Birmingham Jewish Community Care

Andrew Cohen House

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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Andrew Cohen House is a residential care home providing personal and nursing care to 56 people aged 65 and over at the time of the inspection. Andrew Cohen House can accommodate up to 59 people in one adapted building.

People's experience of using this service and what we found
People told us they felt safe and we saw potential safeguarding concerns were appropriately escalated to relevant partner agencies to help protect people. Systems were in place to review incidents and help prevent future risks to people. Some staff needed more support to understand all the types of abuse people could experience.

People's risks were known to staff and measures followed to promote people's safety. Staffing levels were safe. People received safe support with their medicines.

We observed good support which met people's needs and people and relatives spoke positively about the support provided. We have made a recommendation around the quality and detail of records related to some people's needs.

Staff all told us they had enough training and support for their roles. Mandatory training was provided in relation to people's needs although this was not always refreshed as often as planned.

People were supported to access healthcare support and to eat and drink enough to stay well.
The décor of the service was designed according to people's preferences and to enhance the homely atmosphere.

People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice although we raised some potential areas of improvement with the registered manager.

People were supported to get involved in discussions and decisions about their care and to have their needs and preferences well met. We saw exceptionally warm and caring support from staff who had developed strong relationships and trust with people living at the home. Staff demonstrated empathy and respect towards people and understood their role in always upholding and promoting people's privacy, dignity and independence. People were informed on the Jewish traditions and beliefs that were intrinsic to the culture of the service. People's alternative religious beliefs and individuals' needs were also recognised and met.

People received care that reflected their needs and preferences, including in relation to communication needs and end of life care planning. Complaints were appropriately responded to. Records did not always reflect the positive care we observed and heard about from people and relatives.

People were supported to have good access to activities that they enjoyed and which were tailored to people's abilities and interests.

We found some inconsistencies and improvements required where some systems and processes were not yet robust and did not always reflect the good quality care we found. However, areas of improvement we identified were immediately addressed by the registered manager and systems were in place to build on and sustain consistently good quality care.

The home promoted a positive, welcoming and caring culture and this approach was consistent across all staff. Care was taken to encourage staff and to engage with the public and develop community links all to enhance the quality of people's lives and positive experiences. Reference was made to current good practice and initiatives to support ongoing improvements to the care provided.

Rating at last inspection
The last rating for this service was Good (published 08 March 2018). Since this rating was awarded the provider has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Andrew Cohen House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
This inspection was carried out by two inspectors and a specialist advisor. The specialist advisor had expertise in nursing and clinical and quality assurance.

Service and service type
Andrew Cohen House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We checked for any feedback available through Healthwatch. 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 all of this information to plan our inspection.

During the inspection
We spoke with six people living at the home and two relatives about their experience of the care provided. We spoke with eight members of care staff including a night staff member and an agency carer. We spoke with one visiting volunteer, two domestic staff and one kitchen staff member. We also spoke with a visiting healthcare professional, three nurses, the new deputy manager, the home and resources manager and the registered manager.

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 reviewed a range of records. This included ten people's care records and a sample of three people's medication records and medicines audits. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection
We continued to review our evidence and spoke with four relatives of people living at the home.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt the home was safe. A relative told us, "I feel [person] is safe there... We are just glad [person] is safe and well looked after, we have no complaints at all."
- All staff told us they would flag any concerns to the registered manager or other team leaders and knew where to access relevant guidance. Potential safeguarding concerns were appropriately escalated to relevant partner agencies to help protect people.
- The registered manager and nurses had a clear understanding of their safeguarding responsibilities and the registered manager told us they would continue to develop staff knowledge in this area.

Assessing risk, safety monitoring and management

- People's risks were known to staff. Staff knew and followed measures which promoted people's safety, for example for people at risk of falls and people who had special dietary requirements.
- We saw staff responded well to keep people safe, for example to support people if they became distressed or were at risk of falling.
- Health and safety checks including fire safety systems were in place to help reduce risks posed by the environment however some improvements were needed. For example, in response to our feedback, the registered manager promptly removed items which had not been identified in case these presented as hazards to some people living with dementia.
- Systems were in place to check the safety and suitability of people's care equipment.

Staffing and recruitment

- People told us they were supported in a timely way. One person told us, "I call in, night or day if I need help and staff come quick."
- All staff felt staffing levels were safe. A staff member told us, "We've got enough staff… even though carers sometimes call in sick, straight away we phone agency and get cover."
- Regular agency staff were used and a number of staff we spoke with had moved from agency to permanent staff at the home. Records we sampled showed recruitment checks were carried out safely.

Using medicines safely

- We saw people's medicines were administered appropriately. We saw audits had helped identify any areas of improvement and ensured people were safely supported.
- People's medicines were safely stored and medicines records accurately maintained. People confirmed they were supported to take their prescribed medicines safely. Medicines records were accurately completed and systems helped ensure people were supported to apply prescribed creams as needed.

Preventing and controlling infection

● We saw all areas of the home were clean and well maintained with the support of regular domestic staff. Staff used protective personal equipment appropriately. A relative told us, "It's always clean when we go, we just pop in and [person] is always the same – clean, hair done."

● The home had recently been awarded a five star food hygiene rating.

Learning lessons when things go wrong

● Systems were in place to review incidents and help prevent future risks to people. For example, incidents records were reviewed and showed concerns were learned from and appropriately escalated to relevant partner agencies.

● Medicines audits helped identify areas to be addressed and medicines errors were followed up with meetings and a medicines incident report. A nurse told us nursing staffing levels had been increased to help drive improvements to people's medicines support.

Good

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. This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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

- We observed good, responsive support which met people's preferences. People and relatives' feedback reflected this. We saw relatives and healthcare professionals had also submitted compliments to the home about the quality of care provided by staff.
- A relative told us, "Staff are very patient with [person]. [Person] can become a bit vocal and obstructive… but the staff really are very gentle with her, encourage her, they are very kind to her." Our observations supported this.
- We saw staff had access to general information about people's needs, however records did not contain guidance to monitor and respond to people's specific needs, for example some people's health care needs and needs associated with dementia. We saw good use of dementia care resources and activities based on current research and we saw staff understood how to support people effectively.

We recommend the provider incorporates current good practice guidelines and person-centred information into people's care plans to always inform and complement the care we observed. After our inspection, the registered manager confirmed this was underway.

- People's oral health needs were recognised and people were supported to access dental care. Staff had received recent training and people's care plans were being developed. We signposted the registered manager to current good guidance to support these ongoing improvements.

Staff support: induction, training, skills and experience

- Staff all told us they had enough training and support. Staff meetings and themed supervisions were held. The registered manager told us care plans involved mentoring support and learning about the home's values and Jewish faith.
- An agency staff member told us, "Sometimes with care homes there may not be enough communication or I'm left confused… but with this home I really like it and feel comfortable, I'm always part of the handover." They told us they felt prepared and encouraged to ask for help.
- We saw mandatory training was provided in a range of core areas related to people's needs, although this was not always carried out annually for all staff as planned. Nurses had access to specific guidance related to people's needs including about dementia awareness, health and safety, nutrition and hydration.
- One staff member was completing their trainee nursing associate programme at Andrew Cohen House, the service being one of only two care homes involved in this programme. The staff member had progressed from carer, to senior carer to team leader and onwards at the home. The registered manager recognised their role in empowering and encouraging staff.

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

● Systems were in place to help ensure people had enough to eat and drink, and to provide more support where some people had lost weight. The registered manager was in the process of applying current good practice guidance to build on current audits of people's support needs in this area.
● People's meals were prepared by an external company who were kept informed of people's special dietary requirements, for example related to people's religions and specific needs.
● Most people told us they enjoyed the meals and felt able to give feedback otherwise. The registered manager was addressing one area of improvement raised. We saw the meals offered were well presented with healthy options.
● We saw people were regularly offered a range of drinks throughout the day. One person told us, "The food is nice, there are choices every day. I can have what I want, a cup of tea anytime. I like the food."

Adapting service, design, decoration to meet people's needs
● Care had been taken to decorate the home in bright, welcoming colours and furnishings.
● A relative told us one person's bed was repositioned to how they preferred it and used to have it at home, to make the person feel more comfortable at home.
● People had access to equipment to support them to move safely around the home.
● Some people had requested stair gates in front of their rooms where to prevent others entering. This was a longstanding practice at the home and was not recorded and reviewed in people's care plans. We discussed this with the registered manager and after the inspection, they confirmed they had reviewed this support with each person, for example to consider possible alternatives measures for people to feel safe.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● A doctor visited the home each week. A visiting doctor told us staff made timely referrals and shared necessary information about people's health. This helped keep people well. The doctor commented, "They look after people well, I would recommend the home."
● People were supported to access healthcare services. One person told us, "I've been poorly and staff looked after me." A relative told us, "I cannot fault the home, the staff are very good, they tell me if anything is wrong. I feel that the staff are on the ball… I normally take [person to healthcare appointments] but I was in hospital. Staff said, 'Don't worry'. Staff took her then they phoned me to tell me how she got on."
● The home had signed up to a local football club's exercise initiative which involved people taking part in chair exercises and other activities such as art and craft. This helped promote healthier lifestyles and activities tailored to people's needs and abilities.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● We saw people's choices and wishes were promoted and respected by all staff wherever possible. For

example, one person chose to watch a group activity, rather than join in, and staff respected this choice.

● Staff checked for and sought people's consent before providing support. A relative told us, "Staff still give [person] choices even though she doesn't understand."

● Staff did not all have confident knowledge of the MCA. We shared this feedback with the registered manager who confirmed they had introduced refresher guidance and reminders after the inspection.

● People's consent to, and awareness of CCTV use in communal areas, was not regularly checked and reviewed. The registered manager told us they would review these processes and confirmed this had been done after the inspection.

Outstanding ☆

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. This is the first inspection for this newly registered service. This key question has been rated Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

● We saw consistently caring and warm support from staff. People responded well to this and were visibly comfortable, spending time how they wished to. Many staff had worked at the home for a long time and knew people well and what was important to people, for example, people's individual preferences and life histories. A relative told us, "[Person] has a good rapport with staff, always joking and laughing."

● We regularly observed and overheard kind and sincere interactions towards people from staff which contributed to a strong, person-centred culture and relationships within the home. For example, when people came into communal areas, we saw they were often enthusiastically greeted by more than one staff member and warmly welcomed in. One person who told us they had their newspaper delivered every day was welcomed by a number of staff with, "There's your paper, you can read it with your lunch, did you have a good time?"

● We found staff achieved a balance of being respectful and caring as well as having fun and enjoying spending quality time and interactions with people. In one example, a staff member wore a dressing up wig and joked around with some people and a relative nearby. One person did not recognise them. When the staff member took the wig off as a result, the person cracked up laughing and they responded to one another affectionately.

● The home's welcoming atmosphere was consistent across the staff group and showed everyone living at the home was valued. Efforts were made to involve people as far as possible and to recognise the little things that mattered to people. For example, we saw chairs were all moved into the centre of one lounge so people could eat lunch together.

● Opportunities were taken to engage people in meaningful interactions and activities to promote positive experiences. One person described how staff went the extra mile to assist them to join their relative's wedding via video link as they were not well enough to attend in person. The person said staff helped still make it a special day with tea and little treats and watching the ceremony with them, and by being able to greet wedding guests over the video link.

● There were initiatives to recognise and reward staff practices and to support good mental wellbeing in the staff group. This included setting up a staff book club to help build a staff member's confidence. Staff surveys were carried out to monitor and enhance staff morale. Staff all told us they felt supported. One staff member told us, "To me it's a very nice place to work because they support us, any problems, we can go to the management and they sort it out. We work together... and we look after our residents really well."

● Andrew Cohen is a Jewish faith care home. People were informed about the traditions and beliefs followed by the home before they joined, and all staff were trained to recognise and meet people's needs. We saw traditions were honoured and celebrated with people of Jewish faith. The home also recognised and respected people's alternative religious beliefs and needs as well as those of staff. The registered manager told us about one person who was supported to attend religious services online as they wished.

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

● The service recognised and catered to people's abilities, to engage people in positive care experiences. The home was involved in a university-led research project about Namaste Care, an approach focused on engaging people through sensory activity. A lounge area was a dedicated space for calming and creative activities which people living with advancing dementia responded well to.

● Staff adapted their communication styles well towards people, for example we saw staff sat and gently held hands with people, chatting kindly and using hand creams to massage hands and enjoy pleasant aromas within this area of the home. One staff member told us, "Just keeping talking, [person] can talk, smiles, open their eyes. Even though they don't talk, sit with them, chat with them, use music and dancing and you can see their response, they are happy inside."

● Staff we spoke with showed understanding of how people's expressed their needs where people could not do so verbally. Staff were deployed to help meet the communication needs of a person whose first language was not English and further guidance was being developed to help further meet all people's communication needs.

● People were kindly spoken to and were regularly encouraged by staff, for example to take part in planned activities or to have a drink. We saw staff checked if people consented to support and would check if they were comfortable after support was provided. A person told us staff spoke with them about their care, and their choices were promoted.

● Staff had recently become keyworkers to individual people, and the registered manager told us people and staff had been matched based on similar interests and were encouraged to enjoy outings together. This helped people to choose and get involved in things they were interested in. A staff member told us they enjoyed quality time with one person: "I took a resident out myself, I took her to the ballet just before she passed away, it was a nice thing to give to her."

● People were supported to make decisions about the home, for example, the décor had been refreshed with welcoming colours based on people's feedback. These updates were displayed in the home, written in the home's newsletter and shared at regular residents' meetings so people could see how their feedback was acted on. Menus were being developed to include people's requests and a range of cultural dishes.

Respecting and promoting people's privacy, dignity and independence

● Respect for people's privacy and dignity was at the heart of the service's culture. We saw this throughout our observations of staff practice. For example, when one person fell asleep while drinking, the staff member supporting them kindly awoke the person by gently tapping their chin with care. In another example, one person was worried they needed to see the doctor. The staff kindly reassured the person, telling them the doctor was due to visit and that they would be the first person the doctor would see.

● The registered manager led by example to ensure these standards were well met. The registered manager referenced national initiatives and current good practice guidelines to promote current good practice. For example, an event was held as part of 'Dying Matters Awareness Week' with people, relatives and staff. This included information sessions from separate undertakers in order to cater to people's religious and secular needs. We saw the registered manager also led by example, greeting people with kindness, respect and affection when getting involved in serving people drinks alongside staff.

● Staff responded to people well and with love and affection. This was valued by people, staff and visitors who all told us staff were caring. A relative told us, "They listen to us and the people there. They treat people with respect." A visiting professional's compliment referred to the feel of the home and stated, "We all came away buzzing and feeling inspired and excited," about working together.

● Staff understood the importance of promoting people's independence. Staff comments included: "We try not to push to help with everything… [person] will make her way there, I keep on encouraging her," and, "We try and give as much independence. When brushing teeth, [person] will hold and brush herself, we help with

everything else, trying to prompt to help them."

● This approach from staff had helped people achieve improved outcomes. A relative told us their loved one had not been well recently. They commented, "[Staff] have worked hard to get her back up and walking. We are really pleased. Staff persevered with [person] and she is much better." Another person described how they had not felt great in themselves and that they had been gently encouraged by staff to get back into healthy routines.

● We saw staff paid attention to what people wanted to do and gently encouraged people to get involved at a pace which suited people and their preferences. For example, two people didn't want to get involved in a group activity yet staff encouraged them to go and watch. Both people enjoyed this, and one person ended up getting involved and enjoyed the activity.

● The home's routines further promoted respect and care for people's individuality. People's clean laundry was brought to their individual rooms using a clothes rail. This helped ensure people's belongings were treated with due care. Checks were also in place to ensure people's equipment remained suitable and that supplies were always available to ensure people's dignity and comfort.

● We saw, and staff described how people's dignity was preserved, and people were well cared for and well-dressed to their individual preferences. A relative also told us, "[Person] is always clean. She has problems with spilling food down herself, staff always change her after each meal. She doesn't like the clothes protector." This showed staff followed the person's preferences and took regular steps to promote the person's dignity.

● A staff member told us they would choose this service for their loved one and commented: "Because I see the way they look after people, it's really good. Even if people do not have capacity to choose, you can see every day people wearing nice clothes like they are going out it's very nice…. To me, the person is my grandad or my grandma."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People and relatives all gave positive feedback about the service and described how it met their needs and preferences. People and where appropriate, relatives, told us they were involved in regular care plan reviews.

● One person told us, "I love it here… I'm very happy, it was my choice to come, I knew I could not go on at home. It's what I wanted and I've been happy since, since, I feel it's a good choice I made."

● Another person praised the home's admissions process and commented, "When I arrived here that [day], it was almost like a welcoming committee… lots of staff downstairs, all introducing themselves. [The registered manager and a relative] and other carers came in here, we chatted and went through things... it's everything [the registered manager] promised me."

● Records we sampled however did not always show that care planning was robust. For example, one person's needs following an operation had not been explored as far as possible. Another person's wound care records were not always accurately and consistently maintained. The registered manager took action to address these issues and to ensure people were not put at risk.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● We saw a person's care plan recognised their communication need and how this should be met. Staff showed good awareness of people's body language and individual expressions to help them understand people who could not express their needs verbally.

● The registered manager was aware of the standard. Tools were being developed to help explore how these could help better meet some people's communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● We saw people responded well to group activities on offer. During a group flower arranging session, one person told us, "It's a laugh, I love a little laugh," and they beamed with a flower tucked behind their ear. In another example, we saw people and staff smiled and sang along to musical bingo and enjoyed music to people's taste.

● We saw people had visitors as and when they pleased. People also had friends at the home and spent time chatting together. Community trips were regularly arranged.

● Daily newspapers were made available to people. Magazines related to the Jewish faith were also

delivered to the home and used further to develop reminiscence activities for people.

Improving care quality in response to complaints or concerns

● Feedback from people, relatives and staff showed they felt comfortable raising concerns and confident these would be addressed by the registered manager. One person told us, "I have absolutely no complaints whatsoever, nothing at all worrying me. Any time I want to talk to [registered manager] or other supervisors, I pass the word out to staff."

● One person told us they could tell staff any issues, but that they had no problems with the home or the staff, who they felt were all very kind. A relative told us, "They deal with any niggles I might have… There have never been any problems in the [time the person] has been there."

● Complaints were appropriately responded to in a timely way and to address any concerns raised. Complaints logs were not always completed as planned to demonstrate this good practice and the learning taken from complaints.

End of life care and support

● Nobody required this level of support at the time of the inspection. A visiting doctor told us they were informed in a timely way if people's needs changed, for example if people needed anticipatory medication. The doctor commented, "Some people at end of life come and actually improve when here."

● We saw records of relatives' compliments about the quality of end of life care and support provided to people who has passed away at the home. A relative had thanked the registered manager for attending one person's funeral and stated, '[Person] could not have been in a better place to end her life peacefully, I cannot praise that service too highly.'

● End of life care records were not always completed. This was recognised as an area of improvement by the home and was being addressed through the home's completion of the 'Six Steps to Success in End of Life Care' programme with the support and input of a local hospice.

● This programme would help enhance the quality of end of life care planning and support provided by staff. One staff member had been nominated as the home's champion for their recognised commitment and inspiration to other staff during training.

Good

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. This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

● Everyone we spoke with felt able to approach the registered manager with any concerns they had. A relative told us, "[Person] is quite happy and as a family we are as well, the staff listen and the managers. They call us if anything is wrong… they follow through with things. No complaints at all, I feel [my relative] is very safe."

● The service had made use of technology to promote positive experiences for people. For example, an interactive projection system was used for engaging and relaxing activities for people living with advanced dementia and video links had been used to enable some people to attend events such as a regular religious service and a family wedding where they could not attend in person.

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

● The home had developed multiple external links including with a Jewish university society and carrying out Dementia Friends sessions and monthly dementia café meetings. In further examples, the home had made links with Admiral UK and set up a lunch club with a singing teacher which was attended and enjoyed by people living at the home and their relatives. The home got involved in a National Citizen Challenge which meant volunteers did gardening for the care home.

● One staff member told us their loved one had lived at the home and that the person's care had impressed the staff member and made them want to work at Andrew Cohen House. The staff member had also recently been promoted. A nurse told us they also were supported to access clinical updates and to continue their professional development.

● The home had developed strong community links such as arranging visits to people from a nursery and school and people visiting a nearby community centre. The home also engaged college volunteers. A visiting volunteer told us the home should, "Carry on doing the good work." We saw the volunteer enjoyed playing a game with a person living at the home.

Working in partnership with others; Continuous learning and improving care

● The registered manager was ambitious to drive continuous improvements at the home and had identified where some systems were not robust. These improvements were partly underway and were due to be prioritised and phased in gradually to ensure they could be well embedded.

● The home was involved in a Quality Improvement programme with commissioners to help identify patterns and measures to reduce people's falls risks. The registered manager told us this learning had been shared with staff and would be used in further areas to support the home's continuous improvements.

● The registered manager had previously been awarded a lifetime achievement award for their service and contributions to social care at the Birmingham Care Awards. More recently, the registered manager had been supported by the local authority to complete My Home Life training, which promotes positive support and quality of life within care homes. Feedback from people, staff and relatives showed the registered manager continued to drive a positive impact on the quality and safety of the service provided.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The systems in place to check people's care plans were not used effectively and record keeping did not always reflect the good quality care we found. The registered manager took immediate action based on our feedback and to address some inconsistencies we found for which they often had explanations and/or plans in place to those address areas of improvement.

● A new deputy manager had recently joined the home and the registered manager told us their role would involve overseeing the upkeep of records and processes related to people's needs.

● Nurse lead roles had also recently been introduced to help drive and sustain improvements to how people's needs were assessed, monitored and met. Training with community health professionals was planned to support improvements to wound care and record keeping.

● The registered manager understood the requirements of the Duty of Candour and the other regulations. The ratings awarded at the last inspection were displayed throughout the home and the CQC had been informed of notifiable incidents as required.