Belong Limited

Belong Morris Feinmann

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on the 12 and 13 June 2018 and the first day was unannounced. This was the first inspection of Belong Morris Feinmann since their registration with the Care Quality Commission in June 2016.

Belong Morris Feinmann is jointly registered as a 'care home' (known as the care village) and a domiciliary care agency (known as Belong at Home).

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

Belong Morris Feinmann is a purpose-built care village. It can accommodate 74 people across six households on three floors, each of which have separate adapted facilities. At the time of our inspection three households were open, with a total of 33 people living at the care village. Each household had a mix of people who needed nursing care and those who needed residential support.

The care village also contains a bistro on the ground floor, a synagogue, 'The Venue' which is used for events and a small gym, all of which can be used by the local community. The gym contained 'Silverfit' technology which is specifically designed for older people. On the top floor are 13 separate apartments, which are privately owned or rented.

Belong at Home provides personal care to people living in their own houses and flats in the community. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. Three people were being supported by Belong at Home at the time of our inspection.

This report covers both the care village and Belong at Home.

Two registered managers were in place at the service, one for the care village and one for Belong at Home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the time of our inspection Belong Morris Feinmann were in the process of separating the care village and Belong at Home so they each had an individual CQC registration in future.

People and their relatives thought they were safe living at Belong Morris Feinmann and being supported by members of Belong at Home care staff. The staff said they enjoyed working for the service and felt very well

supported by the registered managers, lead nurse and lead seniors.

People received their medicines as prescribed. The care village used an electronic medicine administration record (eMAR) system which prompted when medication was to be administered. Medication care plans gave guidance for when any medicines that were not routinely administered should be offered to people.

Belong at Home used paper MARs, which had been fully completed.

Person centred care plans and risk assessments were in place. These provided guidance and information about people's support needs, their likes, dislikes and preferences and how to mitigate the identified risks.

The care village used an electronic care planning system called PCS. Staff were able to access people's care plans and record the support provided through hand-held devices. The PCS system alerted staff when planned care tasks was required, for example if a person needed re-positioning. Where people might have behaviour that challenges, care plans gave details of potential triggers and behaviours. Two plans we saw gave guidance on how staff should support the person if they became agitated; however, a third plan did not provide full guidance for staff.

Belong at Home used paper care plans, which clearly identified the care and support tasks to be completed when staff visited. Staff wrote daily notes about the care and support provided.

Staff we spoke with knew people and their needs well. Staff said they received information about people's support needs before they moved to the care village or they made their first home visit.

Care files were reviewed each month in the care village. Belong at Home reviewed care plans after 6 weeks of the service starting and then every six months or after an incident or accident. People and their families were involved in these reviews.

People were supported with their health and nutritional needs in the care village and Belong at Home service.

A GP held a surgery at the care village three weeks out of every four. This meant people had access to a GP on site for minor ailments with a view to prevent any illness becoming more serious. Additional GP appointments were arranged if people needed them. The GP was positive about the support provided at Belong Morris Feinmann.

Staff, people and relatives thought there were sufficient staff on duty to meet people's assessed needs. At night there was one member of staff for each household and two staff floating between the three households. Staff told us they were always able to ring for assistance if a person needed two staff to support them. The day staff were on duty until 10pm and so could support people to go to bed if they wanted to before the night staff started their shift.

People told us Belong at Home staff were punctual and there were no missed calls.

The Belong Morris Feinmann care village supports people from the Jewish community. Staff received training on the Jewish culture during their induction. All the food prepared by the care village was kosher, with meat and milky meals kept separate. People and their families were advised they should only bring kosher food into the care village. Relatives told us they were able to bring their relatives the food they liked and staff did not ask to check it. The registered manager said that people were encouraged to only bring

kosher food to the care village; however, if they were discrete and kept the food in their own rooms then the care village would not remove it.

The care village followed the Jewish calendar and celebrated the Jewish festivals. There was a synagogue on site which held monthly services, which were also open to the local community.

Most people told us the food was not very good and they did not have enough culturally appropriate dishes. A residents committee had been set up to advise on changes to the menu. Following the inspection, the general manager told us an external Jewish catering company had been engaged to improve the quality and range of food provided.

Belong at Home care plans detailed any support a person may need to follow their faith.

People living in the care village had advanced care plans in place detailing their wishes in the event of their death. This included, where people wanted, a named Rabbi who would provide emotional support at the end of a person's life and ensure the person's body was treated according to Jewish tradition.

The care village was working within the principles of the Mental Capacity Act (2005). A capacity assessment tool was used and applications made for a Deprivation of Liberty Safeguard (DoLS) if a person lacked capacity to consent to their living arrangements. At the time of our inspection all the people using Belong at Home service had capacity to agree to their care and support. A capacity assessment tool was available to be used when required.

A safe recruitment process was in place. Staff had completed an induction programme when they joined Belong Morris Feinmann and also received refresher training on an annual basis. Clinical training was organised by the lead nurse.

Staff had regular supervisions and staff meetings were held. Both were open discussions with staff saying they were able to raise ideas or concerns during these meetings.

Residents and relatives meeting were held and a survey had been completed with the majority of responses being positive. Where comments had been raised in the survey the registered manager had followed these up directly with the person concerned.

Belong Morris Feinmann had a complaints policy in place. We saw all issues raised had been looked into and responses provided to address the issues raised.

A full activities programme was in place in the care village, which included trips out, a gardening club and arts and crafts. A social committee comprising of local volunteers arranged weekly events such as talks, bridge and a coffee morning, which were also open to people in the local community. Each person had an exercise care plan in place and had access to a trained exercise instructor and the on-site gym.

The service was seen to clean and well maintained throughout.

Both the care village and Belong at Home had a quality assurance system in place. Incidents and accidents were monitored to identify if there were any patterns or trends. The care village had monthly clinical meetings to monitor a range of areas across the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People received their medicines as prescribed.

Sufficient staff were on duty to meet people's assessed needs. Belong at Home calls were on time and there had been no missed calls. A robust recruitment process was in place.

Clear risk assessments and guidance to mitigate the risks were in place. Guidance for supporting one person if they become agitated was not as detailed as the other assessments seen.

Is the service effective?

Good

The service was effective.

The service was working within the principles of the Mental Capacity Act (2005). Capacity assessments and best interest meetings were completed where required.

Staff received the training and support through supervisions and team meetings to effectively undertake their roles.

People were supported to maintain their health.

People's nutritional needs were met. People in the care village said they did not like the food. An external Jewish catering company had been engaged to improve the quality and range of food available.

Is the service caring?

Good

The service was caring.

People were supported to observe their Jewish faith. All food provided was kosher and staff had completed training in the Jewish culture.

People and their relatives were involved in developing and reviewing their care plans.

People said the staff were kind and caring. Staff knew people's likes, dislikes and needs.

Staff knew how to maintain people's dignity and privacy when providing personal care and prompted people to complete tasks independently.

Is the service responsive?

Good

The service was responsive.

Person centred care plans were in place that provided guidance for staff in how to meet people's needs. Advanced plans of people's wishes for their support at the end of their lives, in line with Jewish traditions were in place.

A programme of regular activities for people to take part in was in place. Each person had access to an exercise programme with a trained instructor.

The service had a complaints procedure in place. All complaints received had been responded to appropriately.

Is the service well-led?

Good

The service was well led.

A quality assurance system was in place for the care village and Belong at Home service.

Staff said they enjoyed working at the service and felt the management team were very supportive and approachable.

Feedback was obtained from people and their relatives through meetings and surveys. Any issues identified had been addressed.

Belong Morris Feinmann

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 12 and 13 June 2018 and the first day was unannounced. On the first day the inspection team consisted of one inspector and 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 had experience of services for older people. One inspector and an assistant inspector returned for the second day of the inspection.

Before our inspection the provider completed a provider information return (PIR). The PIR 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 reviewed the information we held about the service. We looked at the statutory notifications the care village had sent us. A statutory notification is information about important events, which the provider is required to send to us by law.

We contacted the local authority safeguarding and commissioning teams. They did not raise any concerns about Belong Morris Feinmann. We also contacted Trafford Healthwatch who said they did not have any information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also observed people's mealtime experience and interaction between people using the service and staff throughout the inspection.

During the inspection, across both the care village and Belong at Home, we spoke with 12 people who used the service, three relatives, 11 members of care staff, the lead nurse, the practice development facilitator

(training manager), one visiting health professional, the experience co-ordinator (activities co-ordinator), the exercise instructor and both registered mangers.

We looked at records relating to the management of the service such as the staffing rotas, policies, incident and accident records, five staff recruitment files and training records, seven care files, meeting minutes and auditing systems.

Good

Is the service safe?

Our findings

All the people we spoke with said they felt safe living at Belong Morris Feinmann and being supported by the care staff. One person said, "It's peaceful and calm here. There's no bullying. I have lots of jokes with one of the care staff in particular."

Relatives we spoke with also thought their relatives were safe at the care village, with one saying, "I feel it's safe here. My father feels very safe."

The care village used an electronic care planning system called PCS. Up to date risk assessments were in place for each person on the PCS system. These included the risk of falls, the use of bed rails, choking, skin integrity and malnutrition. Guidance was provided for staff to reduce these identified risks. Staff could access the risk assessments and guidance via hand-held devices.

We viewed three care plans where people might have behaviour that challenges. Details of the potential behaviours and possible triggers for the behaviour was recorded. Clear guidance for staff in how to manage the behaviours was provided in two of the care plans; however, the third plan did not specify how the staff should support the person when they became agitated. Staff could describe how they would support people to remain safe when they were agitated. We discussed this with the registered manager who told us that the person had now settled into living at the care village and had not had many recent incidents.

The care village and Belong at Home had access to an Admiral nurse employed by Belong. There were two Admiral nurses covering all the Belong care villages and Belong at Homes. An Admiral nurse provides specialist dementia support to people, their families and staff. This meant additional knowledge was available to agree the best support a person living with dementia needed, including if they started to become agitated.

Belong at Home used a paper based risk assessment. These covered the environment in the person's care village and moving and handling. Where people required the use of equipment to help them the care plan documented the equipment needed to support the person.

This meant the risks people may face were identified and plans were in place to reduce them.

People received their medicines as prescribed. In the care village an electronic medicines administration record (eMAR) system was used, accessed through the hand-held devices. The dispensing pharmacist entered the records of the medicines prescribed for each person and the prescribing instructions. These were checked at the service when medicines were delivered. The eMAR alerted staff when medicines were due.

Each person's medicines were kept in a locked cabinet in their own room. A monthly medicines audit was completed, including stock balances. The stock balances we checked were all correct. Guidelines for when a person may require a medicine that was not routinely administered (PRN) were written in each person's

medication care plan, which was available through the hand-held devices. This gave information about how the person would communicate, either verbally or non-verbally, that they required the PRN to be administered.

Belong at Home used a paper medicines administration record (MAR). Some of the people using the service were supported with their medicines. Care plans clearly stated whether the staff supported people with their medicines or if they were self-medicating or supported by their family. The MAR we saw were fully completed.

Staff we spoke with were aware of the safeguarding procedures at the care village. They understood how to report any safeguarding concerns and confirmed they had received safeguarding training. They told us they would report any concerns to the management team and were confident they would deal with any issues promptly and appropriately.

All incidents and accidents were recorded and reviewed by the management team. Any actions or changes to the support provided to reduce the risk of a re-occurrence were recorded. For example, a new procedure was introduced following one incident to prevent it happening again.

Belong Morris Feinmann had a robust recruitment procedure in place. All pre-employment checks were completed and a full employment history recorded. The reasons for any gaps in employment history were recorded.

Our observations during the inspection showed there were sufficient staff on duty to meet people's assessed needs. The staff we spoke with said they always had enough staff, with one saying, "We always have enough time to spend with residents and have a chat."

The people and relatives we spoke with said there were usually enough staff. One person said, "Yes, there are, on the whole, yes" and a relative told us, "There's usually enough staff; very occasionally they can be down a bit."

One person said, "It can be a bit short at night." Rotas showed there was one member of care staff for each household and two staff floating between the three households. Staff told us this worked well, with one saying, "There is always someone available." We also saw the day staff worked until 10pm and so were available to support people who wanted to go to bed before this time.

People told us that Belong at Home staff were on time and they had not had any missed calls. One person said, "They (the staff) are always punctual and efficient. If they are going to be late they phone me to let me know." People told us the staff always stayed for the full length of the call duration. We saw time on the staff rotas was allocated for travelling between calls. The minimum call time for a Belong at Home visit was 30 minutes. This meant the staff had time to spend with people to ensure all the support they needed was provided.

Belong at Home used a system where the staff member logged in and out of the call via a mobile phone. If the staff member was more than 30 minutes late then an alert was sent to the Belong at Home registered manager or care co-ordinator who would check where the staff member was and arrange for another member of staff to attend the call.

The care village was very clean throughout, with no malodours. People and relatives told us the care village was always clean. Staff were seen using personal protective equipment (PPE) when supporting people with

personal care tasks. We saw evidence that equipment was maintained and serviced in line with national guidelines and the manufacturer's instructions. Weekly checks were made on the fire alarm, emergency lighting system, call bells, wheelchairs and hoists. Legionella water checks were completed each month.

Personal emergency evacuation plans were in place for each person. These detailed the support a person would need in the event of having to leave the building in an emergency. Regular fire drills had been completed. Contact information and guidance was seen for staff to deal with any emergency situations such as a gas or water leak.

Good

Is the service effective?

Our findings

Staff received the training and support to carry out their roles. Staff told us they felt well supported in their role by the management team. They said they had completed relevant training and had undertaken an induction when joining the service. We spoke with the practice development facilitator (PDF) (training manager). The PDF had a spreadsheet to record all the training completed. This identified when refresher training was due.

All new staff completed a five-day induction training programme which included the values of Belong Morris Feinmann, moving and handling, safeguarding, dementia care and an introduction to the Jewish culture. Staff were enrolled on the e-learning system and had 12 weeks to complete the identified training courses. This included food hygiene, pressure area care and mental capacity. Staff had the support of a mentor on the household where they were working to help complete the 12 week programme. The mentor and the PDF completed observations of practice for each new member of staff to show they were competent in their role.

The induction and training met the standards of the care certificate, which is a nationally recognised set of principles that all care staff should follow in their working lives.

The lead nurse facilitated and arranged the clinical training for the nurse team. This included catheter care, PEG (Percutaneous endoscopic gastrostomy) feed care and wound care.

The Belong at Home care agency staff also completed an induction which included parts of the corporate induction and Jewish culture training but also included lone working and practical issues with the logging in and out of the calls made.

One staff member told us, "Oh yes; there's definitely enough training."

Staff had regular supervision meetings with a named lead senior or nurse. This enabled the staff member to receive feedback on their performance and also raise any ideas or concerns they may have.

Staff meetings were held for each household. Minutes showed that these were open forums where items were raised and discussed by the lead senior and the care staff team.

Staff told us they had enough information to meet people's needs. A hand-over was held on each household between shifts and all the notes about the support provided for each person was available to each member of staff via their hand-held devices. A communication book was also used to pass information to the staff team on each household.

The Belong at Home staff read the daily notes from previous calls at the start of their visit. If required the registered manager or lead senior would telephone the staff team to inform them of any changes in people's support needs.

Staff had the information they needed to support people when they first moved to the care village or home visits started.

A pre-admission assessment was completed before people moved to the care village or Belong at Home visits started. This assessed the person's needs and involved the person, their relatives where appropriate and other medical or social care professionals involved in their current care and support. Initial care plans were written from this information. Staff told us they were given a verbal handover of this information and were also able to read the assessment and initial care plans and risk assessments prior to the person moving to the care village.

Belong at Home staff were introduced to new people they would be supporting where ever possible before they visited by themselves.

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 villages and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service was working in line with the principles of the MCA. Capacity assessments and best interest decision meetings were seen in people's care files. Applications for DoLS had been made where it had been assessed that people lacked capacity to consent to their living arrangements.

At the time of our inspection all three people using Belong at Home had capacity. Capacity assessments were available to be used when required.

Each person living in the care village was registered with a GP. The care village had entered an agreement with a local GP practice and a GP attended the care village three weeks out of four to carry out a clinic on site. People were registered, with their agreement, with this practice. This meant people with minor ailments could see a GP with a view to prevent any illness becoming more serious. Additional GP appointments were made in between these surgeries as people needed them. The GP was positive about the care and support provided by the care village. They said, "They are proactive with referrals and these are always done in a timely manner. They are responsive to concerns and work well with us."

This was confirmed by the care records we saw which showed referrals had been made to the GP, speech and language team (SALT), and dietician when required. People's care files included details of any medical diagnoses and the support required for each medical condition. When people's care plan called for frequent changes of position to reduce the risk of developing pressure area sores, these were programmed into the PCS care planning system which alerted the staff when this needed to be completed. One relative told us, "The pressure care is good – the sore [name] had from hospital has cleared up."

The care village was able to refer people to the Nursing Care village Team (NHT) for consultations and health support. NHT had started a trial system where remote consultations could be completed via a computer link. This would provide a quicker response to a referral than if the NHT had to visit the care village.

A hospital information pack could be printed via the PCS system. This provided a summary of each person's needs and preferences for the hospital staff if people need to be admitted to hospital.

Belong at Home staff told us they did not routinely support people with their medical appointments. Most people did this for themselves or their families made any appointments needed. Staff did say that if they arrived and a person was unwell or had had an accident, such as a fall, they would report this to the office who would inform the person's family. If required the staff would contact the person's GP or 999 and stay with the person until the ambulance or their family arrived.

This meant people's health needs were being met by the service.

We observed lunch on all three households. The dining experience was seen to be calm and unhurried. People received the support they required to eat their food. Most people we spoke with said the food was not very good and they did not have enough culturally appropriate dishes. One person said, "The food is not wonderful. I don't think it's very good and it's gone down a bit" and another said, "The choice of food is sometimes limited. More traditional Jewish dishes, like salt beef sandwiches, would be welcome."

We discussed this with the registered manager and general manager who were aware of people's feedback about the food through residents' meetings and comments made to staff. In response a residents committee had been set up to discuss what people wanted. One person told us, "The food's pretty awful but the residents' committee is working on it: they have some good ideas for improvements."

Following our inspection, the general manager confirmed that Belong Morris Feinmann were engaging with an external Jewish catering provider to outsource the catering for the care village and the on-site bistro.

Records showed that people who were at risk of losing weight had their food and fluids monitored. One relative said, "They monitor [name's] diet well and he has regained some weight."

The staff and the chef had information available about people's dietary needs, for example people who needed a soft diet or had diabetes.

This meant that whilst people's nutritional needs were being met by the care village service, the standard of the food provided had not met people's preferences or expectations. The care village had addressed these concerns and had a plan in place to make improvements.

Care plans for people supported by Belong at Home clearly stated where staff supported people with their meal preparation, including their food preferences. Care plans also detailed when drinks were to be left for people. This meant people's nutritional needs were being met by Belong at Home service.

Belong Morris Feinmann is a purpose built care village and is fully adapted to meet people's needs. All rooms had a walk-in shower and an adaptable bath was available on each household. The registered manager told us Belong Morris Feinmann had consulted with Stirling University (a leading research institute for dementia friendly buildings). The design of each household was not overtly dementia friendly with no dementia signs or memory boxes outside bedrooms to assist people living with dementia to orientate themselves.

However, corridors in each household were short. This enabled staff to maintain a line of sight and hear people throughout the household. The small nature of each household supported people to orientate within the household. Bathrooms had coloured sinks and taps to make them stand out from the

background and doors out of the household did not have a handle which meant people living with dementia did not try to leave the household. We were told this design worked well and we saw the atmosphere on each household was calm throughout our inspection.

Each household had a 'robotic cat' which was a realistic looking cat that purred and meowed when stroked. Staff told us this comforted some people living with dementia. This showed Belong Morris Feinmann had introduced new ways of providing stimulation for people living with dementia.

Good

Is the service caring?

Our findings

All the people and relatives we spoke with were complimentary about the kindness and caring nature of the staff team. One said, "Yes, the staff are kind and considerate; definitely they are" and another told us, "The staff are very helpful, kind and caring, they have time to chat to us. I like that, I can still talk and want to chat, they do that."

The Belong Morris Feinmann care village supports people of the Jewish faith. Care plans recorded how people wanted to follow their faith and the support they needed to do so. Staff members completed an introduction to the Jewish faith as part of their induction and said they would speak with people and their relatives about each person's level of observance.

The care village had a synagogue on-site with monthly services, which members of the local community could also attend. The care village held a Shabbat meal every Friday night and celebrated the Jewish festivals, with traditional foods, parties and services in the synagogue. Door posts had a mezuzah as required in Jewish care villages. Local Rabbi's and volunteers assisted the care village in celebrating the Shabbat meal and festivals by leading prayers.

All food prepared at the care village, for the people living at the care village and customers of the bistro, was kosher. Meat and milk was kept separated, with breakfast and lunch being milk meals and the evening meal being meaty. Separate crockery was used for the different meals. If people wanted a milky meal in the evening they could either eat in their rooms or wait until the meat meal had finished.

Visitors were advised that they should only bring kosher food into the building. Relatives told us that they were able to bring the food of their choice into the care village. Most staff told us that they did not ask visitors about any food they had brought and people would keep this in their own rooms. Two staff told us they would have to remove any non-kosher food if they were aware visitors had brought this in. We discussed this with the registered manager who said that whilst bringing in non-kosher food was discouraged, if people were discrete with it they would not take it from people. Staff did not bring any food into the care village.

People living at the care village had a range of different levels of religious observation. Many chose to watch television on a Saturday and would request staff to turn it on for them. This suited the majority of people living at the care village, with one relative telling us, "Staff have an awareness of the Jewish faith." However, one relative, whilst saying the observance levels for what their relative wanted were okay, felt the staff team needed to be reminded about how Shabbat should be observed as food was re-heated and music and televisions were turned on (which should not be done in a fully observant care village). We discussed this with the registered manager who told us the care village supports people to choose the level at which they wish to observe their faith.

This meant that people were supported to observe their faith at the level they wished to do so.

Care plans included information about people's sexuality and other protected characteristics, for example race and disability. People's communication needs were assessed and guidance provided on how each person communicated. People's preferences for the gender of the staff supporting them with personal care was also noted.

The Belong at Home care agency staff had also completed introductory training in the Jewish faith. Care plans provided information about the support a person needed and staff followed people's wishes about any support needed to observe their faith.

People said that the staff team knew them well and treated them with dignity and respect. One person said, "The staff are respectful, kind and non-intrusive. They exercise discretion very sensibly." A relative told us, "The staff are helpful, polite and respectful. They know [name's] needs" and another said, "The staff know what they are doing and know [name] well."

We saw and heard positive interactions between members of staff and the people they were supporting throughout our inspection. Staff spoke calmly with people to explain what they were doing and provide them with re-assurance. People and relatives told us staff respected their privacy and dignity. Staff were able to describe to us how they maintained people's privacy when providing personal care, for example explaining what they were doing, ensuring people were covered and doors were shut. It was confirmed by the people we spoke with that the staff did this when supporting people.

People and relatives were asked to complete a 'This is Me' document when they moved to Belong Morris Feinmann. This provided information about people's life, their families, jobs they had done, hobbies and likes or dislikes. This information was recorded on the electronic PCS system and staff could access this information directly from their hand-held devices. The paper copy was kept in people's bedrooms, which staff could also refer to. One relative told us, "I was involved in writing their (parents) 'All about me' books and provided a lot of material for them including photographs."

People's personal information was kept confidential using passwords to access the PCS system. During the inspection we were made aware of how the staff team had been asked to ensure one person's medical information was not made known to others. They had achieved this by ensuring all conversations about people's needs were held in private away from other people and that they did not look at the computerised care plans where they could be overseen by others.

People were prompted to maintain their independence by the staff team. We observed people being prompted to complete things by themselves where possible, for example eating and walking. Care plans in both the care village and Belong at Home identified the tasks people could do and where they needed support. One person said, "I think they let you do everything you can" and another told us, "I need help for all personal care. I can feed myself and eat slowly, so they (the staff) let me do that."

Each household had a kitchen where staff prepared breakfast and some food for each meal. We were told that the Belong ethos is for people to be encouraged to participate in food preparation; however, people chose not to get involved in these tasks.

The majority of people living at the care village and supported by Belong at Home had families involved in their care and support. We were told that if people did not have families they would be referred to an advocacy service. An advocate is an independent person who supports a person to be involved in decisions about their support and care and ensures any decisions are taken in their best interests.

Good

Is the service responsive?

Our findings

We viewed five care plans for people living in the care village and two care plans for people supported by the Belong at Home care agency.

The care village used an electronic care planning system called PCS. All staff had a hand-held device which allowed them to view the care plans remotely. The care plans contained comprehensive details of people's assessed support needs and provided guidance for staff in how to meet these needs. For example, information was provided regarding people's personal care, mobility, falls management, skin integrity, sleeping, communication, eating and drinking and health. Care plans also included details of people's likes and dislikes and information about their life history.

Key support tasks were input to the PCS system, for example when a person needed to be repositioned in bed. The PCS system alerted staff when this support was due. The staff confirmed when the support had been provided and were able to add any relevant notes. The seniors and lead seniors were able to monitor if the support had not been completed at the due time.

Care plans were reviewed each month or following an accident or incident, such as a fall. At the time of our inspection the lead senior for each household reviewed and updated the care plans. We saw minutes from household staff meetings that showed the monthly reviews were in the process of being delegated to the senior support staff, with the lead senior maintaining an oversight of all care plans on their household.

Relatives told us they had been involved in developing the care plans. One said, "I've seen my parents' care plans" and another told us, "I've been involved in the care plans and discussions about [name's] care." Where appropriate people living at the care village were involved in discussing their care and support. People said, "I was involved in writing my care plan" and "We discussed the care plan."

Belong at Home used paper care plans. These were kept in people's care villages and a copy held in the office. The care plans identified each person's individual needs and gave clear information about the support people needed and the tasks staff were to complete at each visit. Information was also provided on people's preferences, for example the drinks and food they liked. Clear notes about the support provided were made after each support visit.

The care plans were reviewed eight weeks after the service started and then every six months or when people's needs changed.

Where there was an assessed need we saw that technology, such as bed or motion sensors, were used to reduce the risks for people. The sensors were linked to the call bell system and alerted the staff when triggered. This meant if a person who was at risk of falls got out of bed the staff were alerted and were able to provide support. The sensors could also turn a low-level light on in the bedroom so a person was able to see when getting out of bed, which reduced the risk of falls.

The staff we spoke with knew people's care needs well and could describe the support they required. Staff offered day to day choices to people, for example what they wanted to wear, eat or drink. People told us they were able to get up and go to bed when they wanted. On the first day of our inspection we arrived before at 7am. We found there were few people up at that time and observed people being supported to get up and have breakfast throughout the morning when they were ready to do so.

People we spoke with in the Belong at Home service said that staff would always ask if there was anything else the person wanted them to do before they left.

In the care village advanced care plans were in place. These included details of the person's Rabbi who they wanted to be involved in their emotional support at the end of their life. The Rabbi would also ensure the cultural wishes of the person with regard to the treatment of their body after death and their burial were followed according to their wishes. Staff we spoke with were aware that in the Jewish tradition burial should be within 24 hours of death, although not everyone living at the care village wanted this. They therefore worked with the GPs to ensure death certificates were signed where possible so the burial of the person was not delayed.

End of life care plans were developed as people neared the end of their life. Anticipatory medicines were prescribed to manage any pain they may have. This meant that people's cultural and medical needs were met at the end of a person's life. The care village were working towards the 'Six Steps' accreditation. The 'Six Steps' is a nationally recognised programme for good quality end of life care and support.
A full programme of activities was organised at the care village by the experience co-ordinators. This included a gardening club, arts and crafts and trips out in the local area. Where people were nursed in bed the experience co-ordinators had a regular routine where they visited them in their rooms. On the first day of our inspection 10 people were going to watch a tennis tournament at a local club.

The experience co-ordinator met with all new people moving to the care village so they could find out the type of things they liked to do. The experience co-ordinator then tried to arrange activities they may want to join in with. People said, "I think the activities here are good" and "I do activities every day. All of them, except gardening. There's nothing else I'd like to do." The activities took account of the Jewish calendar and festivals.

A social committee comprising of local volunteers also arranged weekly events such as talks, bridge and a coffee morning. These were open to people living at the care village and also people from the local community. An art therapist from the Jewish community visited each week.

The care village also had a small gym on site with a qualified exercise instructor. Each person was assessed for an exercise programme to maintain, and where possible increase, muscle tone and strength. Exercise routines were tailored to each person's needs and included chair based exercises, walking and using the gym equipment. This increased people's mobility and reduced the risk of falls. People were offered two exercise sessions per week, although some did not want to participate. One relative said, "[Name] is stronger now. He has a regular exercise programme and has been encouraged to go to the gym. He likes going now."

We were also told that the staff on each household encouraged people to become involved in impromptu activities on the households. This meant there was a varied range of activities for people to take part in if they wished to do so.

We saw there was a complaints policy in place. We saw all complaints raised formally or verbally were recorded and had been investigated and responded to. People and relatives we spoke with said they would

raise any issues or concerns they had with the staff on duty or the lead seniors. They said that their concerns had been addressed.

Good

Is the service well-led?

Our findings

The care village and Belong at Home care agency had separate managers registered with the Care Quality Commission (CQC). There was also a general manager who was responsible for the whole building, including the bistro and independent flats on the top floor.

The care village registered manager was supported by a lead nurse. The Belong at Home registered manager was supported by a lead senior support worker.

People and relatives we spoke with were positive about the care and support they received in both the care village and Belong at Home. One person told us, "It's peaceful here; I like living here" and another said, "It's wonderful living here. I was the first resident here when it opened."

They found the managers open and accessible. One person said, "The care village is managed lightly and well. I'm relaxed in any discussion with the manager. All the staff are polite and helpful." One person using the Belong at Home service said, "I've had carers before and Belong are a lot better; there's no comparison. I can phone [registered manager] or [lead senior] at any time if I need to." There was a strong ethos throughout the service that this was people's care village rather than a place of work.

The care village and Belong at Home had their own quality assurance systems in place.

The care village completed monthly audits for medicines and daily logs. The pharmacist who supplied the care village with their medicines completed a six-monthly audit. We saw the latest audit had identified an issue with duplicate entries on the electronic medicines records, which had now been resolved.

A monthly clinical governance meeting was held to review all accidents, safeguarding referrals and any people at risk of losing weight, skin integrity issues, hospital admissions, end of life support, bed rail checks and any infections. This meant the management team had a monthly overview of people's changing needs at the care village and could ensure actions to support people had been taken and any appropriate referrals made and followed up.

The care village registered manager met with the practice development facilitator each week to monitor the staff training requirements.

A quarterly health and safety meeting was held which reviewed the health and safety audits for each household, equipment servicing and fire safety. We saw actions identified during the audits had been completed.

The registered manager completed an audit for each household every six months. Any issues identified were recorded and actioned.

The registered manager and general manager had completed a night visit in April 2018 where they arrive

unannounced during the night to walk around the households, talk with staff and check night time tasks were being completed.

The registered manager and lead nurse held meetings with their counterparts from other Belong villages. This enabled them to share good practice with each other.

The Belong at Home registered manager carried out unannounced care village visits to observe the care staff members supporting people and to gain feedback from the people using the service. They also completed hand hygiene audits and observations of medicines administration. The registered manager or lead senior reviewed the care plans every six months. Medicine Administration Records (MARs) were checked each month to ensure they had been fully completed.

The registered manager reviewed all accident and incident forms. We saw appropriate actions were taken, for examples discussions with the person and their family, referrals to a GP or occupational therapist, following a person having an accident.

This meant the respective registered managers had oversight of their services through a robust quality auditing system.

The care village arranged residents and relatives' meetings for each household every three months. A range of topics were discussed including activities and the food. As stated in the effective domain of this report there had been negative feedback about the food at the care village and bistro. The management team were aware of this and had involved people in discussing possible improvements to the menu. The general manager told us after our inspection that an external Jewish catering company had been engaged to improve the food provided.

The care village conducted a residents and relative survey in April 2018. Fourteen responses had been received, which were mainly positive. The registered manager had reviewed the responses and followed up any issues raised directly with the people concerned. Comments from the survey included, "Caring atmosphere, efficient staff and well-designed facilities" and "Comfort, informality and friendliness."

This showed the care village sought the views of people using the service and then took appropriate action in response to these views.

Staff meetings were held for each household every three months. Minutes of the meetings showed staff were able to contribute to the discussions about the service as well as being informed about developments at the service. Separate team meetings were held for the night staff. There were also meetings for the nurses and the senior support staff on each household.

The Belong at Home staff team met every two months, however we were told they saw the registered manager or lead senior support most weeks. One Belong at Home staff member told us, "There is a great support network; [registered manager] or [lead senior] are only a phone call away if we need them."

All the staff we spoke with all said they enjoyed working at Belong Morris Feinmann and that the registered managers were approachable and visible within the service. One member of staff said, "The managers are friendly and approachable" and another told us, "There's good support from the team and we're not afraid to raise any issues we want to; they're (the managers) really good and open."

Belong Morris Feinmann were establishing links with their local community. As detailed in the responsive

domain weekly bridge, coffee mornings and talks were open to members of the local community. A dementia support group had been set up, with the first meeting held during our inspection. This was an opportunity for anyone living with dementia, their families and carers to meet and support each other. Professionals with knowledge of dementia care (Admiral nurses) were also available to provide information and advice.

The registered manager and experience co-ordinator told us they were working with a local primary school and a nursery to arrange for children to visit the care village. Inter-generational activities have been shown to be positive for both the people living at the care village and the children themselves.

The care village was also planning to introduce a programme called Namaste Care. Namaste Care is a programme for people living with advanced dementia who are approaching the end of their life. This aims to increase the quality of life for people who can no longer communicate through gentle touch and the use of sound, smell, taste and vision in a calm safe space. This had been introduced in another Belong care village and the lead from that care village were supporting the staff to introduce Namaste Care to Belong Morris Feinmann.

Services providing regulated activities have a statutory duty to report certain incidents and accident to the Care Quality Commission (CQC). We checked the records at the service and found that all incidents had been recorded, investigated and reported appropriately.