and had left the television on. The manager had to ask the agency staff member again and that is when they spoke to the person.

We saw the service had visitors including family members, friends and volunteers. One person said, "Our visitors here are made very welcome, they are given tea and cakes, a cunning plan to encourage them to come again." Relatives told us they found staff friendly and felt welcomed. There were no time restrictions on family members visiting their relatives.

We asked people if they felt staff listened to them, treated them with respect and dignity. Their comments included, "They treat me with respect. Occasionally, I get some help with personal hygiene, though normally I look after myself. They are very respectful and helpful", "If a male carer takes us to the lavatory they are always very, very respectful", "The staff listen to me if I ask for a drink or a cup of tea they bring it to me" and "Staff always call me by my name. When I get upset the staff call up my sister and then I feel better." However, one person told us staff were not always respectful, "They will say you don't need that or you can do that yourself." We saw one staff member tell a person that "we will take you outside in the reception but make sure don't take your clothes off" in front of other people and other staff members.

We asked people if they were involved in planning their care and made decisions about their care plans. Most people told us they did not know if they had care plans. They said, "I don't think I have a care plan" and "I don't know what a care plan is." People's relatives told us they were involved in their relatives' care

planning and reviews and were invited to care reviews.

Staff told us they encouraged people to stay as independent as they were able to. One person commented, "I only came for three weeks but I have found a place here. I am as independent as I want to be." One staff member told us, "I encourage people to do things by themselves if they can. [Name of the person] can put on makeup by herself, I get the makeup kit ready and she put it on herself."

People were supported in weekly religious practices. Friday night Shabbat services were held each week and all Jewish festivals were celebrated. People's individual needs in regards to race, religion, sexual orientation and gender were recognised. People benefitted from a Rabbi's visit once a week. During our inspection, we saw the Rabbi engaging with people in a sensitive and positive manner. They described the service as warm and homely.

We saw people's bedrooms; they had their personal belongings, providing a homely environment. People's personal information was stored safely and staff understood when it was important to disclose people's sensitive information.

There were records of discussions with people and their relatives around people's end of life care wishes. These were securely kept in people's care plans. We saw some people's completed Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) and advance care plan forms detailing their wishes in their last days.

Is the service responsive?

Our findings

The management told us people's needs were assessed at the point of admission via admission needs profile form and the information gathered was translated to care plans. The admission needs profile included information around people's physical, general and personal, cognitive and mental and social / recreational / spiritual wellbeing. People's care plans outlined people's likes, dislikes, wishes and how their needs were to be met. For example, one person's care plan stated "I prefer to eat in the dining room. My morning drink is tea with no sugar. I like my hair regularly trimmed." The care plans included people's personal information, life history, eating and drinking, cultural and religious needs and health related information and correspondences.

However, there were missing sections in people's care plans and the care plans were not regularly reviewed. For example, in one person's care plan their 'summary of care needs and preference document' was left blank; another person's care plan had not been reviewed for three years. This meant staff were not provided with the most current information on people's health and care needs and the service was not capturing the change in people's needs and abilities. The service was not responsive to people's changing needs and abilities.

The care plans also included people's hobbies and activities preference sheet which included an interaction record section to monitor how well people were engaging in activities. However, we saw the activities / interaction records had several gaps. For example, one person's activities / interaction record sheet had no records for 29 days for the December 2016 and 28 days for November 2016. This person's activities record sheet stated that the person had watched 'film / TV programme' as morning and afternoon activities for 20 days in January 2017. We looked at people's daily care records and found there were gaps in them and they did not give detailed information on how people were supported. We spoke to the manager about this and they told us they were aware of the incomplete and inaccurate recordkeeping and were going to train staff in completing health and care records. The management further said they were introducing electronic care plans which would be user friendly. This would enable staff to document details around care delivery and save time in writing up daily care records.

We saw people were not always supported as per their care plans. For example, one person on their admission had clearly stated in their care plan "things I particularly dislike are being on my own, being bored..." and when in the home "I would particularly dislike to wait, sit and do nothing..." We saw this person was left on their own, doing nothing for over two hours in a lounge room with the television on which they were not watching. We spoke to the manager about this and they asked the staff and social care coordinator to arrange for this person to be moved to the reception and join in an activity.

After breakfast, we saw three people with advanced dementia and using wheelchairs escorted to a lounge room where they were left in their wheelchairs whilst their wheelchairs' batteries were being recharged. No staff were present in the room, people were left in the room with a television on, however no one was watching the television. We asked one person who was in their wheelchair what they were doing in the room, they said, "I was brought here after breakfast and was waiting for something to happen." This person

had been waiting in the room for nearly an hour. They asked us if we could call a staff member to take them to the toilet. People's individual needs were not always being met by the service.

We concluded the above evidence was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke to the management about the above incident. They told us whilst there were a number of activities for people to join in; they were in the process of introducing specialist activities for people with advanced dementia. During our inspection, we observed three activities, manicure, quiz and singing sessions. We saw a number of people engaging in them and enjoying it. We spoke to the home's social care coordinator who had been working at the home for 10 years and knows the people very well and is quite popular among people. The social care coordinator interviewed people when they came into the home to find out their interests. They said, "If there is something they want to do that is not happening, we try to find a volunteer to help." The service benefited from volunteers' involvement, either by facilitating activities or talking to people on one-to-one basis. The social care coordinator said "I could not do this job properly without them."

We looked at the weekly activities schedule, the social care coordinator was in the process of making the schedule accessible by including images and pictures. The activity schedule demonstrated there were group activities most mornings and afternoons including discussions, quizzes, manicure, visits from mothers and babies, visits from local schools and nurseries, music and movement. The provider organised yearly quiz and singing competition between its 11 services and people from this service participated in these activities. The social care coordinator had organised a professional photo session along with a hairdresser and makeup facilities for people using the service and their relatives, and staff. We saw several photos of people with their families and friends, and staff team.

People were encouraged to get involved in delivering activities where possible. For example, some people liked to cook and would make traditional Jewish food items. A new project cognitive stimulation therapy for those with cognitive impairment was facilitated by a person using the service with former mental health professional background. We spoke to the creative arts development manager who was working with people on creative projects such as art work. They were in the middle of preparing for an event where people's artwork was going to be displayed.

People enjoyed attending group activities. Their comments included, "I go every Wednesday to painting and I like that. On Fridays I bake challah and I like that as well", "I read the newspaper and talk to people, and occasionally I watch television. I have done chair exercises sometimes" and "My activities include art, painting, drawing, music, watching cricket and football, I support Tottenham."

People told us they liked their rooms but a few people said they were a bit small. One person commented, "It is very small and there are no chairs to sit on if I have visitors. They have to sit on the bed." There were plans in place for refurbishment work.

People told us they attended residents' meetings which were conducted bi-monthly. We saw notes of residents' meeting, they were well attended and there were discussions around forthcoming events including an outing and film show, food comments and festival plans. At the residents' meetings staff encouraged people to voice their views, comments and concerns. People's relatives told us they were invited to relatives' meetings where they were asked about their views and opinions on the service. People and their relatives told us they were included in their care review meetings, and were able to express their views and wishes regarding their care.

The manager maintained an "open door policy" and we saw people and their relatives looked comfortable approaching the manager to discuss their concerns. People told us if they wanted to make a complaint they would speak to the manager. People and their relatives felt comfortable raising concerns and complaints. They told us their complaints were listened to and acted on. The provider's complaints procedure was easily accessible and the policy detailed guidance on how to complain and specific timescales within which people should expect to receive a response. There were clear processes in place to effectively respond to complaints. We saw records of complaints and detailed responses and they were compliant with the service's policy.

Is the service well-led?

Our findings

The service did not carry out regular audits to ensure the quality of care delivery. We saw one record of management night visit dated 22 January 2017 carried out by the new manager. During and after inspection, no audits' records were provided prior to January 2017. Health and care records relating to people using the service were inconsistent, not accurate and not up to date. We found gaps in people's MAR, nutrition and hydration, elimination, personal care, recreational and repositioning charts. The daily care delivery records had not been improved since the last inspection and were still inconsistent and did not always give information on how people were supported. We found risk assessments incomplete, in some cases they were missing and not regularly reviewed. People's care plans were not regularly reviewed and there were sections missing. The service's audit process had not picked up the inconsistent recording of care plans, care delivery, gaps in risk assessments and MAR charts. The service overall lacked accurate, complete and contemporaneous records including records of the care and treatment provided and ineffective audits.

The service did not maintain health and care monitoring records, in order to ensure that people's individual needs were fully and effectively met, overall lacked robust and efficient data management systems and processes to assess, monitor and improve the quality and safety of the care service delivery.

The above evidence demonstrates a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The new manager had been in post for two weeks during the inspection. The manager told us they carried out an informal audit that highlighted several areas that needed addressing including low staff morale, poor recordkeeping and filing, staff deployment and medicines management. Following our day one inspection visit, the service manager and the manager created an action plan to address the identified issues. The service manager shared their action plan with us that detailed five key issues identified during inspection that they were going to address imminently, these areas were nutrition and hydration, medication administration, staff allocations and communication within home, care plans and staffing. The manager was given additional administrative help to enable them to update filing and recordkeeping including care plans and risk assessments.

People, their relatives and staff were asked for formal feedback annually via questionnaires. We saw 'your care rating' relatives' and staff survey results for the year 2016. The analysis for staff's survey results showed only 56% staff felt their workload wasn't too much and didn't stop them from doing a good job. However, apart from that the overall feedback was positive. The relatives' response rate to survey was much lower than last year. The survey results analysis showed that only 40% relatives felt that the activities were suitable for their family members and 75% relatives felt that this was the best home for their relative given their support and care needs. The manager told us residents' survey results for the year 2016 should be arriving soon and they will forward it to us as soon once the data has been analysed.

The service worked with various health and social care professionals in delivering efficient care services to people. In addition to working with Jewish Care services, they worked with hospitals, GPs, district nurses,

and social work team. The manager worked closely with the provider's departments and attended provider's registered managers' forum for continuous improvement.

People using the service, their relatives and staff told us the new manager was approachable and helpful. One person said, "I do know the manager and we have a little chat sometimes." Another person commented, "The new manager is steady." People and their relatives told us they attended residents' and relatives' meetings and where most found them useful, some said not a lot changes following the meeting. The new manager had not conducted residents' and relatives' meeting yet, and was hoping to change residents' and relatives' experience.

Staff said since the new manager started the atmosphere in the home had improved and was more positive. Their comments included, "[Name of the manager] listens to me, is approachable and I am learning a lot from her", "She supports us and told us that we need to tell her what we are thinking otherwise she would not know", "The new manager is very supportive and very good. We are now in the process of improving" and "For me personally, the new manager is a very good person, is approachable, listens, and reassures people, tell staff that she is not here to judge but to guide and support to provide good quality of care. I noticed that since she started staff are given more instructions." The manager told us they had been doing and would continue to work one night shift a week "otherwise you don't get to see the night staff."

The new manager introduced weekly reflective practice, where as a team they discussed staff and management's experiences and observations and lessons learned and actions agreed. During these sessions staff discussed people's needs and how they could do things differently to make the service more effective and responsive. We observed the reflective practice meeting and saw that the manager encouraged staff to think about different ways in meeting people's individual needs. They discussed how people with higher nutrition and hydration needs and at risk of malnourishment could be effectively supported. We saw staff meeting minutes and there were discussions around reflection on management changes, communication, forms that needed reviewing, people at risk of falls, office environment and re-establishing ways of working. Staff told us they found the staff meetings helpful.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The care and treatment of service users was not always appropriate, did not always meet their needs and reflect their preferences.</p> <p>Regulation 9(1)(a)(b)(c)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>People using the service who were unable to give informed consent were insufficiently protected by the service's procedures to ensure that all decisions were made in their best interests within the requirements of the Mental Capacity Act 2005 and associated code of practice.</p> <p>Regulation 11(1)(2)(3)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care of people was not provided in a consistently safe way. This included failure to ensure assessing the risks to the health and safety of service users of receiving the care and treatment; doing all that is reasonably practicable to mitigate any such risks; the proper and safe management of medicines.</p> <p>Regulation 12(1)(2)(a)(b)(g)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs</p> <p>The nutritional and hydration needs of service users were not always met.</p> <p>Regulation 14 (1)(2)(b)(4)(a)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered persons failed to effectively operate systems to: assess, monitor and improve the quality and safety of the services provided; assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others; accurately and completely maintain records in respect of each service user.</p> <p>Regulation 17(1)(2)(a)(b)(c)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Sufficient numbers of staff were not deployed to meet people's needs effectively.</p> <p>Regulation 18(1)</p>