

Agudas Israel Housing Association Limited

Beis Pinchas

Inspection report

2 Schonfeld Square
Hackney
London
N16 0QQ

Tel: 02088027477

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Beis Pinchas is a nursing home for up to 44 people from the Orthodox Jewish community. It provides nursing care and accommodation as one single package. At the time of the inspection there were 44 people using the service.

People's experience of using this service:

The registered manager and management team demonstrated exceptional leadership which positively impacted people using the service and staff working at the home.

People using the service and those close to them were involved in how the home was run and were at the centre of all decision making.

All staff had clear roles and responsibilities and understood the values of the service and lived these values every day.

The management ensured that no one living or working at the home was disadvantaged because of their background, culture, disability or other protected characteristic.

People and relatives told us the registered manager and office and care staff were exceptionally caring and this was evident in the whole ethos of the home.

People received high-quality and person-centred care where staff knew people extremely well.

Everyone living at the home, including those people with high care needs or those who were living with dementia were encouraged to live their lives as independently as possible.

People were supported to identify and access activities that were meaningful and improved their wellbeing. The home was a hub for the local community which meant people living there benefited from support groups and continued to be valued as vital members of the community.

Staff were well supported, and their views and opinions listened to and used to improve the care delivery. Staff developed highly positive and trusting relationships with people and their relatives.

Staff were provided with equal and inclusive developmental opportunities to progress their careers with the provider.

People and relatives told us staff provided safe care. The provider ensured people's safety by involving outside organisations in promoting safety. People were protected from the risk of abuse, harm, poor care and neglect.

People were supported by sufficient numbers of staff who were suitably recruited, and knew the risks associated with people's needs and how to manage them safely.

People's needs were assessed before they moved into the home, and they received consistent, timely and effective care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were encouraged to live healthy lives with effective support from staff.

People's end of life care needs was met sensitively and people were encouraged to voice their wishes, aspirations and supported to live their dreams.

People and relatives were satisfied with how complaints were addressed.

Rating at last inspection:

At the last inspection in July 2016 this service was rated 'Good'.

Why we inspected:

This was a planned inspection based on the rating at the last inspection. As a result of this inspection the rating remains 'Good'

Follow up:

Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated 'Good'. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good ●

Beis Pinchas

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection team consisted of two inspectors, a specialist nursing adviser and two 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. The two experts by experience had experience of caring for older people including those living with dementia.

Service and service type:

Beis Pinchas is a nursing home for up to 44 people from the Orthodox Jewish community. It provides nursing care and accommodation as one single package.

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

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

Notice of inspection:

Our inspection was unannounced.

Our inspection process commenced on 12 February 2019 and concluded on the same day.

What we did:

Our inspection was informed by evidence we already held about the service including any statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. The provider had completed a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service

does well and improvements they plan to make.

We spoke with 12 people who used the service and eight relatives.

We spoke with the registered manager, 14 care staff and three nurses.

We received feedback from two healthcare professionals.

We reviewed eight people's care records, including medicine records, five staff files that included recruitment, training and supervision records.

We checked staff rotas and other records related to the management of the regulated activity.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

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

- People who used the service and relatives we spoke with told us they trusted the staff and felt safe with them. One person told us, "I'm in good hands." A relative told us, "I really do feel that [my relative] is safe." Another relative commented, "[My relative] is definitely safe. He couldn't be safer."

- Staff had completed safeguarding awareness training and understood the policies and procedures they needed to follow if they suspected abuse. Staff understood that discriminating people on the grounds of their protected characteristics was not only unlawful but abusive.

- The Equality Act 2010 introduced the term 'protected characteristics' to refer to groups that are protected under the Act and must not be discriminated against.

- Staff knew they could report any concerns they had to other authorities including the police, social services and the CQC.

Assessing risk, safety monitoring and management.

- People who used the service and their relatives told us they had been involved in discussions about any risks they faced as part of the assessment of their care needs. We saw records of this involvement in people's care plans.

- Staff understood the potential risks to people's safety and welfare and knew what action they needed to take to mitigate these risks. For example, one staff member told us, "A lot of people we transfer with a hoist. It is very important everyone has the training in moving and handling and it is very important they do it properly."

- Information about risks was recorded in people's care plans and was being reviewed regularly.

- We saw that the service had systems for identifying, assessing and acting on environmental risks at the home. The fire risk assessment was up to date and included everyone's current personal emergency evacuation plans. Fire equipment had been recently serviced and there were regular, ongoing fire drills and fire alarm tests taking place.

Staffing and recruitment

- Staff files contained appropriate recruitment documentation including references, criminal record checks and information about the experience and skills of the individual. Staff we spoke with confirmed that they could not start working for the service until they had received a satisfactory criminal record check. We saw

that the provider had checked that all potential staff had the right to work in the UK.

Using medicines safely

- People told us they were satisfied with the way their medicines were managed at the home. One person told us, "They come and give the medicines. They are very good. They say what they [the medicines] are for." A relative commented, "They are very good with medicines. [My relative] has a list of the ones she takes. Every so often she has an appointment to check they are all still relevant to her. They explain to her what they are for."

- The registered manager told us that if any person wished to self-medicate they would be assessed and where appropriate encouraged to do so. This would be reviewed regularly, and the person would be provided with appropriate storage facilities in their room.

- We checked medicines and saw satisfactory and accurate records in relation to the receipt, storage, administration and disposal of medicines for each person. Records showed that medicines were audited regularly so that any potential errors could be picked up and addressed quickly.

- All creams, lotions and emulsions were dated and signed when opened. All tablets were counted and numbers documented at each administration. All controlled drugs were counted twice a day by two registered nurses.

- All nursing care staff had completed medicine training on a regular basis and only registered nurses managed and administered medicines at the home.

Preventing and controlling infection

- People's comments about the cleanliness of the home were consistently positive. A relative we spoke with told us, "The first thing we noticed when we came in here was there was no smell. The cleanliness is very, very important. [My relative's] room is cleaned every day."

- Staff had completed infection control and food hygiene training and understood their roles and responsibilities in relation to these areas of care. They told us they were provided with sufficient amounts of personal protective equipment.

- We saw records of regular infection control audits to monitor the cleanliness of the home.

Learning lessons when things go wrong.

- Accidents or incidents were monitored and procedures were reviewed, including the review of people's care records. Discussions took place in staff meetings and handovers to learn from these.

- The registered manager gave us examples of how they had learnt from past safeguarding issues and what action they had taken to reduce the likelihood of the same problems being repeated.

Is the service effective?

Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs were comprehensive, expected outcomes were identified, and care and support regularly reviewed.

- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. One person we spoke with told us, "Before I came here I couldn't walk. They got me a wheelchair and physiotherapy and gradually, gradually I could walk. If it hadn't been for this place I don't know what would have happened to me."

Staff support: induction, training, skills and experience

- All new staff completed the Care Certificate during the first three months of their employment as well as all their basic training within one month. This included manual handling, fire training and safeguarding. The Care Certificate is a set of standards that social care and health workers use in their daily working life.

- Staff told us that the induction was thorough and a positive experience. One staff member told us, "I had one week with the senior carer and they showed me each resident and what they wanted. They checked everything."

- Staff were provided with the training they needed to support people effectively. One staff member told us, "It is good. We are offered lots of training. We also have distance learning and [vocational qualifications]."

- Staff confirmed they received regular supervision and appraisals and felt supported by this process. A staff member told us, "It's very good and we always have room to improve." Another staff member commented "It gives us opportunity to discuss anything and they have time to listen to us." We saw records of regular supervision and appraisals in staff files.

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

- People's views about the quality of the food provided at the home were consistently positive and included, "The food is amazing. It's home cooked meals, on the spot. They pay attention to little details" and "There's a lot of thought behind the catering. There's a lot of thought into making people happy. There's always a choice on the menu and if you don't like anything you can ask for whatever you want." A relative told us, "[My relative] eats well. Half of the time she thinks she is in a hotel. The food is Kosher, according to our religion."

- The kitchen was clean, food items were stored appropriately and labelled. The Food Standards Agency had

rated the home five stars at their last inspection which meant the hygiene standards were very good.

- Where risks had been identified with regard to eating and drinking, there were clear instructions both in people's care plans and in the kitchen about how risks should be reduced. For example, by using thickening agents and soft diets where people had problems with swallowing and were at risk of choking.
- People's weight was being monitored and action taken if concerns were identified. A relative told us, "[My relative] was not well at one time and was losing weight. We had lots of meetings to talk about this. They put cream in her coffee and mashed potatoes. They gave her extra cake. They really were on top of it."

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

- Staff worked collaboratively across services to understand and meet people's needs. The service had clear systems and processes for referring people to external services.

- Where people required support from other professionals this was supported and staff followed guidance provided by such professionals. Information was shared with other agencies if people needed to access other services such as doctors, health services and social services.

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

- People's comments about accessing health and social care services were consistently positive. One person told us, "If I need a doctor I tell them and if it's urgent the doctor will come straight away. When I went to the hospital for day surgery a [staff member] was with me all the time." A relative commented, "[My relative] couldn't be in better hands for medical care. The GP visits regularly."

- Care plans showed the registered manager had obtained the necessary detail about people's healthcare needs and had provided specific guidance for staff regarding what action they needed to take if people became unwell.

- Staff we spoke with had a good understanding about the current medical and health conditions of the people they supported.

- We met with healthcare professionals during the inspection. They told us the home worked well with them. One healthcare professional told us, "Referrals and assessments requests were appropriate and staff were good at carrying out suggestions and getting appropriate equipment to manage resident's needs."

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

- The building is purpose built as a nursing home and people were positive about the design and decoration. All rooms had en-suite facilities and, a relative we spoke with told us, "It's like a hotel." The garden was accessible and safe for people living with dementia.

- There was a synagogue within the building so people could take part in religious services when required.

- We noted that, on some floors of the home, there was not always clear signage to assist people finding their way around. We discussed this with the registered manager who told us they would get advice about making the upper floors more dementia friendly.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People told us staff always asked permission before providing any support. One person told us, "That's how it should be. They don't do anything unless I want them to. Yes, they ask." Another person commented, "The staff are kind. They always ask permission."
- People's ability to consent to care and treatment was recorded in their care plans. We saw that, where people lacked the capacity to make major decisions, 'best interest' meetings had taken place, with the relevant stakeholders to discuss what was best for the person.
- Staff had attended MCA training and were aware of the need to always obtain consent when they supported people. They understood the ways people communicated their consent including how people expressed themselves non-verbally.

Is the service caring?

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives told us they received an exceptionally caring service from staff who were extremely kind and thoughtful. People's comments included, "They are dedicated and devoted," "I think they're amazing. There's so much kindness. The staff really, really care. They're very attentive, they're compassionate, they show respect to the patients." A relative commented, "They treat [my relative] very warmly, very loving towards her. They do calm her down if she gets agitated."
- We met a person who was on respite at the home on a temporary basis. They told us that staff were very helpful and kind. They commented, "It's a good experience and I would be happy to come in again."
- The service was committed to delivering person-centred care that reflected people's diverse needs in respect of the protected characteristics of the Equality Act 2010. These applied to people who used the service and included age, disability, gender, marital status, race, religion and sexual orientation.
- The registered manager told us that everyone at the home was treated with respect and their differences were valued and supported. The home had recently developed a video which clearly described the values of the service. This included a celebration of the diversity of staff at the home. A member of staff stated, "We see our diversity as an asset." Staff confirmed that they treated everyone as unique individuals and that their differences were valued.
- All staff had been inducted and trained in understanding the laws and customs of the Orthodox Jewish faith. A person using the service told us, "[The staff] get trained and they respect it. They go along with the restrictions. Meat and milk are separated. The white tablecloth is for meaty meals and the pink ones are for the milky meals. If they have mashed potatoes it is mixed with margarine or oil if there is meat at the same meal."
- There was a synagogue within the home which was separated from the main lounge area and had a separate entrance. Services were held at various times and people using the service were assisted to attend. Some people from the local community also joined in services for certain religious events.
- Throughout the inspection we observed all staff at the home, whatever their role, treating people with respect and compassion. Staff spoke to people in a way they understood and, in line with their individual communication requirements, as detailed in their care plan.

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

- The value of inclusion was supported and celebrated to make sure that staff worked in partnership with people using the service and their relatives. A relative told us, "[Regarding] complex decisions, we always speak as a family. Decisions are never made without us and they involve [my relative] too."
- Records we saw confirmed that people were involved and often led in their care. Staff respected people's views in relation to their care and followed their lead with sensitivity.
- The registered manager told us that all people had a keyworker and named nurse who were encouraged to develop meaningful relationships with people.
- Records of meetings between the provider and people using the service showed that everyone was involved and participated as far as they could. The registered manager told us that the provider, who was very much part of the day to day running of the home, made sure everyone had a voice and could express their views.
- Staff morale was high, and staff told us one of the reasons they enjoyed working at this particular home was the outstanding care that was provided, and they felt proud about this.
- Staff positively welcomed the involvement of advocates. and actively worked with them to support people to explore their care and support options.

Respecting and promoting people's privacy, dignity and independence

- The service was committed to promoting people's independence, in a manner that enhanced their self-esteem and achieved their aspirations.
- Staff encouraged people's independence and took proactive actions to enable their independence. One person told us, "They look after me very well. If I need anything they are there for me. I get on with the staff. We have a good relationship. The staff are kind. They always ask permission. There's certain things I can't do but I do what I can."
- The service provided the continuity of care that allowed staff to build up positive, trusting and meaningful relationships with people. One person, living with dementia, expressed great warmth towards a staff member. They told us, "She is so lovely and kind and always has time to talk. I enjoy being here everyone is friendly."
- Respect for privacy and dignity was at the core of the service's culture and values. All staff were trained in dignity and respect. People and relatives consistently told us staff treated them with dignity and respect. A relative commented, "They treat [my relative] with respect. Here, when residents are called by their first names it's because they have asked to be called by their first names. They have respect for their dignity. If [my relative] has anything to say they listen to her."
- Staff gave us examples of how they maintained people's dignity and privacy both in relation to personal care tasks and that personal information about people should not be shared with others.
- Personal information, held by the service, relating to people living at the home was being treated confidentially and in line with legal requirements.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People told us and records confirmed that they were at the heart of planning their care. They told us they felt empowered and listened to. A relative told us, "We're absolutely involved with [my relative's] care plan. Sometimes I've come up with an idea."
- The service used an electronic care planning system which staff told us was easy to navigate and meant they had more time to spend with people. Paper copies were available to people and their relatives, so they were able to take part in reviews. Summaries of people's agreed care requirements were on display, in people's rooms, in a pictorial format.
- Care plans contained instructions for staff to follow on how to communicate effectively with people, to make sure no one was disadvantaged because of their particular method of communication. Staff were clear about this and told us how they communicated with people either through pictures or by understanding each person's body language and facial expressions.
- All important documents were available in pictorial form, large print or in Yiddish. There was a large notice board which had been developed by staff, management and people at the home entitled, 'Effective Communication awareness'. This included advice on written and verbal communication, effective listening and non-verbal communication.
- The provider met the accessible information standards (AIS). The AIS set out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people with a disability, impairment or sensory loss.
- Records showed that people's care needs were being regularly reviewed with their input and changes made when needed. A staff member told us, "The nurses are involving the person. Usually they are sitting down with the person. Or they are asking their next of kin."
- Care plans were focused on the individual and comprehensively detailed people's care and support needs and preferences. Staff knew the people they supported very well and had a good knowledge of people's life history and knew how people had lived their lives before coming to the home.
- Staff's knowledge matched the information we saw in people's care plans. This was particularly important for people living with dementia. This meant that staff were able to better understand behaviours people expressed that were influenced by people's previous occupations or lived experiences.

- People were involved in any clinical assessment or decision made by healthcare professionals about themselves. The nursing staff were responsible for undertaking any required clinical procedure and had an excellent knowledge of these requirements. People told us they were impressed by the standard and quality of nursing at the home.
- Some people at the home had very complex needs and were often very poorly as a result. We saw that everyone working at the home made sure that no one was disadvantaged by their medical condition or disability and included them, as far as possible, in the same activities as well as making sure everyone had a say in how the home was run.
- Everyone at the home could take part in religious services and events if they so wished. The staff made sure that people living with dementia were always included and took part as fully as they were able.
- People told us staff were very quick to respond to any changes in their condition. A relative told us, "Last week [my relative] had an episode of confusion. We queried whether it was an infection. They checked and it wasn't."
- We observed a shift handover which took place at all shift changes. All staff were present including the nurses and the registered manager. 12 people were discussed. Everyone was encouraged to give input and this input was clearly being valued. People were referred to with respect and dignity. Staff expressed a detailed and comprehensive knowledge of people they were discussing.
- The service took a key role in the local community and was actively involved in building further links. Contact with other community resources and support networks was encouraged and sustained. We saw examples of this in relation to visits by Rabbis and other people within the local orthodox community. The atmosphere in the main lounge was lively and we saw this was having a positive effect on peoples' well-being.
- People told us there had recently been a party held for a person's daughter to celebrate their wedding. Everyone we spoke with told us they had enjoyed the event.
- There was a rich variety of activities available to everyone and these were displayed in colourful adverts in prominent places throughout the home. The service enjoyed visits from local schoolchildren who put on small concerts. The registered manager told us, "We work with local schools who send in pupils to hold activities and interact with the residents, they aim to provide children with the values of respecting elders and residents just love the energy and joy they bring. We have Jewish and non-Jewish schools who visit us regularly."
- One person we were speaking with told us, "We have concerts here, we go on outings to the West End. They have their own minibus. I never get bored." Another person commented, "I was very lonely for a long time when I was in my own home. I'm not lonely living here."
- A relative told us, "It wouldn't be possible to be happier. There's also a lot of social interaction. The fact that it's available when [my relative] is up to it is a major plus. They go on outings to the sea in the summer." Another relative commented, "We were struck from our first visit by the friendliness here. There's always people for [my relative] to talk to. They really do try and keep the mind active with singing and reminiscence. They painted her room when she was in hospital. They did it to cheer her up. They want people to feel good. It's their home."

- The home used technology to enable people to be as independent as possible, to maintain communication with friends and family and to enable more meaningful interaction with people living with dementia and other disabilities. This included the use of immersive interactive facilities, therapeutic robots and discreet safety sensors. People had access to free Wi-Fi as well as computers and were supported to learn IT and use it for contacting distant relatives and friends via Social Networking.

- The registered manager was very responsive to new ideas and suggestions from everyone at the home as well as outside professionals.

- For example, they had implemented an initiative called 'resident of the day'. What made this initiative so special was the way this was completely centred on the individual. Each person was able to enjoy a unique experience based on their ideas, wishes and dreams. This included visiting places they always wanted to go, meeting up with old friends and getting in touch with lost relatives. Staff at the home worked very hard to facilitate these experiences. The registered manager told us, "We found that until we sit down with the resident and explore what they would like, we wouldn't have known what actually matters to them." A scrap book was developed as a reminder of the day and staff discussed and recorded how the experience had impacted on the person's well-being.

Improving care quality in response to complaints or concerns

- Everyone we spoke with knew how to raise a concern or make a complaint. The staff and management encouraged people to raise concerns and made sure people understood that this was a way of improving care. One person told us, 'Normally I go to [the registered manager] or the secretary in the office. Depends what it is. If it is something medical I go to the nurses.' Another person commented "I've never had a complaint. I usually get what I want. They are kind to me." A relative told us, "They're always available when I want to speak to them, I can call day or night. They reassure us, I've no concerns but if I did I would talk to [the registered manager]."

- It was clear from records we saw and discussions with the registered manager that people's concerns or complaints were used to learn from and formed part of the home's continuous improvement plan. The registered manager had dealt with past complaints swiftly and had maintained accurate records of the complaint investigations. We saw that people had received a written apology where mistakes had been made.

- The registered manager told us that the provider held meetings with people using the service and that they ensured all people had an opportunity to raise any issues or concerns regardless of their disability or method of communication. People told us the provider was very 'hands on', caring and knew everyone very well.

End of life care and support

- The service had policies and procedures in place, so people and their families could explore and record their wishes about care at the end of their life and within Jewish law, customs and faith.

- Relatives had sent cards thanking the management and staff. One relative had written, "Her last few months were not easy but you left no stone unturned to make her as comfortable as possible. Your dedication to her needs was endless." Another relative had written, "Thank you so much for everything you did for my mother. She was beautifully looked after with lots of care, devotion and respect at all times, even when things were not so easy."

- Care plans had detailed information about people's wishes for end of life care, and stated that they would

prefer Jewish values to be upheld with all decisions made about end of life care.

- Not only did people discuss preferences in their care provision as they neared the end of their life, but they were also encouraged to think about anything they would like to do before they died. Mostly this was in relation to contacting friends and family they had lost contact with.

- We were informed by the registered manager of an example of a person who used the service who had always enjoyed driving and had worked as a driver. The person wanted to drive a car again so the management had organised a driving instructor to come to the home. This person went out with a member of staff and was able to drive for some distance independently. The registered manager told us that this activity had a very positive effect on the person's well-being.

- The nursing and care staff had recently completed training in end of life care. One staff member we spoke with told us, "Most important here is the resident. The humanity for me is the most important, that every resident feels happy."

- The local palliative care team visited as required. We saw that the team had a good relationship with the home. We met with a visiting palliative nurse who told us, "The staff are competent in delivering end of life care and make referrals appropriately. The quality of care is good."

- The registered manager told us that people and their families were encouraged to devise a Coordinate my Care Record to facilitate the sharing of information with medical professionals.

- The nurses used the ABBY pain score to assess pain symptoms. This is used when people are not able to communicate. Records showed that this was being reported accurately to the GP and palliative care nurse.

Is the service well-led?

Our findings

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- People who used the service and their relatives were very positive about how the home was run and how this had helped to make this an outstanding service. A relative told us, "I like it very much. People come here from all over the world. The accommodation is excellent." Another relative commented, "There's not been a place like this ever."

- The views of people using the service were at the core of quality monitoring and assurance arrangements. This home was run for the benefit of the people living there. Everyone understood the clear set of values and objectives that were at the heart of all care provision and decisions regarding how the home was run. The registered manager told us, "The values of Beis Pinchas care home are [to be] caring, compassionate, respectful and constantly striving. These values are promoted within the workforce and from the point of recruitment."

- From discussion with the registered manager and records we looked at, we saw there was a very strong emphasis on continuous improvement at the home.

- We saw several initiatives had been set up as a result of suggestions from people using the service, their relatives, the staff and outside professionals. The registered manager and the director of the organisation had also put in place systems as a result of learning obtained from safeguarding outcomes and complaints. This included a daily 'walk around' by the registered manager. People using the service, their relatives and staff all told us about the way this had improved the service and the well-being of people living at the home and the staff supporting them.

- One person told us, "They are wonderful here. When you get old this is the best place." A relative commented, "The [registered] manager is marvellous. She's very important to us as a family. She knows the way [my relative] is and works with us as a family to find the best way forward."

- People who used the service and their relatives were very positive about the registered manager and the director of the organisation. One person told us, "[The registered manager] is a wonderful lady who cares about all the patients." Another person commented, "[The director] calls everyone by their first name, personal is not the word. She hugs the women, she's very warm. If someone has to go to hospital she visits

them."

- Where the service provision had fallen short or mistakes had been made the registered manager was open and had used these as a learning opportunity. This ensured that repeat occurrences were reduced and people using the service were listened to and their opinions valued.
- The registered manager was aware of the Duty of Candour regulation and its requirements to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. One person we spoke with told us, "I feel reassured that if I bring something they'll listen."
- Staff were very positive about the registered manager and the director and the continuous improvements they made to the running of the home. On staff member told us, "I feel all these elderly people have a mother in [the director]. She really is very warm. [The registered manager] is very warm too." Another staff member commented, "We are a big family here."
- Staff told us the registered manager was, 'helpful', 'friendly' and 'motivational. One nurse we spoke with told us, "It's a lovely atmosphere to work in, management is very approachable and friendly."
- The registered manager and staff were clear of their roles, and their responsibilities in meeting quality standards and Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

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

- People told us that there were regular meetings with the registered manager and the director who were both open and transparent and where they could affect real change. One person told us, "They tell you what they're going to do, and you tell them if you agree or don't agree." A relative commented, "In the seven months we've been here [the director] invited the residents and the families to the meetings and then they rectify the things that we brought up." Another relative told us, "We go to residents' meetings. I have not had issues, but I believe they would listen, based on the interactions we've had. They also care for the family: 'Are you happy?' they ask."
- The registered manager told us, "Our residents, relatives' meetings and staff meetings are chaired by the director. She is also in the home several times a day speaking to the residents and staff. This provides a strong leadership framework and continuity of care. Our director asks the residents about previous issues raised, if they are happy with the changes and discusses new recommendations if any."
- Staff told us that meetings were a positive experience and their contributions were valued. They gave us examples of how their suggestions had been taken on board by the management. One staff member told us, "We discuss the carer of the month and welcome the new staff. If there is a [religious] holiday coming up they tell us about it. They tell us the compliments as well."
- Staff also told us their backgrounds and cultures were respected and celebrated by the management. A member of staff told us, "Look at us all, we're all from different countries and religions and that's a good thing." We saw that these values of equality, diversity and inclusion were celebrated by the management and formed a major part of advertising the home to prospective service users.
- The registered manager told us, "We promote a culture of acceptance and believe that despite our diversity what brings us together is our passion to provide exceptional care. We often hold teambuilding exercises

with a view to bond us together as a team and respect our differences."

- Yearly surveys were sent to people using the service, their relatives, staff and outside professionals.
- We saw in the reception area, a big display entitled 'What you said, what we did'. This showed, in pictorial form, how suggested improvements from everyone living and working at the home had been implemented. This included improvements to the structure of the building, improved care planning, a staff notice board and more pets for the home including pet rabbits.
- The registered manager and director had instigated audits which monitored clinical care as well as the quality of care. These included audits in relation to medicines, care documentation, infection control, a review of all incidents and accidents, food hygiene, health and safety, fire safety as well as feedback from people using the service and their relatives.
- Records showed that all of these audits fed into the continuous improvement plan. This meant that everyone had ownership and had contributed to this plan. The summaries of surveys and meeting minutes were published and shared with everyone at the home.
- We saw the results of the last survey of people who used the service and their relatives. These were consistently positive and encompassed people's views which included, "All staff were polite, friendly and welcoming," "What a calm, happy atmosphere throughout the home. Giving off great vibes" and "Because Beis Pinchas is run beautifully I feel privileged to be a part of it."

Working in partnership with others

- From discussion with people who used the service, staff and management it was clear that the service had a systematic approach to working with other organisations to improve care outcomes by ensuring people received joined up care.
- The registered manager told us, "We believe that a multidisciplinary approach is required to promote quality of care. We work closely with different agencies and involve them as individual need arises. We have a close association with the Hackney community team including dietician, speech and language therapists, tissue viability nurses, PEG nurse, social workers, advocates, mental health team, safeguarding and DOLS team etc. The community team also holds training for our staff on a regular basis."
- On the day of the inspection we met healthcare professionals who were regular visitors to the home. They told us the service worked well with them and communication was very good. A visiting occupational therapist told us that the referrals and assessments requests were appropriate and staff were good at carrying out suggestions and getting appropriate equipment to manage residents' needs.