

Agudas Israel Housing Association Limited

Fradel Lodge

Inspection report

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Hackney
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Fradel Lodge is an extra care housing scheme. There were 16 people receiving a personal care service living in ordinary flats in one scheme. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service

People were protected from the risks of harm and abuse. Staff were knowledgeable about the actions to take if they suspected somebody was being harmed or abused. People had risk assessments to minimise the risks of harm or abuse they may face. Staff were recruited safely and there were sufficient staff on duty to meet people's needs. People were protected from the risks associated with the spread of infection. Medicines were managed safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's care needs were assessed before they began to use the service. Staff were supported to carry out their role with training, supervision and appraisals. People were supported with their nutrition, hydration and health. Staff understood their responsibilities under the Mental Capacity Act (2005).

People thought staff and the management were caring. Staff knew people well and understood how to deliver a fair and equal service. People and relatives were included in the decision making around the care provided to them. People confirmed staff understood how to promote their privacy, dignity and independence.

Staff knew how to provide a personalised care service and were knowledgeable about people's individual care needs. People's communication needs were met. People were encouraged to participate in activities including their religion and maintaining family contact. Complaints were dealt with appropriately. People who were at the end of their life had their last wishes documented.

People and staff spoke positively about the leadership in the service. The provider held regular meetings for people using the service and staff. The provider had a system of checking the quality of the service provided to identify areas for improvement. The provider worked in partnership with other agencies to improve outcomes for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 13 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

Fradel Lodge

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Fradel Lodge provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the Care Quality Commission who was also the nominated individual. The nominated individual is responsible for supervising the management of the service. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided. There was also a manager at the service who was about to start the process of becoming registered.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the manager or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed the information we had received about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service about their experience of the care provided. We spoke with seven members of staff including the registered manager, the supported housing manager, the social affairs manager, the human resources manager, the service co-ordinator and two care staff.

We reviewed a range of records. This included two people's care records including risk assessments. We looked at three staff files in relation to recruitment and supervision. A variety of records relating to the management of the service including health and safety checks and quality assurance were reviewed.

After the inspection

The supported housing manager sent us documentation we requested including training data.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service. Two people said, "Yes, we feel safe." Another person told us, "We're very well looked after."
- Staff were knowledgeable about the actions to take if they suspected somebody was being harmed or abused. One staff member told us, "I [would] go straight to management or the next person or I could go to the police or CQC."
- People were protected from the risks of being harmed or abused.
- Staff received training in safeguarding and whistleblowing.

Assessing risk, safety monitoring and management

- People had risk assessments to reduce the risks of harm they may face. The registered manager told us, "If I feel there is a risk I always get outside professionals to advise."
- Risks assessed included nutrition, pressure care, medicines, emergency evacuation, mobility and falls.
- The supported housing manager told us and records confirmed risk assessments were reviewed six monthly or sooner if something happened.
- Staff had received training in assessing and managing risks for people using the service.

Staffing and recruitment

- People told us there were usually enough staff and call bells were answered in a timely way. Two people told when they rang their call bell, "[Staff] usually come quite quickly. They come in the right time."
- Staff confirmed on the whole there were enough staff on duty to meet people's needs. One staff member told us, "Sometimes it's fantastic and it runs smooth. Sometimes we need someone extra because someone has called in sick."
- The supported housing manager told us they did not use agency but used their own staff to cover staff absences. They also said staff had to give three months' notice for planned leave.
- The provider had a safe recruitment process in place to confirm staff were suitable to work with vulnerable people. This included criminal record checks of new staff and regular updates to confirm continued suitability of staff.

Using medicines safely

- People confirmed their medicines were managed safely. One person said, "They are bringing my medicine and are sitting and waiting whilst I am taking it." This person also pointed out staff were mindful that their medicines had to be taken after eating.
- Staff received training in medicines administration and confirmed they supported people with the process. Staff described the process they followed to ensure people received their medicines safely.

- People's medicine records included a front sheet with their date of birth and date of admission to the service. Where appropriate the medicine records gave details of allergies.
- We reviewed the medicine administration records and saw they were signed appropriately to indicate they were given. Each medicine item was listed with the amount delivered and the amount in stock along with the frequency of administration.
- Where people needed their medicine to be crushed due to difficulty swallowing a form was completed with instructions to staff about how to safely give the medicine and this was signed by the GP.

Preventing and controlling infection

- People confirmed staff observed infection control procedures when giving them care. Two people said staff always wore gloves when giving them personal care.
- Staff demonstrated they knew what action to take to prevent the spread of infection. One staff member said, "Always wear gloves and aprons, always proper handwashing and clean care, making sure [people] are washed."
- Staff confirmed they had access to an adequate amount of personal protective equipment such as gloves and aprons.
- The provider had an infection control policy which gave clear guidance to staff about how to prevent the spread of infection.
- Staff received training in infection control and had access to handwashing facilities.

Learning lessons when things go wrong

- The provider had a system of recording accidents. They carried out an annual falls analysis to identify trends in time and location that falls occurred.
- We reviewed the analysis for June 2018 to June 2019 and saw recommendations had been made. One recommendation was for extra staff to be rostered on duty for festivals as people like to stay up later at these times.
- The supported living manager told us they had learnt lessons from falls. They said, "I have learnt now to get a person checked even for the smallest fall. For incidents, not to brush [them] under the carpet, challenge people and talk to them."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had an assessment of their needs before they began to use the service. This meant the provider could ensure they would be able to meet the person's care needs.
- The assessment process included capturing information about their needs around speech, comprehension, nutrition, mobility, environment, night care and last wishes.

Staff support: induction, training, skills and experience

- Staff told us they had regular training opportunities. One staff member told us, "Lots of training. In-house we have a lot every week. It's really useful for me. I have done a lot of training so I can train other people in dementia care. That was fantastic."
- The supported housing manager told us new staff had to complete an induction which included shadowing an experienced member of staff for one to two weeks and learning how to use equipment, moving and handling and one day with the manager.
- Staff were required to complete the Care Certificate within the first three months of employment. The Care Certificate is training in a set of care standards which care staff are recommended to receive.
- Training records showed staff had access to a variety of training opportunities including health and safety topics such as basic life support, fire safety and food hygiene.
- Staff confirmed they had regular supervision and an annual appraisal. One staff member told us, "[Supervision] is actually very useful because if I have a problem or if we have ideas, that's when I ask it. I had one [appraisal] recently."
- Records confirmed staff had regular supervision and an annual appraisal. These meetings were used to help staff with their personal development.

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

- People's nutritional needs were met and the majority chose to eat in the communal dining area. The chef was knowledgeable about people's dietary requirements and was able to meet people's requests that were not on the menu.
- One person told us they usually ate in the dining area but sometimes staff would prepare food for them in their flat. This person told us staff did this well and prepared the food they asked for.
- Staff received training in nutrition and diet so they could support people to eat healthily and maintain their weight.
- Staff told us how they ensured people had choices of food. One staff member said, "I'll ask before serving. I show them the menu. Sometimes they don't like [the food being offered] so will tell us and the kitchen will prepare an alternative for us."

- Care plans contained details of the support people needed with their nutrition and included their food and drink likes and dislikes.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's health needs were met. One person said, "If I am not well, I know I can ask anything from anyone and I get it." Two people told us staff would arrange for a doctor to call if they needed to see one.
- Staff told us how they supported people with their health. One staff member said, "If somebody is not well I will make an appointment with manager, I will call the doctor or hospital."
- The supported housing manager confirmed staff supported people with oral hygiene and people had access to dental care. Records confirmed that information about oral hygiene was included in care plans.
- The supported housing manager explained a physiotherapist visited the service daily. Records showed the physiotherapist completed care notes for each person they worked with that day.
- Care records documented when a referral was made to a healthcare professional and contained information from healthcare professionals for specific health conditions.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- At the time of inspection there was nobody who needed to have their liberty restricted.
- Staff received training in mental capacity and demonstrated they were knowledgeable in this area. We asked staff when they would need to seek consent from a person using the service. One staff member said, "All the time."
- Records showed people had signed consent to care documentation.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were caring. One person said, "This is a wonderful place. They give good care and they are kind. There's a wonderful atmosphere." Another person told us, "I know [staff] are caring. They don't make me nervous or rush me."
- Staff described how they got to know people and their support needs. One staff member told us, "I start with [new person using the service] care plan, their history, what they want and then I go and chat to them."
- The Equality Act 2010 legally protects from discrimination people in protected characteristic groups such as age, race, disability and sexual orientation. One person using the service told us, "[Staff] really try to give us the care we need and that culturally meets our needs."
- The supported housing manager told us, "The staff had training in protected characteristics and we have zero tolerance against discrimination."
- Staff knew how to provide a fair and equal service. One staff member told us, "Everyone has a right to everything. I just follow human rights. You need to follow through with that."
- We asked staff how they would support people who identified as lesbian, gay, bisexual or transgender. One staff member said, "The same way I would support anyone else."

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

- People using the service told us they were involved in their care planning. Two people told us, "If we need to change the [care] programme, [staff] are helpful"
- Staff confirmed people and relatives were involved in making decisions about their care. One staff member said, "It is mostly the [person using the service] decision. Families are incredibly involved and they spend a lot of time here. They do have a lot of input."
- The supported housing manager told us, "We talk to the family a lot and people using the service are involved. Every week we go around every person to ask if there is anything they need and are they happy with the [staff]."
- Staff described how they could assist people using the service to make choices if they had difficulty speaking. One staff member suggested numbering their clothing and toiletries so the person could state their choice by saying the number.

Respecting and promoting people's privacy, dignity and independence

- People using the service told us their privacy and dignity were promoted. People said staff always knocked on their flat door and asked permission before entering. We observed this was the case.
- We also saw a staff member called on two people using the service while we were talking to them. They

asked the staff member to call back later and the staff instantly and immediately agreed to do so.

- Staff confirmed they promoted people's privacy and dignity. One staff member said, "I don't tell [others] information about anybody [except] the manager if something needs to be done. I knock, ask permission, close the door and curtains."
- People using the service told us staff promoted their independence. One person said, "They encourage me to walk alone but if I can't someone will walk with me." Another person told us, "[Staff] encourage us to do what we can ourselves."
- Staff explained how they encouraged people to maintain their independence. One staff member said, "I love promoting people's independence. I let them do it before I do it. I talk about they need to use it or lose it."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us and records confirmed their care plans were reviewed regularly. One person told us, "From time to time [staff] review my care; if they want to do it I let them."
- Staff understood how to deliver a personalised care service. One staff member told us person-centred care is, "Care that is individually for that person. What you do for one person is not necessarily correct for the next."
- Care plans were detailed, personalised and contained people's history and preferences. This included the time the person liked to get up and go to bed and what they liked to do during the day.
- Care plans also contained details about the outcomes they wished to achieve such as managing their tenancy and physical health. The outcomes were scored to indicate to staff the level of importance and difficulty for the person.

Meeting people's communication needs

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

- The provider identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans.
- The supported housing manager told us how they supported people with a sight impairment to have access to written information. They said, "We can do things in large print." The manager said information could be sent to a person's mobile phone which could read it aloud.
- The supported housing manager told us how they supported people with a hearing impairment to have access to spoken information. They said, "[Staff] know the basics of sign language. Either you can try to speak really clearly or you can write it down."
- We observed examples of information displayed in large print such as the menu and examples of sign language printed in large colour print.
- Care plans gave details about people's communication needs including sight and hearing needs. For example, one person's care plan noted they used hearing aids, glasses and a magnifying glass.
- Records showed staff received training in meeting people's communication needs.

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

- People using the service told us they were encouraged to maintain their social links. Two people told us the social affairs manager had assisted them to arrange their marriage and using the service had helped their marriage. They said, "It's a miracle that such a place exists."
- People told us there were a variety of activities offered at the service. One person told us they enjoyed participating in the exercise classes. Another person said, "There's a wonderful programme of activities. [Staff] keep you occupied."
- The supported housing manager told us older children from a local school visited to listen to the stories of people using the service. They also said younger children from a local kindergarten visited.
- Records showed people were supported to go out with staff for clothes or grocery shopping and for trips to concerts and parks. People also had access to the communal sensory garden.
- Care plans detailed the support people needed to maintain their Jewish faith. Two people told us they always participated in the weekly spiritual service.
- The service co-ordinator told us the service was full of visitors on the Sabbath. The Sabbath is the weekly Jewish holy day. Care plans gave details about family involvement in the person's life.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and were confident they would be handled appropriately. One person told us, "If I had a complaint they would listen to me."
- Staff understood what action to take if somebody wished to complain. One staff member said, "First of all I tell the manager what has happened. The manager needs to listen and make a decision."
- The provider had a complaints policy which gave clear guidance to staff about how to handle complaints.
- We reviewed the records of complaints made during 2019 of which there were 16. All complaints were dealt with appropriately and indicated the complainant was satisfied with the outcome.

End of life care and support

- The provider had a pain management policy and an end of life policy which gave clear guidance to staff about how to support a person and their family sensitively at the end of their life.
- Care plans documented people's last wishes which included where they wished to spend their last days, what medical assistance they would accept to assist recovery and whether the person had an advance care plan.
- At the time of inspection there was nobody using the service who was at the end of their life or diagnosed with a terminal illness.
- However, should a person reach the end of their life records showed they would have an advanced care plan which documented their treatment and care wishes.
- Staff had received training in end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated good. remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People using the service spoke positively about the leadership in the service. Two people said, "We're very lucky because the executive director lives here." Two other people told us they got on well with the registered manager.
- Staff also spoke positively about the management in the service. One staff member told us, "I have very nice managers." Another staff member said, "Yes the manager is supportive."
- The supported housing manager told us how they ensured staff had a voice. They said, "We are very transparent with [staff]. We talk to them and we work together as a team. We are open with everyone."
- The supported housing manager told us they were proud of, "Keeping people well cared for and well supported, giving people things to look forward to."
- The service co-ordinator told us, "I love giving people the feeling someone cares for them. I love [people using the service] feeling good."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood their legal responsibility to notify CQC and the local authority about incidents and safeguarding concerns as required.
- The manager told us, "[Duty of candour] is being totally open, about everything. If anything happens and being open and honest with CQC or doctors." The manager told us they would apologise to those affected by any incident.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had a system of holding meetings for people every two months. We reviewed the minutes of the four most recent meetings. Topics discussed included meals, satisfaction, activities, refurbishment, parking, security and eye care.
- Staff meetings were held monthly. We reviewed the minutes for the six most recent meetings. Topics discussed included, safeguarding, Jewish spiritual days, record keeping, training, confidentiality, infection control, laundry and cold weather.
- Staff told us the staff meetings were useful. One staff member told us, "Yes we have a huge staff meeting every month and three changeover meetings every day then we have spontaneous meetings."

- Staff confirmed they were kept updated on any changes. Responses included, "When I come in the afternoon I am [given] a handover on everybody" and "I am told about changes by my manager, [service coordinator] and other [staff]."
- The manager told us there were no equality and diversity issues amongst the staff team. They said, "[Staff] are a very cohesive group. They are motivated." Staff confirmed they were treated equally.

Continuous learning and improving care

- The provider kept a record of compliments. One relative had written, "I just wanted to thank you so much. At [Fradel Lodge] it is so much more [than kindness], it is dignity, respect, loving kindness and care and concern."
- The provider produced a monthly staff newsletter to keep staff updated on staff and policy changes. The three most recent newsletters included information about Coronavirus, sepsis, new starter staff, Jewish calendar dates, privacy and dignity.
- The provider had a system of carrying out various checks on the quality of the service provided to identify areas for improvement. These included checks on do not resuscitate agreement forms and people who required the use of bedrails to keep them safe.
- The manager carried out a six-monthly overview check on medicines, care plans, infection control and staff training. We reviewed the check carried out on 1 January 2020 and saw no issues were identified.

Working in partnership with others

- Records confirmed the provider worked in partnership with other agencies to improve outcomes for people.
- The manager told us they and another staff member received dementia training from the local authority which was designed to equip them to train the rest of the staff team. They also worked jointly with another Jewish service to train staff.
- The manager also told us they worked well with healthcare professionals including the falls service.
- The manager told us and records confirmed the provider was awarded 'Employer of the Year' in 2019 by 'Investors in People'. The 'Investors in People' standard provides a framework for improving business performance through developing the people they employ.