

Kisharon

Kisharon Supported Living

Inspection report

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Date of inspection visit:
24 October 2018
25 October 2018

Date of publication:
14 February 2019

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection was announced and took place on the 24th and 25th October 2018. During our last inspection in November 2017 we found the provider to be in breach with Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed. We found that the recruitment checks of prospective staff were not always sufficiently comprehensive and timely. This meant that people who used the service could not be confident that staff employed were suitable and safe to support them. The service sent us an action plan in January 2018 and told us that they had taken appropriate actions to address the breach and ensure that on all staff working with people who used the service had appropriate recruitment checks. During our inspection we found that the provider had taken the necessary steps to ensure safe recruitment practices were followed and all required recruitment checks were carried out prior to offering employment.

Kisharon Supported Living Services provides specialised care and support to adults from the Jewish community with learning disabilities and autism. People live in their own houses and flats in the community and in three 'supported living' settings, so that they can live on their own as independently as possible. Kisharon Supported Living Services provides person centred care with the aim for people to become part of the communities in which they live. During the day of our inspection 19 people received personal care in the three supported living settings in their own flat and seven people received the regulated activity in their own or shared flat.

People's care and housing are provided under separate contractual agreements. Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Not everyone using Kisharon Supported Living receives a regulated activity. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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.

The service 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.

People's potential was recognised and valued. There were many good examples of schemes in how to involve people who use the service in community-based activities, including work schemes, voluntary and

paid, to include people who used the service in the community and support people to gain greater independence and feel less isolated.

Staff were motivated and had pride in their work. They talked about people in a way which demonstrated they wanted to support them as much as possible and provide the best standards of care possible for everyone. Each person in receipt of care had supportive relationships with the members of staff in the team that supported them, and this had a positive impact on their overall health and wellbeing. It was clear that staff and people had similar interests, and this added to their commonality and helped develop their relationships and understanding of each other.

People and their relatives told us that they felt safe while they received support from staff at Kisharon. Staff understood their responsibilities to protect people from abuse and avoidable harm and to remain safe. There were procedures in place to manage incidents and accidents. Risks associated with people's support had been assessed and reviewed. Where risks had been identified control, measures were in place to protect people's health and welfare. Checks had been completed on equipment that people used and the environment to ensure they were safe. There were enough staff to meet people's needs. People received support with their prescribed medicines from staff who had completed training in how to administer medicines safely. Guidance was available to staff on the safe handling of people's medicines.

People who were able were fully involved in reviewing their care needs and support. Staff received regular training, appraisals and competency checks to keep their knowledge and understanding of people's needs up to date. Staff felt supported and received regular supervision meetings. Staff demonstrated good understanding of people's needs and were confident within their individual roles. People told us staff were caring and how their wellbeing had improved from the support they have received. 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 were passionate and proud to work at the service and felt valued and motivated. An experienced registered manager was in place and understood the importance of monitoring the quality of the service and reviewing systems to identify any lessons learnt. The service regularly consulted with people, relatives and staff to capture their views about the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People were protected from abuse and avoidable harm by staff who knew their responsibilities for supporting them to keep safe.

There were a sufficient number of staff to meet people's support requirements. Staff had been checked for their suitability prior to starting work.

Checks had been completed on equipment and the environment to make sure it was safe.

People received their prescribed medicines from staff who were trained to administer these.

Staff followed safe infection control procedures.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service was caring. There was a positive and vibrant culture throughout the service which came from the providers themselves.

People, relatives and staff gave positive feedback about the caring approach of staff and the providers.

Staff were motivated and had developed deep meaningful, but professional relationships with the people they supported.

People were actively encouraged and supported to maintain relationships with family and friends.

Staff supported people to become as independent as possible.

Privacy and dignity were respected, protected and promoted throughout the service at all levels.

Is the service responsive?

Outstanding ☆

The service remains Outstanding. The service maintained and made further significant improvements to their exceptional work in supporting people to gain greater independence, find suitable and meaningful employment and be part and fully integrated in the community.

Is the service well-led?

The service was well led. Staff were supported by the management team and understood their responsibilities.

People, their relatives and staff had opportunities to give suggestions about how the service could improve.

The locality manager was aware of the responsibilities of a registered manager.

Checks were in place to monitor the quality of the service.

Good ●

Kisharon Supported Living

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 24 and 25 October 2018 and was announced.

We gave the service 48 hours' notice of the inspection visit because it is a supported living service and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

This inspection was carried by one adult social care inspector and two experts by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses supported living services.

Before the inspection, the provider completed 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. In addition, we reviewed information that we held about the service, including statutory notifications, serious incidents and safeguarding information that the provider had notified us of within the last 12 months. We contacted the commissioners of the service, local authority and visiting clinicians, to obtain their views about the care and support delivered by the service. We used the information that they provided us with to inform the planning of our inspection.

During our inspection we visited two supported living schemes and spoke with eight people who were supported by the service, seven relatives, four members of staff, two supported living managers, the registered manager and the day opportunities manager. We observed the care and support during visits to supported living schemes and we reviewed a range of records related to people's care and the management of the service. This included looking at four people's care records (including financial records), four staff files (including recruitment, training and induction records), four people's medication administration records and other company-based records related to quality assurance and the general operation of the service.

We gathered further feedback about the service from three healthcare professionals who worked closely with the service. We reviewed all the information that we gathered prior to, during and after our inspection, and used this information to form the basis of our judgements and this report.

Is the service safe?

Our findings

At our last comprehensive inspection in November 2017 we rated Safe as requiring improvement. This was because the provider had not always followed safe recruitment practices. During our inspection in October 2018 we found that the provider had taken appropriate steps to ensure that all staff employed had been appropriately checked and vetted prior to being employed. We saw that the provider had developed a monitoring sheet, which documented and reviewed that appropriate references, checks of employee's identities and address as well as a valid Disclosure and Barring (DBS) check had been obtained. All files we viewed had the appropriate recruitment checks in place and people who use the service can be reassured that only staff safe to work with people who used the service had been offered employment.

Staff knew how to protect people from abuse and avoidable harm. One staff member told us, "Any issues I have concern about, I would report to my manager. I can also call the head office if there are any concerns the manager had not dealt with, though this is not the case. The manager is dealing with everything." Staff were able to identify different types of abuse and signs that someone may be at risk of harm. The provider had policies to keep people safe from avoidable harm and abuse that staff could describe. Staff had received training in protecting vulnerable adults and knew what actions they should take if they were concerned that people were at risk of harm. This included contacting outside agencies such as the local authority if they needed to.

People and their relatives told us that they felt safe when they received support from staff. One person said, "I am safe here and I have the managers phone number and can her when I am not safe." Another person said, "I am very safe here, if there is anything I can talk to the staff about it."

People were enabled to take risks safely or supported to reduce risks. Risk assessments were completed where there were concerns about people's well-being, for example, where a person may be at risk from travelling independently. There were guidelines in place for staff and people who used the service to follow. These included asking the person to take a mobile phone to call the service if anything is out of the ordinary. Staff knew how to reduce risks to people's health and well-being and could explain the guidelines which were in place. Where a risk had been identified this had been clearly recorded in the person's support plan to ensure staff were aware of the potential for harm.

The service assessed, and reviewed risks associated with people's support at least six monthly or if people's needs had changed. Where someone presented behaviour that may be deemed as challenging, plans were in place, so staff responded consistently. These identified what may be a trigger for the person and ways to support them to reduce any anxiety. Staff told us that they were confident in following these plans. Risks associated with people's behaviour were managed to help them to remain safe.

People and their relatives told us they felt there were enough staff. One person said, "There are always enough staff around, I also can talk to the staff if I need someone to help me with something the next day and they will call somebody." Staff told us they thought there was enough staff to meet people's needs. One staff member said, "We are a great staff team and work very well together, if we need extra staff to go out, we

call another colleague or talk to the manager." The registered manager told us the rota was based upon the assessed hours for each person. Some people had staff available 24 hours a day and other people had support at certain times during the day. The registered manager explained the rota was based on the people and their needs in each service. Where people had funding for one staff member specifically allocated to them this was clearly shown on the rota. If there were times when staffing levels were low due to sickness or absence there were bank staff available to cover to ensure that there were enough staff available. Rotas' showed staffing levels were appropriate to meet the needs of people who used the service.

People received support with their medicines. Each person had a support plan which offered staff guidance on how they preferred to take their medicine. One person's support plan said that the person would like to have some water with his medicines. Staff received regular training and their competency in the administration and support of medicines was assessed. One staff member said, "We have medicines training once a year and a senior member of staff assess if we follow the procedure correctly." The service had a policy in place which covered the administration, storage and recording of medicines. Medicine Administration Record (MAR) charts had been completed correctly where people were supported with taking medicines.

There was a business continuity plan which identified what measures were needed to make sure that people still received their support in the case of an emergency such as a flood or flu pandemic. Checks were carried out on the environment and equipment to minimise risks to people's health and well-being. This included checks on safety measures in place, for example, fire alarms. In case of people needing to evacuate in the event of a fire there was an individual plan for each person, so staff knew how to support them safely.

The registered manager acted when an incident or accident happened. Details of any incidents or accidents were recorded and reviewed to ensure actions had been completed. Where changes were needed to care practices or support plans following an incident these were made. The registered manager notified other organisations where this was necessary to investigate incidents. The provider took action to reduce the likelihood of future accidents and incidents.

Is the service effective?

Our findings

People were cared for by well trained staff. One person told us, "They [staff] know what they are doing, I think they have courses." One relative told us, "Excellent staff, they definitely know what they are doing."

We saw that detailed care plans were developed from information gained during the pre-admissions assessment. Care plans were person centred and staff supported people to gain greater independence. Care plans were reviewed regularly and any changes in needs, were re-assessed to ensure that people were supported appropriately. In the assessment all areas in relation to the person were addressed and assessed, mental health, sexuality, religion and beliefs. Relevant information relation to people's specific health needs and their medicines were evident in peoples care records to support staff to follow best practice.

Kisharon had recently introduced a new electronic care plan, which allowed staff to update records easily. Staff spoken with told us, that the new electronic care plan was much better, and the care plans are much easier to maintain and update. The new system allowed the management team to assess and audit care plans. This ensured that regular updates and reviews of care plans were completed in a timely manner. One care worker told us, "The new electronic care planning system is excellent, it is easy to access people's information. I can immediately add info, so we won't forget anything. Kisharon helps and supports staff to achieve their goals, excellent staff development. We have iPad and iPad mini and can access the care plan on desk top, which helps to sit down with the people we support and talk about their care plan."

All new staff received a two-week induction consisting of training, being introduced to people who used the service and shadowing more experienced staff. Staff who were new to care completed the Care Certificate. The Care Certificate sets out a standard set of skills as an introduction to the caring profession. A mixture of e-learning and face to face training equipped staff to support people within the service. Staff completed training in areas such as, Autism, medicines administration and support, safeguarding adults, First Aid, Mental Capacity Act and manual handling. We also saw that the service had arranged and facilitated training to staff, prior to people with specific behavioural or health needs moving in. Staff told us, that this had helped them to reduce the number of behaviour related incidents from two per week, to one every other month. The provider had a training matrix which showed that most staff had undertaken a wide range of training, including further education in health and social care.

Records showed that staff received regular supervision meetings and competency checks within their role. Staff told us they felt supported and someone was always available to talk if they had any concerns or issues. Staff we spoke to told us, "The training at Kisharon is excellent, we all have regular training and supervision, there is always someone available to speak to, the manager is very approachable."

The Mental Capacity Act (MCA) provides a legal framework for making 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 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. Care plans we viewed were signed by people who used the service or their next of kin to give consent to the care and support they needed. If required best interest decisions had been completed and documented in people's care records. If people had a designated appointee, the appropriate legal authorisation was sought from the court of protection and we saw the documents for this in people's care records.

People who used the service told us that they were fully involved in their care and support. One person told us, "I regularly meet with my key worker to discuss anything, which is important to me." Staff worked with relatives and professionals to understand what was important to the people they supported.

Kisharon promoted a Jewish lifestyle, which was reflected in the communal kitchens as well as in the kitchen in people's flats. People who used the service were supported to purchase Kosher food from local Jewish shops. The menus were planned with everyone on a weekly basis, this allowed people to learn how to budget and not overspend on food and ingredients. People were supported at mealtimes in line with their individual care plans. We saw detailed assessments of people's needs in relation to risks associated with eating and drinking and we saw staff giving the correct support to people during meals.

The services worked closely with health professionals to support people to access services to maintain their health and wellbeing. Records showed that people were referred for assessment and treatment from health services if required. For example, advice and support had been sought from various health professionals such as, GPs, podiatrists, sexual health teams and speech and language therapists. Accessible documentation was available and reviewed regularly to ensure information about people was up to date and correct in the event of them being referred to other healthcare services. Kisharon is currently working closely with the community nursing team in Barnet to develop a breast screening document in a user-friendly format. This will detail the rationale of breast cancer screening, what the procedure entails and how to get any information in relation to this procedure. This will help people who used the service to have a better understanding of what is involved in the procedure.

Is the service caring?

Our findings

People and relatives told us that staff were exceptionally caring. One person said, "The staff here are excellent, they always listen to me, I get on very well with all of them." Another person said, "The staff here are very kind, they always help me and are interested in what I have to say." One relative told us, "When I visited the service for the first time, the staff were so welcoming and listened to what I and my son had to say, and this had continued since he moved in. I couldn't think of anywhere better for him." Another relative said, "The staff team are just wonderful."

A commissioning manager was extremely positive about the service and the impact it had on the lives of the people they supported. They said, "I would say that the service was working extremely hard to make improvements to the way they delivered care and support. There is a very caring support team and management of the services is overall excellent. The service had changed from residential to supported living and we worked with them to help them change some of their older practices. The service put in place all our advice and undertook a complete redecoration of the service. In terms of care and support, they have worked extremely well with health and social care professionals to successfully manage health issues and behaviours that challenge the service." The close links and excellent partnership working with external professionals benefitted people differently. For example, the registered manager praised the good relationship the service had and told us, "It is very easy to get advice from the clinicians and this had helped people to manage their behaviours better as well as dealing with any health-related issues."

People who used the service had various needs and the service worked hard to enable people to have a healthy, fulfilling and meaningful life. For example, one person told us, "I told my key worker that I wanted to lose some weight, we discussed this during a meeting and all staff encourage me now to eat less, buy healthier food and helped me to find a gym, where I can go do some exercise. I have already lost some weight."

The service supported people to stay in touch with their relatives, but also helped people to visit the relatives at times convenient for both parties. For example, the service developed a structured time table together with the person and their relative for home visits. The relative who told us, "We discussed during a meeting a while ago for my son to visit me a little less, as I am getting older, with the aim of spending Passover at his flat. The staff were fantastic they agreed with me and my son a plan to stay at home every three months and he has now agreed to stay the next Passover at his flat and has been invited by the rabbi to have the Passover meal at their house." We viewed the persons care records and saw that each stay at his home was celebrated and the person told us that he was happy with these arrangements and that it was also good to spend more time at his flat. Another example was a care plan where staff discussed with one person how they could travel independently, and they assisted the person to purchase a mobile phone and supported the person to travel with staff support. The person told us that this had helped him to now travel independently. The person further told us, that the support they received from staff in regard to independent travelling had helped them to improve their confidence and they are currently supporting other people living in the service, with staff support, to travel on their own. These were only three examples of the good work the service had done and the impact the achievements had made on people, however, there were countless others.

The service ensured that everyone, whatever their ability was involved and included in all aspects of the service, including the recruitment of staff. People who used the service were part of the interview panel and new prospective care staff visited the supported living settings they will be allocated to work in and met the people they will support. During this visit people who used the service told us, they would ask people difficult questions. One person told us, "I will ask new staff, if they liked cycling and if they would like to go out for a bike ride with me. I love cycling."

The operation manager told us during interviews candidates met with the people we support to chat, and to answer their question. People fed back about how the interviewees had interacted with them and these views were considered when deciding if job offers would be made. Respect for equality, diversity and human rights was embedded within the service and integral to everything the staff did. Staff were recruited specifically to work for individuals' care packages and selected to enable people to explore their culture.

The service caters for people from Jewish faith and all staff received specific tailored training to ensure they understood the importance of what their religion meant to people, how to behave towards people and how to prepare kosher food and what to do during specific Jewish festivals. One relative said, "Kisharon, has been fantastic for [person], I am so happy that he can go to the Shul [Shul is a Yiddish word for synagogue] for prayers and has religious studies, which is important to him and our family."

The provider has designed leaflets for people who used the service and staff to understand the do's and don'ts during specific festivals, which had been made available in pictorial format to ensure a wider range of people who used the service can access them. However, while the provider supported people who chose to live the orthodox Jewish way of life, they also catered for more liberal Jewish people. The provider had built an annexe in one of the supported living schemes we visited, part of which was used by one person who was more liberal but wanted to be supported by Kisharon.

The service supported people to express their views. The service has introduced the "Leading Together Programme". This was a training programme aimed at people who used the service and staff working at services with the goal of improving conversations and communication and learning from each other. The programme provided a platform for people having a greater involvement and say in how the service should be run and how people's needs were best met. One person told us that he had been involved in the training and that he meets regularly with the directors, staff and other people who used the service to talk about their experiences and look at ways in how they can improve the service and make it better for people who used the service. People said their views were sought about new projects or ideas, as well as planning the activities and events which made up the monthly tenant's forum that everyone who used the service was invited to attend. One person told us, that he was part of the tenant's forum. He said, "It's great, I can speak on behalf of all the others. For example, I told them about the holiday we recently had to Bournemouth." Staff used various tools to communicate with people according to their needs. Records used photographs and images to aid people's understanding. A speech software package was used which read text in a natural sounding voice for audio versions of documents. For example, we met one person which we knew from the past. The person previously had a very limited vocabulary and communicated little verbally. However, during this inspection the person showed us around the flats and told us how well he was getting on with staff. This made a big difference to the person; the person was now being heard and was able to contribute to the service and suggest or implement changes.

Staff were highly motivated and reflected pride in their work. They talked about people in a way which demonstrated they were fully committed to supporting people in any way they could, in order for them to achieve as much independence as possible. Staff sought to provide the best standards of care for everyone. For example, one care staff told us, "I really enjoy working here and do the best for the people we support, if this means I have to stay a bit longer or change my shift then so be it."

Each person in receipt of care had valued friendships and supportive relationships with the members of staff in the team that supported them. One person said, "The staff are kind and caring, we get on very well, we are friends." Another person said, "The staff is very helpful, we share things and do things together, I know [name] likes riding his bike and we sometimes go together for rides." The registered manager told us that they were proud of the fact that staff and people shared elements of their lives. They said, "It's important that staff and people share the same interests and share things, however we all understand professional boundaries".

When we visited people as part of our inspection we observed that they enjoyed excellent, relaxing, but professional relationships with the staff who supported them. There were cheerful exchanges and discussions about both historic that they had enjoyed. It was clear that staff and people had similar interests, and this added to their commonality and helped develop their relationships and understanding of each other. Staff were extremely knowledgeable about people's needs and how to support them. What they told us about the needs of the people they supported tallied with information held within people's care records. All the staff we observed in their work, displayed a kind, caring and respectful attitude towards people. One person who required more attention than others was always supported, and staff spent ample time with the person to explain what was due to happen, which they told us helped the person to deal better with transitions and reduced the person's anxiety and the risks of the person behaving in a way which challenged the service.

The providers and staff offered a level of support to people's relatives also. We saw they enjoyed very close relationships with people's family members and worked in unison to achieve the best possible outcomes for their family members. Relatives said they felt totally involved in their family member's care and they were kept fully informed and involved in any proposed or necessary changes. One relative commented, "The manager always contacts us and tells us what is going on, we feel fully involved in [name] care. We are always invited to care plan reviews and can visit or take [name] home, whenever we want, it's a great relationship we have with Kisharon." People themselves were involved in care reviews, care planning, recruitment and all choices made about how they would live their lives. Records showed that people had signed care planning documentation to evidence their involvement in this process and people told us they had been involved.

People were encouraged to maintain relationships with their families and friends and staff were passionate about supporting them in any way possible in order to remain connected to important people in their lives. One person told us that he visits his family regularly to celebrate Jewish festivals or over the weekend. The person said, "I can go home whenever I want, I also can go with my family on holiday if I want to." Another person explained to us how their key worker helped them to set up a social media account, which helped the person to stay in touch with family further away or abroad. The registered manager told us that it was very important to involve and engage relatives as well as the people they support. She gave us an example of the current transformational change Kisharon was undergoing and how people who used the service and relatives were invited to take part in the process. She said, "This is very important to us as an organisation we want to make sure that any change reflects what people want."

Staff were aware of the achievements of numerous people who used the service, not just those who they supported daily. They shared their joy about other people achieving their goals, as did the providers. During our visit the providers and staff shared with us the achievement of people who used the service, the development of new skills, gaining more self-confidence and self-worth. For example, they told us about people gaining paid employment, travel independently, started to communicate verbally, went to college and stopped behaving in a way that challenged the service. During team meetings staff shared achievements people had made, which helped to look at the positive aspects of the service. Staff had a real

sense of achievement all round and we observed staff praising people and motivating people when they completed a task.

Staff were encouraged and supported by Kisharon with appropriate training, guidance and any practical support needed, to enable them to achieve the best possible outcomes for the people they cared for. Kisharon had created a successful organisation that displayed a strong person-centred culture at all levels. Staff and senior staff themselves told us about many situations where they had showed persistence and supported people to overcome obstacles in their way in order to achieve their goals. For example, one person who used the service enjoyed baking and staff supported the persons regularly to purchase ingredients and bake cakes, cookies and biscuits. During the second day of our inspection we were invited by the person to sample one of his cakes and the person told us how much he enjoyed baking. There was a positive and vibrant culture within the service and a desire amongst staff to deliver exceptional care. This filtered down from the senior leadership team. One senior manager told us, "It is vital for us to support the staff teams as much as possible, by listening to them and provide training, but also enable them make their own decisions and bring into ideas to the benefit off the people who use the service."

Staff supported people to be as independent as possible in their lives. One member of staff told us, "We are not a care home, we are here to help and support people to become as independent as possible and to do as much, if not all things we take for granted on their own. For example, [name] when he came here he could not do much for himself, look at him now, he cooks, washes up, cleans his room, goes to work, goes to shul, he does most of things on his own." We observed lots of examples of where people were striving towards independence. Where people were capable, and it was safe to do so, they signed their own medicine administration records and took responsibility for storing their medicines in their own rooms. Appropriate risk assessments and checks were in place to ensure this practice remained safe. People who had at one time been escorted by staff when travelling around the community, now made their way to activities and social events alone. They had successfully developed their skills, with support from staff, to a point where they could travel safely and confidently alone. Safety and monitoring measures were in place where people rang their staff team to let them know they had arrived at a place or were leaving to embark on their home journey. All people who used the service were supported and encouraged to set personal achievable goals in their care plans reviews. These were based on their needs and what they wanted to achieve. The goals were broken down in smaller, but achievable steps and each step was celebrated with the individual once achieved. This encouraged people to stay focused on their goals, but also highlighted what they had achieved.

People's dignity and privacy was protected and promoted by staff. Staff had been trained in equality and diversity and they explained how in their daily roles they protected respected and protected people's dignity. One member of staff explained how he ensured that people had their privacy and dignity, by supporting the person to close the doors when having a bath. Another staff member told us, "I would never go into someone's flat without their permission."

Is the service responsive?

Our findings

During our last inspection we rated this key question outstanding. During this inspection we found the service continued to be very responsive to people's needs and found that the service had made further improvements to support people to develop and improve their quality of life.

People who used the service and relatives continued telling us that they were delighted and happy with the activities offered and that they would continue to recommend the service to others. For example, one person told us, "I love living at Leaside, the staff is nice, and I told friends about moving here." One relative told us, "[Name] has come such a long way, I would definitely recommend this service." Another relative told us, "I would recommend this service to anyone. My relative has become incredibly more independent than before moving there. He has a very active lifestyle in the community."

Healthcare professionals told us that the service was providing person-centred care, which had achieved positive results for people who used the service. One professional told us, "My experience is that the care is of a high quality, for example they support one individual that I know well who has complex needs. They consider the person's religious needs and support the person to live a full and active life, including supporting the person to engage positively with their family."

People who received personal care as well as support to access the community told us that they were very busy and did a lot of activities and work placements. Comments included, "I go to work in the bike shop twice a week," "I go horse riding and to the gym," "I travel on my own to East London for my job" and "I walk on my own every morning to the Shul for morning prayers."

The service continued to achieve excellent outcomes to support people to gain greater independence. For example, since our last inspection some people who used the service had agreed to use their mobility allowance to purchase their own vehicle. This had enabled people to travel further afield, visit their relatives more often and go on holiday, which they haven't done prior to moving into the service. Another example of supporting people to live a more independent life was the work the service had done with the local authority in seeking additional funding for staffing to ensure the person who had complex needs and behaviours that challenged the service to access the community regularly and continue to live in their own flat. Prior to receiving the funding, the service had to undertake lengthy assessments over a period of 18 months to demonstrate to the funding authority that the additional funding will have a positive impact on the person's life and well-being. The additional funding helped the service to fund a designated care team for the person. This designated staff team had a very positive impact on the person's behaviour, the person's opportunity to access the community as well as the person's personal hygiene and well-being.

The management team and care workers told us of the excellent work the service had done to help a person to become more confident and become more independent. The service designed a plan together with the person to support the person to gain greater independence and confidence in going out on their own. The plan initially involved staff supporting the person to go out with the person and the support gradually reduced until the person was able and gained enough confidence to go out on their own. One care worker

told us, "It took a long time for [name] go out on their own, we showed him the way and went together with him, giving him more and more space. Now he goes out on his own and shows other people living here how they can go out independently. He gained so much confidence."

Kisharon Supported Living Services ethos was to support people to become as independent as possible and to become part of their local and wider community. The service provided exceptional provision enabling people who used the service to access the community and continued to find innovative ways in sourcing suitable work placements, activities and educational facilities for people who used the service. For example, Kisharon offered their own bike shop, which can be accessed by people who used the service. People who used the service working at the bike shop learned new skills in repairing and servicing bicycles at the same time getting paid for carrying out this job. The management team told us that the bike shop had recently won a tender with a local university to repair and service bikes for students. This tender ensured that people who used the service were able to continue to take part in this employment project. Another example of integrating and including people who used the service in the community is the gift shop, where people who used the service learn retail skills, while having paid employment. One person told us, "I have my own bike and work in the bike shop, I get paid. I enjoy doing this." Another person told us, "I have a gardening job, a job in the local shop and a job in the office. This keeps me busy. I used to have a job far away, but I decided to give it up, was too far to travel."

Another person with more complex needs was supported by two members of staff to work in a warehouse, which had been relocated from Barnet to Hertfordshire. Instead of telling the person that since the warehouse had been relocated he was no longer able to work there, the service liaised with the employer, the funding authority and the person to continue the work. This showed that the service was trying everything and helped people who used the service to overcome barriers to live a full and busy life and were part of the local as well as wider community.

The provider supported people who used the service to achieve their dreams and aspirations. One person told us, how staff supported him to watch his favourite football team. The person told us that staff spent time with them to find out what the person wanted and what was important to the person when going to watch the football match. This included the persons preferred way to travel, arranging an overnight stay and staff supporting the person to find and to stay in a Jewish hotel, which provided Kosher food, which was very paramount for the person.

Kisharon Supported Living Service provided care and support within a Jewish structure. People who used the service and relatives told us that it was important to them to undertake cultural and religious relevant events. People who used the service told us that they enjoyed the religious studies and Jewish music sessions, which were provided by a rabbi from the local synagogue. People who used the service went regularly to the local Shul for daily prayers and celebrated Jewish festivals such as Passover, Sukkot and celebrated Shabbat every weekend. During one of the days of our inspection the service was visited by the rabbi for religious studies and music sessions and people who used the service told us, how much they looked forward to this activity and that it was very important to them to have this regular activity provided to them.

Care plans were detailed, holistic and person centred, they provided comprehensive information of the persons specific needs, their background, their preferences and ways in how the person's needs were best met. There was a strong focus on the tasks the person was able to do independently and what skills the persons required in the future to gain greater independence. Care plans were regularly reviewed and people who used the service told us that they had been involved in the review process. For example, one person told us, "I meet my key worker regularly and we talk about what I want to do and what help I need to do this."

At the moment I need to lose some weight to be able to start horse riding. I spoke with [key worker] about this and we currently look to find a gym for me."

The service ensured that people with additional communication needs were included and systems and processes were available to support people with communication needs. For example, documents, contracts and care plans were made available in pictorial format to reach a wider audience. Other examples included adapting the format of care review meetings to suit the needs of people who used the service. For example, during a recently arranged care plan review, each care plan objective was displayed on a large A3 paper, this helped the person to understand their care plan better, but also led to the person to contribute and get fully involved in their own care plan review. Staff told us that this had led to the person taking a lead on discussing arrangements for end of life care.

The service has devised easy read guides for Jewish festivals, such as Pesach, Sukkot and Chanukah. This helped people who used the service and staff to have a better understanding of the traditions associated with these festivals and why these are important to people. Staff had received Makaton training, a sign language specifically developed for people with learning disabilities. We observed staff using Makaton when communicating with individuals enabling the people to make daily choices.

The service and people who used the service had very close links with the local Jewish community and often go together with neighbours and friends to the local synagogue. Because of this people who used the service received invites from neighbours to join them for Sabbath meals and led to finding employment in local businesses. People who used the service were supported to make and maintain relationships with their neighbours and people they have met at their local synagogue, which led to people inviting members of the public to their home and have friendships with people who did not have a learning disability.

People were encouraged to have relationships with their families and the service supported and accompanied people who used the service to visit their relatives for day visits or overnight stays.

People who used the service and their relatives were assisted to raise concerns and make complaints. People who used the service told us, "If I am unhappy I tell staff", "I can speak to staff and the manager about anything" and "They [staff] listen to me, if I have a problem or want anything resolved." Relatives and people who used the service confirmed that complaints had been dealt with and were taken seriously. One relative told us, "Yes I can raise complaints; however, I've never done so, not a formal complaint, but I have raised issues and that has been dealt with."

The service had a complaints procedure, which was also made available in easy read format. Since our last inspection the service had received two complaints, these had been addressed and dealt with by the manager.

The service did not provide end of life care; however, peoples wishes in the event of illness or death were discussed and documented in peoples care plans, this ensures that peoples wishes were taken seriously and followed if such an event would occur.

Is the service well-led?

Our findings

At the last inspection this domain was rated as 'Requires Improvement' because we found that although there was a comprehensive audit and quality monitoring system in place, it had not always identified shortfalls in the safe recruitment of staff. At this inspection we found improvements had been made and the system was being used effectively. The service had implemented a comprehensive system of auditing all employee files of people recruited over the past five years, and a double recruitment check for all future starters. This ensured all relevant documentation was in place and up to date.

We saw that regular checks to monitor and assess the quality of treatment and care had been carried out and found that effective quality assurance procedures were being followed. We saw that regular quality checks were carried out, and this included care records, medication, staff records and complaints. These enabled the registered manager and the provider to monitor how the service was operating, as well as staff performance. If the service found any shortfalls during the quality assurance monitoring, we found action had been taken to address them in a timely manner. In addition to checks carried out in each individual supported living setting, the provider carried out audits during visits from senior managers.

The day opportunities manager and registered manager told us that Kisharon was currently in the process of transforming their care services. We saw that people who used the service, relatives and staff were invited to a consultation event to provide their view to ensure that the service was meeting their needs and to promote improvement. People who used the service were overall satisfied with the way the service was managed. One person told us, "Kisharon is very good, I can always talk to the manager and [day service manager] if I have any concerns." One relative told us, "The manager is very approachable." Another relative told us, "I can highly recommend Kisharon, since my relative had moved in he is so much more independent and has a very busy and active lifestyle."

The service had a manager in post who was registered with the Care Quality Commission. The registered manager was supported by a manager in each supported living scheme. The registered manager demonstrated a good understanding and oversight of the service. The provider and staff had a clear vision for how the service could be developed to provide people with an even better service. Staff spoke passionately about providing a high standard of care adding, "I will do everything I can to ensure people achieve their goals and are happy living at Kisharon."

People and relatives, we spoke with told us the service was well led and they felt able to speak with the registered manager and senior staff openly. One person said, "I can talk to [managers name] about everything and I do have her telephone number, so I can call her if she is not around." One relative told us, "Kisharon contacted us for feedback and I answered some questions, but we are happy." During the time of our inspection Kisharon Supported Living Services was waiting for feedback from questionnaires' sent to people who used the service, relatives, health care professionals and staff. We therefore were not able to view the outcome of this survey. We were not able to see the results of the most recent survey undertaken

Staff told us there was an open culture at the service and they felt able to approach senior members of staff

or the registered managers. One member of staff told us, "You can ask anyone for advice and guidance if you need it." None of the staff we spoke with had any concerns about how the service was being run and told us they felt valued. Staff were committed to the people living at the service. Another member of staff commented, "I feel when I have something to say, they [senior staff] do listen."

Staff we spoke with had a clear understanding of their roles and responsibilities and felt well supported. They spoke positively about the improvements people who used the service had made since they moved into the supported living scheme. Staff told us how people became more engaged, less challenging and gained greater independence as well as confidence in trying out new things. Staff confirmed they had attended staff meetings, annual appraisals, competency checks and one to one support meetings, where they could voice their opinions.

The service worked effectively in partnership with other agencies. A member of the local learning disabilities team told us, "One of the strength of Kisharon is how they work in partnership with the clinicians. I have a number of clients with complex needs where we meet regularly with Kisharon and family members, as well as clients where they are able to engage, to ensure we are all working together."

The registered manager understood their responsibilities for sharing information with CQC in a timely manner. The service had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.