

## Leeds Jewish Welfare Board

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### Inspection report

248 Lidgett Lane  
Leeds  
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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This was an announced inspection carried out on the 21 January 2015. At the last inspection in August 2013 we found the provider met the regulations we looked at.

248 Lidgett Lane provides 24 hour care and support to five adults with complex learning disabilities. The home operates in accordance with Jewish cultural requirements, but also caters for the needs of people from other faiths. The house is situated in a residential part of the Leeds 17 area close to many local

amenities such as shops, doctors, dentists, churches and Synagogues. The home has a lift for people to access both floors and landscaped gardens to the rear of the home.

At the time of this inspection the home had a registered manager. 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.

# Summary of findings

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The support plans included risk assessments; however, support plans did not always contain sufficient and relevant information.

People were supported to make decisions on a day to day basis but where they did not have the mental capacity to make some decisions the service had not carried out mental capacity assessments. The registered manager told us they would complete the relevant assessments and review Deprivation of Liberty Safeguard applications.

We saw there were systems and processes in place to protect people from the risk of harm.

We found people were cared for, or supported by, sufficient numbers of suitably qualified and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

People received their prescribed medication when they needed it and appropriate arrangements were in place for the storage and disposal of medicines.

Suitable arrangements were in place and people were provided with a choice of suitable healthy food and drink ensuring their nutritional needs were met.

People's health was monitored as required which included health conditions and symptoms so appropriate referrals to health professionals could be made.

We observed interactions between staff and people living in the home and staff were respectful to people when they were supporting them. Staff knew how to respect people's privacy and dignity.

A range of activities were provided both in-house and in the community.

The management team investigated and responded to people's complaints, according to the provider's complaints procedure. People we spoke with did not raise any complaints or concerns about living at the home.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the management team.

# Summary of findings

## 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 knew about the different types of abuse and how to report it.

Staff discussed and agreed with people how risks would be managed which ensured their safety but also allowed them to enjoy their freedom and independence.

We saw when people needed support or assistance from staff there was always a member of staff available to give this support. We saw the recruitment process for staff was robust to make sure staff were safe to work with vulnerable people.

People's medicines were stored safely and they received them as prescribed. All staff had received medicines training, which was updated regularly and included practical competency checks. However, more guidance was required for staff in the administration of 'as and when' medications.

Good



### Is the service effective?

The service was not consistently effective in meeting people's needs.

People were supported to make decisions on a day to day basis but where they did not have the mental capacity to make some decisions the service had not carried out mental capacity assessments. The registered manager told us they would complete the relevant assessments and review Deprivation of Liberty Safeguard applications.

Staff completed an induction when they started work and training equipped staff with the knowledge and skills to support people safely. Staff had the opportunity to attend regular supervision.

People's nutritional needs were met. The menus we saw offered variety and choice and provided a well-balanced diet for people living in the home.

People had regular access to healthcare professionals, such as GPs, opticians, dentists and attended hospital appointments.

Requires Improvement



### Is the service caring?

The service was caring.

People told us they were happy with the care they received and their needs had been met. Staff had developed good relationships with the people living at the home and there was a happy, relaxed atmosphere.

People were involved in making decisions about their care and staff took account of their individual needs and preferences.

Good



# Summary of findings

We saw people's privacy and dignity was respected by staff and staff were able to give examples of how they achieved this.

## Is the service responsive?

The service was responsive to people needs.

People's care and support needs were assessed and plans identified how care should be delivered. The support plans we reviewed contained information that was specific to the person. However, some further detail was required to help staff better support people.

People had a programme of activity in accordance with their needs and preferences.

Complaints were responded to appropriately and people were given information on how to make a complaint.

Good



## Is the service well-led?

The service was well led.

People were not put at risk because systems for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

Accidents and incidents were monitored by the temporary manager and the organisation to ensure any trends were identified and acted upon.

People living at the home and their family members were asked for their opinions and views about the service.

Good



# Leeds Jewish Welfare Board

## Detailed findings

### Background to this inspection

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

This inspection took place on 21 January 2015 and was announced. The provider was given 24 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

At the time of our inspection there were four people living at the home. During our visit we spoke with two people

living at the home, one relative, two members of staff, the regional manager and the registered manager who dealt with day to day issues within the home and oversaw the overall management of the service. We spent some time observing care and interactions to help us understand the experience of people living in the home. We looked at all areas of the home including communal areas. We spent some time looking at documents and records that related to people's care and the management of the home. We looked at four people's support plans.

The inspection team consisted of two adult social care inspectors.

Before our inspection, we reviewed all the information we held about the home.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe in the home and did not have any concerns. We spoke with one relative who told us, "I know [Name of person] feels safe in the home."

We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with told us they had received safeguarding training during 2013 or 2014. Staff said the training had provided them with enough information to understand the safeguarding processes that were relevant to them. We looked at staff training records for the home which showed staff had completed safeguarding vulnerable adults training. Staff we spoke with told us they had confidence that the registered manager would immediately act on any concerns if they raised any.

The service had policies and procedures for safeguarding vulnerable adults and we saw the safeguarding policies were available and accessible to members of staff. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse. The registered manager was aware of their responsibility to report any safeguarding issues to the local safeguarding authority and the Care Quality Commission.

We looked at four support plans and saw risk assessments had been carried out to cover activities and health and safety issues and to maintain people's independence. The risk assessments included medication, day trips, seatbelts, walking and getting up during the night. One member of staff we spoke with told us people had risk assessments for finances and accessing the community. Another member of staff told us risk assessments were introduced if people's needs changed. These identified hazards that people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

We saw the home's fire risk assessment and records which showed fire safety equipment was tested and fire evacuation procedures were practiced. We also saw records to show people living at the home had signed to

say they understood the fire evacuation procedures. The home had in place personal emergency evacuation plans for each person living at the home. These identified how to support people to move in the event of an emergency.

Environmental risk assessments were carried out, which included equipment such as the deep fat fryer, laundry and lone working. The registered manager told us safety checks were carried out around the home and any safety issues were reported and dealt with promptly.

Through our observations and discussions with people and staff members, we found there were enough staff with the right experience to meet the needs of the people living in the home.

The registered manager showed us the staff duty rotas and explained how staff were allocated on each shift. The rotas confirmed there were sufficient staff, of all designations, on shift at all times. The registered manager told us staffing levels were assessed depending on people's need and occupancy levels. The home had a list of regular bank staff who were sometimes used to cover for unforeseen circumstances such as staff sickness. The bank staff all had previous experience of working in the home so understood people's care and welfare needs. This ensured there was continuity in service and maintained the care, support and welfare needs of the people living in the home.

Staff we spoke with told us there were enough staff to meet people's care needs. One member of staff told us, "There are enough staff when two people are on, but sometimes there is only one member of staff. This is still enough to support people and keep people safe but other things such as cleaning don't always get done." Another member of staff told us, "There are enough staff to keep people safe. We have an on-call person to ring if you are on your own and you need advice."

We observed staff working in the home. There appeared to be sufficient numbers of staff and they acted appropriately when undertaking their roles and responsibilities. People we spoke with knew the names of staff working in the home and told us they knew the staff who cared for them well.

We looked at the recruitment records for four staff members. We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home. We saw this included obtaining references from previous employers and a

## Is the service safe?

Disclosure and Barring Service check had been completed. This helped to ensure people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable people. Disciplinary procedures were in place and this helped to ensure standards were maintained and people kept safe.

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were maintained to allow continuity of treatment. Appropriate arrangements were in place in relation to the recording of medicine.

We saw a monitored dosage system was used for the majority of medicines with others supplied in boxes or bottles. We looked at one person's medicine administration record (MARs) which showed staff were signing for the medication they were giving. We did not observe any gaps on the MAR charts. One member of staff told us, "Medication is handled very safely." This demonstrated people were receiving their medicines in line with their doctors' instructions.

Medicines were kept safely. The arrangements in place for the storage of medicines were satisfactory.

A member of staff told us there was one person who currently administered their own medicines. The registered manager said people's independence was encouraged and

self-administration of medication was always considered as part of the initial assessment. We saw there were systems in place to accommodate people who wished to self-medicate. This included a risk assessment process which ensured it was safe for the person to do so and a self-medication agreement. One person told us, "I take my pill on a morning and at 4 o'clock and the staff just watch."

There were no controlled drugs administered at the time of our inspection.

We looked at medications that were to be given as and when necessary (PRN). One person's 'diary of administration of PRN' recorded what PRN medication had been given, for what reason and on what date. However, it was unclear from looking at the medication records and the person's support plan as to when the PRN medication should be administered. The PRN policy stated 'All PRN medication should be accompanied by a written protocol to be kept with the residents MAR chart and should include medication detail, what it is for, how staff can identify when the resident needs medication and this should be reviewed three monthly'. The registered manager told us they knew the person very well and would be able to assess and identify when the PRN medication was required, however, they did agree to provide more detail in both the medication file and support plan regarding the administration of PRN medications.

# Is the service effective?

## Our findings

People were supported by staff who were trained to deliver care safely and to an appropriate standard. The registered manager told us a programme of training, supervision and appraisal was in place for all staff. A training matrix showed several training courses had taken place or were due to take place, including emergency aid, infection control, safeguarding and moving and handling. We saw staff completed 'good practice' training which helped support people living at the home. These included Dementia awareness, person centred care, Jewish customs and practice and autism. The registered manager told us there was a mechanism for monitoring training to show what training had been completed and what still needed to be completed by members of staff in place and this was reviewed on a monthly basis.

Staff we spoke with told us they had completed several training course during 2014 and these included autism, Dementia awareness and food hygiene. One member of staff told us, "I am due to do epilepsy awareness training."

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. All the staff we spoke with confirmed they received supervision where they could discuss any issues on a one to one basis. When we looked in staff files we were able to see evidence that each member of staff had received supervision on a regular basis. This ensured staff could express any views about the service in a formal way and in confidence. The registered manager told us they had an annual schedule for staff supervision and this was displayed on the staff notice board. We saw staff had received an annual appraisal in 2014.

We were told an induction programme was completed by all new members of staff on commencement of their employment. We looked at staff files and were able to see information relating to the completion of induction.

Staff we spoke with understood their obligations with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, this would be respected. Staff told us they had received Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA) training. The training matrix confirmed this.

We looked at support plans for four people living at the home and found that mental capacity assessments had not been completed. Support plans contained some information about decision making, for example, two people were able to choose what they wanted to do each day. Another person could choose what they wanted to eat and what time they wanted to get up on a morning. However, mental capacity assessments had not been completed even though it was evident people required support to make some decisions. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this.

We looked at whether the service was applying the Deprivation of Liberty safeguards (DoLS) appropriately. These protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The registered manager told us they had submitted a DoLS application to the local authority for one person who lived at the home. However, it was not always evident that best interest meetings involving family, advocates and other health and social care professionals had taken place. The registered manager told us they would assess people's mental capacity to make decisions and where appropriate submit DoLS applications. They also said they would meet the DoLS assessor to obtain further advice.

During our inspection we observed people who used the service were involved in making decisions about their care and what they wanted to do. People said they could make day to day decisions and were happy with these arrangements. For example, they chose when to go to bed and when to get up.

Staff we spoke with told us a meeting to discuss menus was held each week and people who used the service contributed to this. They told us the quality of the food was good and there was always plenty of fresh fruit and vegetables. On the day of our inspection we saw a box of fruit and vegetables had been delivered to the home. One member of staff told us, "Everyone sits together to eat."



## Is the service effective?

One person living at the home told us, “[name of person] and me choose different things like salad and prawns, chicken” and “The food is nice. I do the vegetables on a Friday.” Another person told us, “Staff cook good food.”

The registered manager told us a formal meal was observed every Friday and a blessing was given which respected Jewish tradition.

We saw a weekly menu was displayed on the notice board in the home and other information was displayed to help people understand healthy eating and living. People’s support files also contained information to show healthy eating had been discussed with people. We saw one person was at risk of low weight and charts were in place to record and monitoring their nutritional needs which included a weekly weight check.

We found drinks were available for people throughout the day and we observed staff encouraging people to drink to reduce the risk of dehydration. We joined people and staff at lunchtime. Homemade leek and potato soup was served and everyone enjoyed the meal.

There were separate areas within the care plan, which showed specialists had been consulted about people’s care and welfare which included health professionals, GP communication records and hospital appointments.

Members of staff told us people living at the home had regular health appointments and their healthcare needs were carefully monitored. One member of staff told us the nurse was due to visit to carry out health checks if required. Another member of staff told us that one person had a cold and went to see the pharmacist.

We saw the provider involved other professionals where appropriate and in a timely manner, for example, GPs, chiropodists and opticians.

People had ‘my health booklets’ which contained information about support people required with their health care needs. These were up to date and evidenced people’s health care needs were being appropriately monitored and met. We saw people had hospital passports which included ‘must know’ information about the person for other healthcare professionals to be aware in the event they needed to go to hospital.

# Is the service caring?

## Our findings

People told us they were happy living at the home. One person told us, "I am happy living here." One relative we spoke with said, "[Name of person] is very well looked after, everything is fine."

All the staff we spoke with were confident people received good care. Staff provided good examples of how they understood their work place was also the home of the people they supported. The staff we spoke with told us, "The way staff support people is very caring. We know people well, we can see if they are anxious, happy or upset. It is very relaxed" and "I have no concerns, we are giving people the best quality of life. I would feel very comfortable if any of my family members were here." Another member of staff said, "Care is different because we recognise people are different. Everyone is happy at work and care about the residents."

The home provided a person centred service and ensured the care people received was tailored to meet their individual preferences and needs. People looked well cared for. They were tidy and clean in their appearance which is achieved through good standards of care.

People were very comfortable in their home and decided where to spend their time. People told us their rooms were their own personal space and staff respected this. During our inspection we observed positive interaction between staff and people who used the service. Staff were

respectful, attentive and treated people in a caring way. Staff spent time chatting with people and it was evident from the discussions they knew the people they supported very well. Staff spoke clearly when communicating with people and care was taken not to overload the person with too much information.

We saw people were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. The premises were spacious and allowed people to spend time on their own if they wished. We observed staff members encouraging people to be independent whilst ensuring their safety.

People living in the home were given appropriate information and support regarding their care or support. We looked at support plans for four people living at the home. There was documented evidence in the support plans we looked at that the person and/or their relative had contributed to the development of their support and care needs.

During our inspection we spoke with members of staff who were able to explain and give examples of how they would maintain people's dignity, privacy and independence. One staff member said, "I listen and try and do what they want to do." We observed staff attending to people's needs in a discreet way which maintained their dignity.

# Is the service responsive?

## Our findings

People had their needs assessed before they moved into the home. This ensured the home was able to meet the needs of people they were planning to admit to the home. The information was then used to complete a more detailed care plan which provided staff with the information to deliver appropriate care.

People received care which was personalised and responsive to their needs. People were allocated a member of staff, known as a keyworker, who worked with them to help ensure their preferences and wishes were identified and their involvement in the support planning process was continuous. They also liaised with family members and other professionals when required. One member of staff we spoke with told us, “We sit and update the support plans with the person and it is about what they want.” One relative told us, “Staff understand [name of person] and what he needs.”

The support plans we reviewed contained information that was specific to the person and covered areas such as maintaining a safe environment, eating and drinking and communication. People had a communication passport which contained ‘about me’, ‘how I work best’, ‘ways to support me’ and ‘activities’.

Although we found good information was provided, we noted that some further detail was required to help staff understand fully how to support people. One person’s support plan stated ‘staff must encourage [name of person] to eat Kosher or vegetarian foods from a menu whilst out. However, it was not clear why staff needed to do this. Another person’s assessment stated ‘[name of person] will not always want their teeth cleaned and will sometimes push away’. However, there was no information on how to support the person with this activity or how to provide encouragement and support. We saw support plans did not always fully reflect the needs and support people required.

We spoke with the managers about the findings. They said this was an area that they would start working on to make sure the support plans were accurate and agreed to monitor these more closely.

Staff demonstrated an in-depth knowledge and understanding of people’s care, support needs and routines and could describe care needs provided for each person. One member of staff we spoke with told us, “The support plans are good for consistency. We know them very well and the management make staff aware of any changes” and “We look at the plans for any changes.”

People were supported in promoting their independence and community involvement. People told us they took part in a range of activities which included accessing the local and wider community. Two people we spoke with talked to us about how they planned their day and consistently said they were involved in this. One person said, “I get my money and then go to the café. I do cooking on a Monday at Seacroft and I go to college on a Thursday.” Another person told us the registered manager, “Helps me with my laptop, I write stories on a Thursday.”

Everyone had an individual programme and the people we spoke with said they were happy with the activities they did. People went out daily and engaged in varied activities such as lunch club, drives to the country, shopping and walking.

The registered manager told us people living at the home were offered and supported to fulfil their religious faiths.

We saw the complaints policy was displayed in the home and this was in a pictorial format. The registered manager told us people were given support to make a comment or complaint where they needed assistance. There were effective systems in place to manage complaints. Staff we spoke with were able to explain the correct complaints procedure to us. One member of staff told us, “Parents will always talk to us if they have any concerns.” The registered manager told us there were no on going complaints.

People were able to maintain relationships with family and friends without restrictions. One member of staff told us they were helping to plan a trip to London for one person to go see their family.

# Is the service well-led?

## Our findings

At the time of our inspection the manager was registered with the Care Quality Commission. The registered manager worked alongside staff overseeing the care given and providing support and guidance where needed. They engaged with people living at the home and were clearly known to them.

Staff spoke positively about the registered manager and said they were happy working at the home. One member of staff said, "I feel well supported. We have an excellent team and we support each other. We get on really well" and "The management team are very supportive." Another member of staff said, "We have a good manager. The regional manager visits, I have no concerns at all."

Our observations during our inspection showed the service was person centred, inclusive and there was a positive approach to people's support and care.

Systems were in place to monitor the quality and safety of the service. There was a registered manager's monthly checklist for December 2014 which included environmental and equipment checks. We saw the regional manager's report for December 2014 which included legal requirements, residents, support plans, medications, staff training, falls and accidents, laundry and complaints. We saw evidence which showed that any actions resulting from these checks and reports were acted upon in a timely manner.

The registered manager also undertook a monthly monitoring audit of analysing incidents and accidents. The registered manager confirmed there were no identifiable trends or patterns in the last 12 months. However, they did say that one person's diet had been reviewed due to a couple of recent incidents.

The home had twice yearly resident and relatives meetings which were well attended. People were encouraged to provide feedback and their views on a range of issues which included house issue, garden decoration and activities. They home held 'housemates' meeting which were also held twice a year. These included discussions about events, staffing and house matters. The registered manager told us that any idea's they received from people who used the service or their relatives would be considered and acted upon. One member of staff told us, "We ask for family members and people's view at the meetings."

We saw staff meetings were held on a monthly basis which gave opportunities for staff to contribute to the running of the home. We saw the staff meeting minutes for January 2015 and discussions included cleaning, house issues, resident information and schedules. One staff member we spoke with told us, "We have regular staff meetings."

We found that people's needs and information about people's care and support needs was discussed at staff handover meetings to ensure people got continuity of care throughout the day.