

Agudas Israel Housing Association Limited

Fradel Lodge

Inspection report

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24 May 2016

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

We conducted an inspection of Fradel Lodge on 19 and 24 May 2016. Fradel Lodge is a supported living service providing personal care and accommodation for adults with mental and/or physical health needs within the orthodox Jewish community. There were 21 people receiving personal care when we visited. At our last inspection on 29 January 2014 we found that the provider was meeting all of the regulations we checked.

There was a registered manager at the service. 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.

Procedures were in place to protect people from abuse. Staff knew how to identify abuse and knew the correct procedures to follow if they suspected abuse had occurred. However, safeguarding matters were not reported to the CQC as required.

We saw evidence of logging of accidents and incidents, however, we did not see consistent evidence to demonstrate investigations were always conducted into accidents and incidents.

Staff had completed medicines administration training within the last year and were clear about their responsibilities.

Risk assessments and support plans contained clear information for staff. All records were reviewed every month or where the person's care needs had changed.

The provider was not meeting the requirements of the Mental Capacity Act 2005. We saw examples of documentation being signed by next of kin without them having the legal authority to do so and one person's liberty was being unlawfully deprived. However, care staff demonstrated knowledge of their responsibilities under the Mental Capacity Act 2005.

Staff demonstrated an understanding of people's life histories and current circumstances and supported people to meet their individual needs in a caring way.

People using the service and their relatives were involved in decisions about their care and how their needs were met. People had care plans in place that reflected their assessed needs.

Recruitment procedures ensured that only staff who were suitable, worked within the service. There was an induction programme for new staff, which prepared them for their role. Staff were provided with appropriate training to help them carry out their duties. Staff received regular supervision. There were enough staff

employed to meet people's needs.

People were supported to maintain a balanced, nutritious diet. People were supported effectively with their health needs and were supported to access a range of healthcare professionals.

People using the service and staff felt able to speak with the registered manager and provided feedback on the service. They knew how to make complaints and there was a complaints policy and procedure in place.

Quality assurance systems were not consistently thorough. The registered manager completed various audits, but these did not identify the issues we found in relation to consent. We saw evidence that feedback was obtained by people using the service and the results of this was positive.

We found two breaches of regulations in relation to consent and notifications. You can see what action we told the provider to take at the back of the full version of this report.

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.

The service had adequate systems for recording, storing and administering medicines safely.

The risks to people's mental and physical health were identified and appropriate action was taken to manage these and keep people safe.

Procedures were in place to protect people from abuse. Staff knew how to identify abuse and knew the correct procedures to follow if they suspected abuse had occurred.

There were enough staff available to meet people's needs and we found that recruitment processes helped to ensure that staff were suitable to work at the service.

The risks to people's mental and physical health were identified and appropriate action was taken to manage these and keep people safe.

Procedures were in place to protect people from abuse. Staff knew how to identify abuse and knew the correct procedures to follow if they suspected abuse had occurred.

There were enough staff available to meet people's needs and we found that recruitment processes helped to ensure that staff were suitable to work at the service.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

The service was not consistently meeting the requirements of the Mental Capacity Act 2005 (MCA). Care records contained examples of documentation being signed by next of kin without having the legal authority to do so. We also read one person's care record and this demonstrated they were using bed rails, but we did not see evidence of this decision being reached within a best interest meeting or of a mental capacity assessment being

conducted. However, care staff demonstrated a good knowledge of their responsibilities under the MCA.

People were supported by staff who had the appropriate skills and knowledge to meet their needs. Staff received an induction and regular supervision, annual appraisals and training to carry out their role.

People were supported to maintain a healthy diet and had access to community dietetic teams when needed. People were supported to maintain good health and were supported to access healthcare services and support when required.

Is the service caring?

Good ●

The service was caring. People using the service and relatives were happy with the level of care given by staff.

People and their relatives told us that care workers spoke to them and got to know them well.

People's privacy and dignity was respected and care staff provided examples of how they did this. People's cultural diversity was respected and celebrated.

Is the service responsive?

Good ●

The service was responsive. People's needs were assessed before they began using the service and care was planned in response to these.

People were encouraged to be active and maintain their independence. Staff at the service encouraged people to take part in social events and arranged activities for them to participate in.

People told us they knew who to complain to and felt they would be listened to.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led. People and their relatives told us the registered manager was approachable.

Quality assurance systems were not consistently thorough. The registered manager completed various audits, but these did not identify the issues we found in relation to consent. We also saw a log of accidents and incidents and individual report forms, but there was no consistent evidence of investigations undertaken

into the cause of accidents. Feedback was obtained from people using the service through residents meetings.

Fradel Lodge

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.

The inspection took place on 19 and 24 May 2016 and was conducted by a single inspector. The inspection was unannounced, but we told the provider we would be returning on the second day of the inspection.

Prior to the inspection we reviewed the information we held about the service. We contacted a representative from the local authority safeguarding team to obtain their feedback.

We spoke with four care workers, the manager and the registered manager of the service. The registered manager had overall responsibility for the service, but the manager conducted day to day management of the service including dealing with staff among other matters. We also spoke with three people using the service and four relatives of people using the service. We looked at a sample of four people's care records, three staff records and records related to the management of the service.

Is the service safe?

Our findings

People told us they felt safe using the service. Comments included "I feel very safe living here. I have a panic alarm and in no time they are at my door to help", "This is a lovely place. It is very safe."

The provider had a safeguarding adult's policy and procedure in place. Care staff told us and records confirmed they received training in safeguarding adults as part of their mandatory training and demonstrated a good understanding of how to recognise abuse, and what to do to protect people if they suspected abuse was taking place. Staff also confirmed they were aware of the provider's whistleblowing procedure and would use this if they felt their concerns had not been taken seriously. Whistleblowing is when a care worker reports suspected wrongdoing at work. A care worker can report things that are not right, are illegal or if anyone at work is neglecting their duties, including if someone's health and safety is in danger. A member of the safeguarding team at the local authority confirmed they did not have any concerns about the safety of people using the service and the provider worked with them to resolve any concerns.

Staff received emergency training as part of their mandatory training which involved what to do in the event of an accident, incident or medical emergency. Care workers told us what they considered to be the biggest risks to individual people they cared for, telling us the risk of people falling was a concern because most of the people using the service were older and many had dementia. They demonstrated an understanding of how to respond to these risks and a good knowledge of how to safely respond an incident of this nature and what precautions they could take to prevent this from happening.

We looked at four people's support plans and risk assessments. Initial information about the risks to people was included in an initial needs assessment from the referring social worker. These documents included information about risks to the person's physical and emotional health. On admission people were interviewed by a senior member of staff who conducted specific risk assessments in areas including mobility, eating and continence and used these to devise a comprehensive support plan. The information in these documents included some guidance for care workers about how to manage risks to people. Risk assessments were reviewed every month or sooner if the person's needs changed.

Relatives we spoke with told us enough care workers were provided to meet the needs of their family member. One relative told us, "I can always find somebody to help if I need to." People using the service also confirmed there were enough staff to help them when needed. Comments included "Enough people work here" and "I don't have to wait for someone to help me. I think they have enough staff to be getting on with things."

The manager explained that the number of staff members on duty was dependent on the needs of people using the service. Not all people receiving personal care had high support needs and this reflected the numbers of staff on duty. We saw copies of dependency assessments which had been conducted to help the manager of the service determine appropriate staff numbers. This was also reviewed according to the needs of all new people being admitted to the service. If more staff were required, additional staff were allocated. We reviewed the staffing rota for the week of our inspection and this accurately reflected the number of staff

on duty.

We looked at the recruitment records for three staff members and saw they contained the necessary information and documentation which meant that that staff were recruited safely. Files contained photographic identification, evidence of criminal record checks, references including one from previous employers and application forms.

Staff followed safe practices for administering and storing medicines. Medicines were delivered on a monthly basis for named individuals by the local pharmacy. Medicines were stored safely for each person in a locked cupboard within their room. Not all people in receipt of medicines required assistance with administering these. We saw that those people who required assistance in taking their medicines had this outlined clearly in their support plan.

We saw examples of completed medicine administration record (MAR) charts for four people for the month of our inspection. We saw that staff had fully completed these.

We saw copies of monthly checks that were conducted of medicines. This included a physical count of medicines as well as other matters including the amount in stock and expiry dates of medicines. The weekly checks we saw did not identify any issues.

Staff had completed medicines administration training within the last two years. When we spoke with staff, they were knowledgeable about how to correctly store and administer medicines.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA, and found that the provider was not consistently meeting the requirements of the MCA. We looked at four care records and saw two examples of documentation being signed by next of kin without their having the legal authority to do so. We also read in one person's care record that they were using bed rails and the manager of the service confirmed this. However, there was no evidence that the decision to install bed rails was made in accordance with the MCA as this person did not have the capacity to consent to this decision. We did see evidence that the person's night time needs were being discussed in a best interest meeting, but we did not see evidence of a conclusion to use bed rails being reached nor did we see evidence of a mental capacity assessment having been conducted.

This was a breach of regulation of regulation 11 Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Staff had received MCA training and were able to demonstrate that they understood the issues surrounding consent. Staff members told us that so far they had not had any concerns about people's capacity to make decisions, but demonstrated that they knew how to support people who lacked capacity.

People told us staff had the appropriate skills and knowledge to meet their needs. Relatives said, "The carers are very good. They are very committed to their work" and "They work very hard indeed and do a good job in my opinion." The manager told us, and care workers confirmed, that they completed training as part of their induction as well as ongoing training. Records confirmed that all staff had completed mandatory training in various topics as part of their induction. These topics included safeguarding adults, moving and handling and first aid.

Care workers confirmed they could request extra training where required and they felt that they received enough training to do their jobs well. Records reflected that care workers training was in date. One care worker told us, "We get a lot of training. I have a lot of experience now, but you can forget things so it's important to keep going on training to make sure you don't forget."

Staff told us they felt well supported and received regular supervision of their competence to carry out their work. We saw records to indicate that staff supervisions took place every two months. The manager told us annual appraisals were conducted of care workers performance once they had worked at the service for one year and we saw evidence of these in the files of staff members who had worked at the service for this length

of time. We were told by the manager and care workers that they used supervisions to discuss individual people's needs as well as their training and development needs.

People were encouraged to eat a healthy and balanced diet. People's care records included varying levels of information about their dietary requirements depending upon whether people required support in this area of their lives. For example, one care record included detailed instructions from the community dietitian and care workers were aware of the specific requirements for this person.

Care records contained information about people's health needs. The provider had up to date information from healthcare practitioners involved in people's care, and senior staff told us they were in regular contact with people's families to ensure all parties were well informed about their health needs. Care workers demonstrated they understood people's health needs. For example, one care worker gave detailed information about one person's physical health needs and how they worked with this person and external healthcare professionals to improve this person's physical health.

Is the service caring?

Our findings

Relatives we spoke with gave good feedback about the care workers. One relative told us, "They are very devoted" and another relative commented, "Staff are very friendly." People who used the service also gave good feedback about the care workers. Comments included "They're very caring in my opinion. They do anything I ask", "They're all very good. I love them all" and "The carers are very nice."

Staff demonstrated a good understanding of people's life histories. They told us that they asked questions about people's life histories and people important to them when they first joined the service, but there was a varying level of detail about people's life history in their care records. For example, the manager and care workers told us about the circumstances which led to one person using the service and this included important information which was relevant to their care. However, we did not see these recorded in their care plan. Care staff were well acquainted with people's habits and daily routines. For example, staff were able to tell us about people's likes and dislikes in relation to activities as well as things that could affect people's moods, but there was a varying level of information recorded about people's likes and dislikes in their care records.

People we spoke with told us they were able to make choices about the care and support provided and staff helped them to achieve their goals. One person said "Thank God, I can still do things for myself, but staff also help me live as independently as possible." Care workers told us people made their own choices and lived their lives how they wanted. One care worker told us, "I always help people to do what they want. I would never tell them what to do."

Care workers explained how they promoted people's privacy and dignity. For example, one care worker said "I always knock on the person's door and I always make sure there is privacy before giving personal care." Another care worker told us "You have to be careful in protecting people's dignity as some of the people living here are religious and have high standards. For example you would never want one of our ladies to have a shoulder exposed or their knee exposed. You have to be careful." People we spoke with also confirmed their privacy was respected. One person told us, "The staff are very respectful and understanding."

Care records demonstrated that people's cultural and religious requirements were considered when people first started using the service. Fradel Lodge is a supported living service for people within the orthodox Jewish community. Therefore staff followed the requirements of Judaism in providing services to people on the Sabbath and having access to a Rabi and other religious services. People at Fradel Lodge had many different cultural backgrounds and we saw care staff helped people to observe these cultural differences by helping people to cook traditional foods from the country of their origin and one care worker had developed a close relationship with a person who was from their native country.

Is the service responsive?

Our findings

People using the service and relatives we spoke with told us they were involved in decisions about the care provided and staff supported them when required. A relative told us, "I was very concerned about some things when my [family member] was staying at home. Here they have listened to our concerns and helped us to address. It has been a great relief to have [my family member] here." A person using the service also said, "I feel very involved in everything that goes on. Sometimes I'm not interested and they don't mind that either."

People were given information when first joining the service in the form of a 'service user guide' which included details about how to make a complaint, specific details about the service and contact details for who to contact in an emergency.

People's needs were assessed before they began using the service and care was planned in response to these. Assessments were completed of people's mental and physical health. The care records we looked at included a support plan which had been developed from the assessment of people's individual needs. Care records showed staff prioritised people's views in the assessment of their needs and planning of their care. Care plans included details about people's preferred routines, but there was a varying level of detail in the recording of their likes and dislikes in relation to food or activities.

People were encouraged to participate in activities they enjoyed and people's feedback was obtained to determine whether they found activities or events enjoyable or useful. We saw from people's care records that there was specific advice for care workers to encourage people to participate in activities they had enjoyed in the past. Care workers demonstrated a good knowledge of which activities people enjoyed and confirmed that they encouraged people to participate regularly. There was a varied activities programme which included religious activities, readings and games.

The provider had a complaints policy which outlined how formal complaints were to be dealt with. The people using the service and relatives we spoke with confirmed they would speak with the registered manager if they had reason to complain. We saw records of complaints and saw these were dealt with in line with the provider's policy. Care workers we spoke with confirmed that they discussed people's care needs with their manager and knew how to report any concerns. Complaints records were clear and complaints were dealt with in line with the service complaints policy. We saw evidence of actions taken to resolve complaints.

Is the service well-led?

Our findings

The provider did not have a consistently open culture as information was not reported to the Care Quality Commission (CQC) as required. We reviewed records of safeguarding concerns and saw records of five safeguarding concerns which had been reported to the local authority but had not been reported to CQC.

This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We spoke with a member of the local authority and they did not have any concerns about the service.

We saw a log of accident and incidents that took place at the service as well as individual reporting forms for each accident that occurred. There was no consistent evidence of investigations taking place to determine the causes of individual accidents and incidents. Initial details were recorded about what happened and whether any responsive action was required, for example a hospital or GP referral, but there was no evidence of further investigations which concluded why the incident had occurred and hence whether further remedial action could be taken to remove the risk of the incident reoccurring. We saw an analysis document for accidents and incidents which was produced on a monthly basis. We saw this included general causal information on accidents which occurred at Fradel Lodge. This included an analysis of the location and time of incidents and there were some recommendations made as a result of this analysis. However, there was no evidence of analysis of the root causes of the accidents within this document.

The provider had systems to monitor the quality of the care and support people received, but these were not consistently thorough. We saw evidence of audits covering a range of issues such as infection control and the treatment and support provided. Care records were reviewed every month. Where issues were identified, targets for improvement were put in place with timeframes. However, audits did not identify the issues we found in relation to consent, safeguarding and accident and incident reporting.

People who used the service and staff told us the registered manager was available and listened to what they had to say. Comments included "I speak with her regularly. She is very helpful" and "She is very good." People also made good comments about the manager of the service and comments included "She is fantastic" and "She does all she can to help and make things better for us." We observed the registered manager and the manager of the service interacting with people using the service throughout the day and conversations demonstrated they knew people well and spoke with them regularly.

We saw evidence that feedback was obtained from people using the service, their relatives and staff. Feedback was sought in the form of 'residents' meetings which took place every six months. People told us they found these meetings helpful and felt comfortable speaking in them. We were told by the manager that if issues were identified, these would be dealt with straight away and we were given an example of when this had happened.

Staff told us they felt able to raise any issues or concerns with the manager. One member of staff told us, "She is very easy to talk to. She always listens to our opinions." The manager told us monthly staff meetings

were held to discuss the running of the service. Staff told us they felt able to contribute to these meetings and found the topics discussed were useful to their role. We read the minutes from the most recent staff meeting. These showed that numerous discussions were held with actions and identified timeframes for completion.

Staff demonstrated that they were aware of their roles and responsibilities in relation to people using the service and their position within the organisation in general. They explained that their responsibilities were made clear to them when they were first employed. Staff provided us with detailed explanations of what their roles involved and what they were expected to achieve as a result.

The provider worked with other organisations to ensure they followed best practice. We saw evidence in care records that showed close working with local multi-disciplinary teams, which included community psychiatric nurses, the GP and local social services teams. We spoke with one healthcare professional and they commented positively on their working relationship with staff at Fradel Lodge.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The registered person did not notify the commission about safeguarding incidents which occurred whilst services were being provided in the carrying on of the regulated activity, or as a consequence of the carrying on of the regulated activity.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Where service users lacked the capacity to consent to their care, the provider did not always act in accordance with the Mental Capacity Act 2005.</p>