

Yad Voezer Limited

Yad Voezer 1

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 unannounced inspection was undertaken on 29 November 2017 and was carried out by one inspector. At our last comprehensive inspection in October 2016 the service was rated 'Requires Improvement'. We undertook a focussed inspection of this service in April 2017 however the rating remained 'Requires Improvement'. At this inspection the service was rated as 'Good'.

Yad Voezer 1 is a 'care home' for men who have a learning disability. People in care homes receive accommodation and 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. The home accommodates a maximum of 10 men. At the time of our inspection there were eight men living at the home. The home provides support in line with orthodox Jewish custom and practice.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post. 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.

Staff understood their responsibilities to keep people safe from potential abuse, bullying or discrimination.

Risks had been recorded in people's care plans and ways to reduce these risks had been explored and were being followed appropriately.

People using the service were relaxed with staff and the way staff interacted with people had a positive effect on their well-being.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

Staff were positive about working at the home and told us they appreciated the support and encouragement they received from the registered manager.

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.

Staff understood the principles of the Mental Capacity Act (MCA 2005) and knew that they must offer as

much choice to people as possible in making day to day decisions about their care.

People were included in making choices about what they wanted to eat and staff understood and followed people's nutritional plans in respect of any healthcare needs people had. All food at the home was provided under Jewish laws, customs and practice.

People had regular access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

Staff treated people as unique individuals who had different likes, dislikes, needs and preferences.

Everyone had an individual plan of care which was reviewed on a regular basis.

Relatives told us that the management and staff listened to them and acted on their suggestions and wishes.

People were supported to raise any concerns or complaints and relatives were happy to raise any issues with the registered manager if they needed to.

People, their relatives, staff and health and social care professionals were all included in monitoring the quality of the service. The registered manager and staff understood that observation was very important to identify people's well-being where people did not always communicate verbally.

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. Staff understood their responsibilities to protect people from potential abuse and knew how to raise any concerns with the appropriate safeguarding authorities.

Where any risks to people's safety had been identified, the management had thought about and recorded ways to mitigate these risks.

There were systems in place to ensure medicines were administered to people safely and appropriately.

There were enough staff working at the home to support people safely.

The home was clean and staff understood their responsibilities in relation to hygiene and infection control.

Good ●

Is the service effective?

The service was effective. Staff had the knowledge and skills necessary to support people properly and safely.

Staff understood the principles of the MCA and knew that they must offer as much choice to people as possible in making day to day decisions about their care.

People told us they enjoyed the food which was provided in line with Jewish law, custom and practice and staff knew about any special diets people required.

The design, decoration and adaptation of the home was designed to meet people's needs.

People had good access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

Good ●

Is the service caring?

The service was caring. Staff treated people with compassion and kindness

Good ●

People were able to express their views and make choices about their care on a daily basis.

Staff understood that people's diversity was important and something that needed to be upheld and valued.

Staff demonstrated a good understanding of peoples' likes and dislikes and their life history.

Is the service responsive?

Good ●

The service was responsive. Care plans included details about the nature of support required to meet people's changing needs and preferences.

People were supported with a range of activities both in the home and the local community.

Staff maintained records of care and had a handover system that ensured information was shared across the staff team appropriately.

People told us they knew how to raise any concerns or make a complaint and we saw that complaints were taken seriously and investigated appropriately.

Is the service well-led?

Good ●

The service was well-led. The management and staff shared a clear vision and a set of values regarding the service they provided. These values were put into practice in the day to day running of the home.

There were systems in place to identify and manage risks to the quality and safety of the service. These systems were used to drive improvement within the service.

The management and staff maintained links to relevant local community resources that reflected the needs and preferences of the people living at the home.

Yad Voezer 1

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 checked 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.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and previous inspection reports before the inspection.

We also reviewed information we had about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people using the service. By law, the provider must notify us about certain changes, events and incidents that affect their service or the people who use it.

We met with all eight people who lived in the home. We were not always able to ask people direct questions about the service they received. We observed interactions between staff and people using the service as we wanted to see if the way that staff communicated and supported people had a positive effect on their well-being. We spoke with five care staff and the registered manager. After the inspection we spoke with five relatives of people using the service.

We looked at four people's care plans and other documents relating to their care including risk assessments and medicine records. We looked at other records held at the home including meeting minutes, four staffing files as well as health and safety documents and quality audits.

Is the service safe?

Our findings

We observed people enjoying the company of staff and we saw they were relaxed and comfortable with them. Relatives told us they trusted the staff and had no concerns about how people were being supported. A relative commented, "He is looked after very well. I trust them." Another relative told us, "He is safe."

Staff knew how to recognise potential abuse and told us they would always report any concerns they had to the registered manager. They also knew they could raise any concerns with other organisations including the police, the local authority and the CQC.

Staff understood the potential risks to people in relation to their everyday care and support. These matched the risks recorded in people's care plans. Care plans identified the potential risks to people in connection with their care. These risks included possible behaviours that might challenge the service and keeping safe outside the home. There was information for staff on how the risks should be mitigated. For example, one person was able to go out of the home on their own but because they had some memory problems the staff always asked where they were going and what time they would be back. Relatives told us that staff had discussed risk taking with them and these risks were reviewed. A relative told us, "They know how to anticipate risks."

Everyone had a personal evacuation plan which gave staff advice about the most appropriate and safe way individuals should be evacuated for the home. The last fire drill was undertaken in October 2017. Records of fire drills showed that people were able to evacuate the home in good time.

The registered manager told us and records showed that there had not been any accidents in the home since November 2016. All incidents had been recorded and the registered manager gave us examples of how they reviewed incidents so lessons could be learnt. For example, the risk assessment process had been reviewed and improved following someone who was staying at the home on a temporary basis leaving the home through a ground floor window. Staff understood their responsibilities and knew how to raise concerns and record safety incidents and near misses. Staff gave us examples of how they had done this in the past.

We checked medicines and saw satisfactory and accurate records in relation to the receipt, storage, administration and disposal of medicines at the home. All medicines were audited each day so that any potential errors could be picked up and addressed quickly. People's medicines were reviewed every three months by the local learning disabilities team who worked in partnership with the service. The management of medicines had been inspected by an external pharmacist in November 2017 and no issues or concerns were noted. Relatives told us they had no concerns about the management of medicines at the home.

Relatives and staff did not have any concerns about staffing levels. There had been no change to staffing levels since our last inspection. The registered manager confirmed that more staff would be deployed if people's level of dependency increased and we saw that this was being monitored regularly. The registered manager gave us examples of where more staff had been deployed when people needed to attend

healthcare appointments or where someone had come to the home on a temporary basis. Staff were not rushed and took time with the people they were supporting.

We checked staff files to see if the provider was following safe recruitment procedures. Staff files contained appropriate recruitment documentation including references, criminal record checks and information about the experience and skills of the individual. Staff told us they were not allowed to work at the home until the provider had received their criminal records check and references.

The service employed domestic staff and on the day of our inspection the home was clean and no malodours detected. Bathrooms and toilets had anti-bacterial soap and paper hand towels to limit the risk of cross infection. Staff told us they had sufficient amounts of personal protective equipment and understood their roles and responsibilities in relation to infection control and hygiene. The kitchen was clean and tidy on the day of the inspection. The kitchen had last been inspected by the environmental health department in 2013 and had received four out of a top score of five 'scores on the doors'.

Is the service effective?

Our findings

At our last inspection of this service in April 2017 not all staff had completed the training they required to support people safely and effectively. We identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After the inspection the registered manager wrote to us describing the actions they would take in order to become compliant with this regulation. At this inspection we found that the registered manager had complied with the breach in relation to staff training.

Staff told us training had improved since our last inspection and records showed that staff had attended the training they needed to fulfil their roles and responsibilities. One staff member told us, "We have done quite a lot of training this year." The deputy manager told us that they had seen improvements in staff understanding as a result of the training.

Staff gave us examples of how the training had improved their working practice. For example, they told us that training had improved their understanding with regard to equality and diversity and how this related to the people they supported. Relatives were positive about the staff and their abilities. A relative we spoke with told us they were, "very confident" the staff understood how to support their relative effectively. They added, "They are very attentive."

Staff confirmed they received regular supervision and yearly appraisals and we saw records of this in staff files we looked at. Staff told us supervision was a positive experience for them and they felt supported by the registered manager. One staff member told us, "It's an opportunity to talk about any problems or areas of concern or improvement and to develop my own career." Another staff member commented, "It's about how to improve myself."

People's care and support needs were assessed and kept under regular review so any changes could be made when required. The service had links with a number of different organisations including the local orthodox Jewish community and the learning disabilities team from the London Borough of Hackney. The learning disabilities team reviewed people's care with them to ensure their support was provided in line with current best practice. The service also liaised with the local orthodox Jewish community to ensure people's care and support was provided in line with Jewish custom and practice.

The design, decoration and adaptation of the home was designed to meet people's needs. The kitchen had separate areas and fridges for meat and dairy in line with orthodox Jewish custom and practice and was under the supervision of the provider's religious advisor. Signage around the home was in English, Yiddish and Hebrew. Appropriate equipment had been provided in order to enhance the delivery of safe and supportive care. For example, where people had mobility problems aids and adaptations such as pressure relieving equipment were in place. The registered manager told us the local Jewish community was very supportive of the service and had provided mobility equipment to the home.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf for 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.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff understood the principles of the Mental Capacity Act and told us it was important not to take people's rights away and that they must offer as much choice to people as they could. One staff member told us, "It's about making informed decisions; everyone has capacity unless they have been assessed as not being able to."

Staff explained how they offered choices to people in a way they could understand. For example, staff used pictures with some people so they could choose what they wanted to eat. Staff understood how each individual expressed their needs and preferences and we saw staff offering choice to people throughout the inspection. We observed staff asking people for permission before carrying out any required tasks for them. We noted staff waited for the person's consent before they went ahead.

Records showed that when people had to make major decisions about their care and treatment, best interest meetings had been arranged. These meetings included all the relevant health and social care professionals to help the person make the right decision.

Some of the people currently using the service had been assessed as being unsafe to leave the home on their own. We saw and records confirmed that people were always accompanied by someone when they went out. The registered manager informed us that people's deprivation of liberty and the associated safeguards had been assessed with the local authority some time ago and no legal safeguards had been provided at that time. We discussed this with the registered manager who told us he would ensure people's DoLS would be reassessed with the local authority again to make sure any safeguard that might now be needed would be put in place.

Staff were responsible for cooking breakfast and preparing light snacks and had undertaken food hygiene training. Evening meals were provided by an external caterer to ensure food provided was in line with orthodox Jewish custom and practice. Menus were chosen by people at regular house meetings by the use of a pictorial book and other communication methods. Staff had a good knowledge of people's dietary preferences and any special diets that people required. This included ensuring one person had a higher calorific diet as a result of an assessment carried out by a dietician.

We saw people were having breakfast at different times in the morning depending on when they got up. Everyone took their time and had staff support where this was required. People told us they enjoyed the food and relatives told us they were happy with the way people were supported with their nutrition and hydration. One person we spoke with said, "Food happy." One relative told us, "He loves eating." Everyone had their weight monitored and recorded so staff could take action if needed.

People were appropriately supported to access health and other services when they needed to. Each person's personal records contained documentation of health appointments, letters from specialists and records of visits. Relatives told us and records confirmed that people had good access to health and social care professionals.

Relatives said that the staff and manager were good at monitoring people's health and getting the appropriate healthcare professionals to visit them if required. A relative told us, "If there are any problems

[the staff] seek medical advice immediately." We saw that people's healthcare needs were recorded in their care plan and discussed at staff team meetings.

Everyone had an up to date 'hospital passport' which was a document that would be sent with the person if they had to go to hospital. Hospital passports are considered good practice in supporting adults with learning disabilities when accessing healthcare services. This document contained important information about the medical, healthcare and communication needs of the individual so staff at the hospital knew how best to care for that person.

Is the service caring?

Our findings

Everyone had a care plan which gave detailed information about their individual methods of communication. There was also information for staff to know when people were expressing signs of being calm and happy or when they might be distressed or unhappy. We saw people were relaxed with staff and it was clear from the friendly interactions between staff and people using the service that positive and supportive relationships had developed between everyone. A relative commented, "They seem to know what to do and how to talk to him."

Another relative told us, "All the staff are dedicated." Relatives told us they could visit at any time and that staff were welcoming and friendly. A relative told us the home had a, "family atmosphere" and added, "They care for him, they are welcoming and always offer us food and drink."

People were able to express their views and make choices about their care on a daily basis. Throughout the day we observed staff offering choices and asking people what they wanted to do. Staff understood how people communicated non-verbally and explained to us how they looked at people's facial expressions and body language. Care plans detailed how staff were to encourage people's independence in a safe and supportive way. Each task had information about what the person could do for themselves and when they needed staff support.

The registered manager and staff understood how issues relating to equality and diversity impacted on people's lives. They told us that they made sure no one was disadvantaged because of, for example, their age, sexuality, disability or culture. 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 told us about discrimination people had experienced outside the home and how they had supported people with this. People were supported to follow their Jewish customs and traditions daily and attended the Synagogue on a regular basis. One person we spoke with told us, "I like to pray." A relative told us, "The religious ethos of the home matches the way he was brought up."

Staff gave us examples of how they ensured people's privacy and dignity were maintained and respected. These examples included keeping people's personal information secure as well as ensuring people's personal space was respected. Relatives confirmed that the staff were respectful and thought about people's privacy and dignity. A relative told us, "They understand him and are respectful."

Is the service responsive?

Our findings

Staff understood the current needs and preferences of people living at the home. The feedback from staff matched information detailed in people's care plans as well as our observations and relatives' feedback. A relative commented, "The care is very good."

Care plans were person centred and gave staff clear information about people's needs, goals and aspirations whilst being mindful of identified risks to their safety. Care plans had been reviewed and updated where required and with the involvement of the individual, their family as well as health and social care professionals. Relatives confirmed they were kept updated and had attended care reviews. A relative told us, "They keep me updated." Another relative commented, "We had a review a few months back. They are doing their best."

People were involved in monthly reviews of their care plan and staff told us how they used different communication methods to gain people's views about their care. Where possible people had signed their care plan to confirm they agreed with the way they wanted to be supported.

Where people's needs had changed, we saw the necessary changes to the person's care plan had been made so all staff were aware of the changes and had the most up to date information about people's needs. Staff communicated and updated each other about people's changing needs at regular staff handovers and through daily progress notes for each person.

Some people had been living at the home for many years and the registered manager gave us examples of changes and adaptations that had been made in response to people getting older and more frail. The registered manager told us that, although no one was currently assessed as needing end of life care, policies and procedures were in place to ensure this followed Jewish custom and practice.

Each person had a daily activity plan which outlined how staff were to support them. On the day of the unannounced inspection most of the people were getting ready to go out of the home to attend day centres or to follow their religious practice. The service had links with other Jewish organisations in order to provide appropriate activities for people at the home. People were also able to discuss and choose activities they wanted to take part in at regular house meetings.

Staff understood how people communicated and knew what to look out for if anyone was unhappy or concerned about anything. We saw that people were asked if they had any concerns or complaints at regular house meetings. People did not raise any concerns with us and one person commented, "I like it here." Relatives told us they had no complaints about the service but felt able to raise any concerns without worry. Everyone said they would speak to the senior staff or the registered manager and we saw information about how to make a complaint was available to people using the service and their relatives.

There had not been any recent complaints about the service and records of past complaints showed these were dealt with appropriately by the registered manager. A relative commented, "I've no complaints but if I

do I phone up." They told us about a concern they raised some time ago. They said, "They listened and sorted it out."

Is the service well-led?

Our findings

Staff were positive about working at the service and told us they appreciated the guidance and support they received from the registered manager. One staff member told us, "He listens to everyone and is always ready to help staff." Another staff member commented, "He is supportive." They told us the registered manager was open and they had no concerns about raising any issues they might have. Staff told us they could comment on the way the service was run and gave us examples of suggestions they had made at staff meetings and at daily handovers. For example, one staff member told us they had made suggestions regarding updating information on the computer system.

Relatives were also positive about the registered manager and the way he and the senior staff managed the service. A relative told us, "He is very good." Another relative commented, "It's run very well."

All staff were clear about the ethos, vision and values of the service. One staff member told us, "We are here to give the best service to service users and their family. 'Yad Voezer' means 'helping hands'." Another staff member commented, "We support vulnerable people to live within the Jewish faith."

The registered manager also managed a similar service for Jewish women with a learning disability which was over the road from the home and run by the same provider. The registered manager told us that good practice was shared between these services and any lessons learnt by one service were shared. The manager gave us example of where recommendations made by the CQC were also shared between these services.

The registered manager explained to us how the service worked in partnership with other agencies and organisations. These included organisations that provided support to people in the orthodox Jewish community with mental health needs, advocacy, counselling, outreach work and a befriending service.

There were a number of different systems that the provider used to monitor and improve the quality of care at the home. These included surveys for people using the service and a survey for relatives. The last quality assurance survey had been undertaken in September 2017. The registered manager acknowledged that quality monitoring was a challenge as people expressed their views in different ways. However, people had a number of ways to comment on service provision including monthly care plan reviews and regular house meetings.

Relatives told us they were asked for their views about the quality of care provided at the home. A relative told us, "I've had calls in the past and surveys. We have review meetings and [the registered manager] always returns my calls." Another relative commented, "We have had a survey." We saw the results of these surveys were collated and action taken to address any issues or concerns. People told us the registered manager took their views into account in order to improve care delivery.

The provider employed a dedicated quality assurance person who visited the home on a regular basis to carry out quality assurance audits. We also saw the local placing authority carried out a yearly service review

which included the development of an ongoing improvement plan. This plan included information from recent CQC inspections. This meant that the registered manager was provided with feedback on the quality of the service from a number of different and varied sources.

The registered manager and deputy manager carried out regular audits including health and safety, staff training, cleaning, and care records. We saw that environmental risk assessments and checks regarding the safety and security of the home were taking place on a regular basis and were detailed and up to date. This meant that any potential problems or risks could be identified and responded to promptly.