

Yad Voezer Limited

Yad Voezer 2

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 7 and 12 September 2018. The first day of the inspection was unannounced and we informed the provider of our intention to return on the second day.

At our last planned comprehensive inspection on 28 June 2017 and 4 July 2017, we found the provider in breach of Regulation 18 of the Registration Regulations 2009. This was in relation to the reporting of notifiable incidents to the CQC, the provider failed to report two safeguarding incidents as required by law. We also made three recommendations relating to complaints, the updating of policies and procedures and updating of information contained in support plans. The service had an overall rating of Requires Improvement. We rated Safe, Responsive and Well-led as Requires Improvement and Effective and Caring as Good.

During this inspection we found the provider had made some improvements, policies and procedures had been updated and care plans reviewed. Although the provider had submitted notifiable significant incidents, we found that we had not been notified of three incidents involving the police and a person receiving respite care from the service. This meant that we did not have important information about the service to effectively monitor people's safety and wellbeing. We are considering what action we may need to take to address this.

Yad Voezer 2 is a 'care home' for members of the Orthodox Jewish faith. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Yad Voezer 2 accommodates up to a maximum of eight people with a learning disability or autistic spectrum disorder. At the time of our inspection there were six women living at the service. One of the bedrooms was used for respite care which was vacant at the time of our visit. The home accommodates women only and the provider has a neighbouring home for men, located nearby. Apart from the registered manager, all staff are female.

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 felt safe with staff and comfortable approaching staff with any concerns. People were protected from the risk of abuse. Staff knew what constituted abuse and understood their responsibility to report abuse. Staff were aware of the whistleblowing procedure and reporting any concerns to external authorities.

Risk assessments identified risks and actions to mitigate these. Staff understood about risk management and how to manage behaviours that challenged the service. We found recruitment practices were not always followed to ensure staff were safe to work with people. We found gaps in references and criminal

record checks.

Staffing numbers were based on level of need, but we made a recommendation about reviewing staffing.

Medicines were managed safely and systems in place for auditing and checking how medicines were being administered. Individual Pro Re Natan (PRN) medicine to be given when required protocols were not in place to guide staff on when to administer PRN.

People were protected from the risk of the spread of infection because staff followed infection control practices when providing care, including the use of personal protective equipment (PPE).

There were systems in place for reporting and recording incidents and accidents and learning from incidents took place. However, these incidents were not always reported to the CQC.

Safety checks were carried out to ensure the building was safe for people using the service, however, we found urgent repairs were not always carried out in a timely manner.

Staff received an induction which including mandatory training relevant to their roles. Staff received supervision which included a review of their performance and training needs. Staff also took part in yearly appraisals to assess their performance and set goals for the coming year.

People's nutrition and hydration needs were met and people were provided with a choice of meals that met their religious and cultural needs. People's spiritual and cultural beliefs were respected and staff supported people to celebrate their Jewish faith.

Staff worked within the legal requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were given choice and staff asked people for their consent before providing care.

People had access to healthcare professionals to ensure that their health needs were met and well-being maintained.

Staff treated people with dignity and respect and staff encouraged people's independence. People's confidentiality was respected and records relating to people using the service were kept in a lockable cabinet.

The atmosphere at the home was warm and welcoming which gave it a homely feel. We observed people were comfortable with staff who were caring and kind. The service operated an open-door policy which enabled people to approach staff whenever this was needed.

People had care plans which were personalised and detailed how care should be delivered. Care plan reviews took place, however, we found review dates differed which made it difficult to know which plan was the most up to date, also information was not always updated to reflect people's current needs.

The service responded to complaints and staff supported people to make a complaint if they were unhappy with the service. A copy of the complaints procedure was displayed on the communal notice board in easy read pictorial format. This made it more accessible to people using the service.

Quality assurance systems were in place to monitor the quality of the service and audits took place. However, these audits were not always effective in identifying some of the issues found during our inspection. Care records were not always up to date or accurate and the provider failed to notify the CQC of significant incidents. Several changes in senior management at the service meant that governance and

overall management of the service lacked consistency.

We found four breaches of Regulations. This was in regards to the provider informing us about significant incidents at the service, safe care and treatment and good governance. We have made two recommendations. These are in relation to managing behaviours that challenged the service and management of staffing hours.

You can see what action we told the provider to take at the back of the full version of the 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?

The service was not consistently safe. Repairs were not always carried out in a timely manner.

People and their relatives said the service was safe. Medicines were stored safely, but PRN protocols were not in place. Staff recruitment records contained a number of gaps.

Risk assessments were in place and provided details of how identified risks should be mitigated.

Requires Improvement ●

Is the service effective?

The service was not consistently effective. Staff training certificates were not available and healthcare recommendations for one person were not updated in line with instructions.

Staff worked within the requirements of the MCA and understood the importance of asking people for consent before providing care.

Staff received supervision to support them to effectively carry out their role.

The building was accessible and specially adapted to accommodate people using a wheelchair.

People's nutrition and hydration needs were met. Staff worked with healthcare professionals to meet people's health needs.

Requires Improvement ●

Is the service caring?

The service was caring. People were treated with dignity and respect.

People's likes and dislikes were recorded in their care plans.

People were involved in their care and were able to express this as part of the keyworking process and residents meetings.

Good ●

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive. People's changes in need was not always documented in their plan of care.

People's needs were assessed before joining the service.

People's preferences were taken into consideration when providing care.

People were supported by staff to make a complaint and a process in place for acting on concerns raised. There was a process in place for reviewing the care for people using the service.

Is the service well-led?

The service was not consistently well-led. Lack of management oversight and high turnover of senior management in the service meant that the service lacked oversight and consistency.

Systems for monitoring the quality of the service was not always effective.

People knew the registered manager and senior staff well and staff felt senior management was supportive and approachable.

Requires Improvement 

Yad Voezer 2

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 7 and 12 September 2018 and was unannounced.

The inspection team consisted of two inspectors.

Before we visited the service, we checked the information we held about the service and the service provider. This included any notifications and safeguarding alerts. A notification is information about important events which the service is required to send us by law. We reviewed the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with six people using the service and two relatives, interviewed the registered manager, two senior support workers and a support worker. We also spoke with a healthcare visitor. We reviewed records for three people using the service, including care plans and risk assessments. We also reviewed medicine administration records (MAR) for three people using the service. We asked the manager to send us additional documents related to the running of the service. These included policies and procedures, minutes of meetings, monitoring visits, maintenance information and additional care records for people using the service.

Is the service safe?

Our findings

We identified safety issues at the premises. Parts of the building required urgent attention. For example, the ground floor bathroom did not have a window restrictor, which was required as the window was high up from the ground and easily accessible for people to climb out putting them at risk of serious harm. The top floor bathroom had loose wall tiles and a hole in the floor, which was a trip hazard. Health and safety checks on the building failed to identify these issues. We found the water temperature in one communal bathroom hot water outlet was very hot. In another bathroom the taps to the bath were incorrectly labelled, the hot tap was marked as cold and the cold as hot, the temperature to the hot tap was also very hot. Weekly checks on water temperatures had failed to identify the issue we found with the water temperature. This put people at risk of scalding because the water temperature was not correctly monitored. On the second day of our inspection we noted that the provider had started to address some of the above concerns. The registered manager took immediate action to address the above repairs and sent an email to their head office to request urgent action. However, this had taken our visit to identify the concerns detailed above.

This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were stored safely in a locked cabinet. There was a system in place for ordering and disposing of unused medicines. However, PRN protocols were not always in place therefore, it was unclear why and how PRN had been administered. A weekly audit dated 1 September 2018 indicated that the MAR sheets had been checked and recorded 'no action to be taken.' However, for one person we found discrepancies between what was listed in the client profile and the medicines detailed in the MAR chart. The client profile had not been updated to include changes to medicines and topical cream. There was also no system for the recording of topical cream to show where this should be applied. Medicines used to control blood sugar levels for type 2 diabetes had ceased but this was still listed on the client profile. This put the person at risk of harm because we could not be certain that they received their medicines as prescribed.

Personal evacuation emergency plans were in place for each person living at the home. For one person who was bedbound the PEEP stated, 'as person bedbound staff to use a drag mat to evacuate [person] in the event of a fire. This indicated that staff should be trained in this area. However, at the time of our inspection the training had not taken place. This put the person at risk of harm as processes were not in place at the time of our inspection. The registered manager told us that staff had been booked on training on using the drag mat, but this was due in October 2018. Following our inspection, the registered manager provided us with a copy of an email showing that the training for this had been booked and planned for 2 October 2018.

The above issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were not always subject to the necessary checks, including Disclosure and Barring Service (DBS) checks to ensure that people working at the service were safe to work with vulnerable people. We found gaps in staff personnel files, for example references were not verified and did not include a company stamp or

compliment slip to authenticate the references were genuine. In another example only one reference was provided which was not in accordance with the provider's recruitment policy of two. For another staff member their right to work documentation was not on file therefore we could not be confident that the necessary checks had been carried before staff started working with the service. The reference for this staff member was also different from what was detailed on the application form and their DBS was from a previous employer. This put people at risk of harm because systems were not in place to ensure staff employed were suitable to work with people using the service. The senior support worker told us that they were reviewing all DBS for staff and records showed that this was in progress.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where people had behaviours that challenged the service, this was documented in their care plan. For example, in one care plan it stated what the behaviours were, goals and action plan on how to support the person, such as, being patient when communicating, using calming phrases. We observed this on the day of our visit, staff knew the signs to look for and managed the situation in accordance with the person's plan of care. This meant staff were able to keep the person safe and meet their needs. However, for another person on respite the service did not monitor their behaviour which meant this became disruptive for people living at the home and staff. The registered manager told us that they were not aware of the challenging behaviour, but he had worked with the local authority to increase staffing to support the person for a week. This had resulted in the service making changes to the needs assessment to request specific information about referrals where there were behaviours that challenged the service. This would better identify people's needs and whether the service is able to meet these. Records seen confirmed this.

We recommend that the service seek current guidance and best practice on managing behaviours that challenge the service.

There was a system in place for dealing with incidents and accidents and staff understood their role in ensuring that these were reported and acted on. This included in the first instance, calling the emergency service, reporting to the registered manager and completing an incident form. We reviewed the incidents and accidents forms and saw that this included a description of the incident, what happened immediately prior to the incident, immediate action taken and steps to be taken to prevent further occurrence. Which meant there was learning from incidents

Staff followed infection control practices when providing care. We observed staff wore gloves and aprons to prepare lunch. Staff were supplied with the necessary personal protective equipment, which included disposable gloves and aprons. Separate hand washing facilities were provided and hand gel and paper towels provided. The service employed a part-time cleaner who worked Monday to Friday. This was confirmed by the cleaner whom we met during our inspection.

We asked people whether they felt safe living at the home and they told us, "Yes." A relative told us, "Yes, I think [Relative] is safe." Another relative said, "Yes, very much so. She's is very, very happy," to the question of whether they felt their relative was safe living in the home.

Staff told us they felt people living at the home were safe, "Yes, they are safe," a staff member told us. Staff knew what to do in an emergency to keep people safe, such as call the emergency services if someone became unwell. Emergency contact information was available to staff, including an on-call manager.

A healthcare professional told us that they felt the service was safe. "I have absolutely no concerns about

that." They told us that the MAR charts were very robust and risks understood. For example, "Epilepsy, they are on top of that," and person's needs were being met.

The service had a safeguarding policy and procedure in place, this provided guidance for staff on how to deal with abuse. Staff were knowledgeable about the types of abuse and signs to look for that might indicate people were suffering abuse. Staff gave us examples of signs which would include unexplained bruising, becoming withdrawn, unkempt and loss of appetite. One staff member told us, "Someone who is very active might become withdrawn, not participating in activities and loss of appetite," Another staff member told us, "I'd raise [the] alarm with [my] manager. If bathing I would look for bruises. If they [person using the service] said don't tell, I'd sense something and would report [it]. If the manager did nothing then I'd whistleblow." Staff completed training in safeguarding and understood whistleblowing procedures, including reporting to outside authorities, including the police, local authority or the CQC. Staff said they felt comfortable to approach the registered manager with any concerns. "I am very comfortable. My manager is very approachable, you can talk to him about anything."

Risk assessments were completed for people who used the service and were up to date. Staff were provided with information on how to manage these risks and ensure people were protected. Records confirmed this. For example, risks identified for one person included risks associated with using a percutaneous endoscopic gastrostomy (PEG.) This is a medical procedure to place a feeding tube into the stomach to enable people to receive the necessary nutrients and fluids they need. The risk assessment stated that the PEG tube must be kept clean and staff to wear gloves. This also mentioned that the PEG tube should be turned at 360 degrees each day and the person must sit at a 35-degree angle. This was confirmed by staff. This ensured that the person received safe care and treatment as staff knew and understood the risks. Risk assessments covered areas such as going out in to the community, staying well and hydrated, Epilepsy, medication, pressure sore, travelling in the car, and using a hoist. Staff understood risks and knew the actions to take to manage these, such as always having two staff members when transferring people using the hoist.

The necessary premises and safety checks were carried out in relation to gas safety, emergency lighting, fire safety checks and a fire risk assessment was also in place for the building.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found DoLS documentation kept by the service and found that applications had been made in respect of all the people living in the home, two of which had been authorised by the relevant funding authority. Other assessments were still pending.

Staff were able to give us examples of what constituted a DoLS. For example, one staff member told us where a person, "Doesn't have capacity or awareness of safety. For their safety [person] doesn't go out by themselves in the community and requires a staff member to escort them."

Staff understood the importance of asking for consent before providing care. One staff member told us, "They [people using the service] are allowed to do whatever they want. They can choose. Ask if would like to participate [in activities] if no, we still respect their choice." This staff member also told us that they would inform people of the benefits of participating and make this person centred. For those people unable to give consent staff told us that they knew people well as they had worked with them for some time, staff also said they would review the care plan or speak with a relative if necessary.

People were supported to eat and drink to maintain a balanced diet. The senior support worker told us that the weekly shopping took place twice a week by the Jewish coordinator on Tuesdays and Thursdays. We noted that the service had fresh fruit available, which meant people received their daily intake of fresh fruit. We were shown the fridge and saw that food was labelled when opened and stored in line with the Jewish dietary laws (Kosher), for example, the separate storage of meat and dairy products. We noted that the freezer contained various foods, including frozen milk. We spoke to the senior support worker about our concerns regarding the storage of the frozen milk, she told us that this was frozen to avoid this going to waste. We saw that an out of date recommendation for one person who no longer required pureed food was still displayed on the wall in the small dining room area. Therefore, the dysphagia instructions no longer applied. Although current staff were aware of this, agency staff may not be and would therefore mean this person was at risk of inappropriate care and treatment. The senior support worker told us that the person no longer required this and she would remove this immediately.

We observed people sat together during lunch time. People told us that they had enjoyed their lunch. We saw that staff interacted with people in a positive manner and people responded well to staff.

Staff told us that they received monthly supervision, records showed that staff supervision had taken place. Staff said they felt supported and found supervision useful. "Yes, I do find it [supervision] useful," and "...I started with level 1 [in Health and Social Care] and encouraged to progress, now doing level 5." Records showed that staff supervision included discussions about performance review, personal development and training. Staff records reviewed showed that staff had completed an appraisal, one staff member was not due an appraisal as they had only been with the service since September 2018.

Staff induction took place and staff mandatory training included medicine administration, equality and diversity, challenging behaviour, infection control and safeguarding. Staff confirmed this. During our inspection we saw the senior support worker showing a new agency staff member around as part of their induction. She explained the importance of the different fridges which stored meats separately from dairy food as required by the Jewish faith. Staff were also encouraged to discuss concerns regarding practice with their line manager. Medicine competency assessment involved observing staff and shadowing more experience staff. However, training certificates were not always in place, therefore we could not verify that training had taken place. The registered manager told us that he was developing a training matrix to provide an overview of all staff training completed.

Records showed that people had access to other healthcare professionals to ensure that their individual health needs were met. This included, speech and language therapist speech and language therapist (SALT), dentist, opticians and physiotherapist. A healthcare professional visiting the home told us that they felt the service was effective, "I feel they [staff] are effective," and "Staff here are very responsive to [person's] needs. [Person] still knows that staff are there." They also told us that staff were supported by healthcare professionals to complete specific training to enable them to meet the needs of one person. This included dysphagia and PEG training from the PEG nurse and dietitian.

The building was accessible and specially adapted to meet the needs of people who required wheelchair access, this included ramps and hand rails fitted to the outside areas. This meant people using the service and visitors were able to access the garden and other outdoor spaces as necessary. We observed that people knew their way around the building and accessed the communal areas comfortably.

Is the service caring?

Our findings

People's privacy and dignity was respected. Staff gave us examples of how they ensured that people's privacy and dignity were respected, this included knocking on doors before entering, explaining to people what they were going to do when providing personal care and encouraging people to be independent. One staff member told us they kept the, "Curtain drawn when providing personal care and inform each other [staff] that the bathroom is in use." This staff member also told us that staff should, "Always have the courtesy of knocking on the door."

Relatives told us that staff were caring and kind and treated people with dignity and respect. One relative told us that staff were, "very nice and very pleasant." Another relative told us that their relative was always well presented and, "Well looked after, always clean and tidy."

The registered manager told us, "We are caring, we provide a caring service with caring staff." This was evident during our inspection. During our inspection we met the cleaner who told us they liked working at the service. We observed that the cleaner knew people living at the home well and people knew them, as they referred to each other by first name and spoke in a caring and kind manner.

We observed good communication between staff and people living at the home. People knew staff well and staff interacted with people in a caring and respectful manner. There was a lot of laughter and joking and people were comfortable when approaching staff. A healthcare professional told us the home had a, "Nice homely atmosphere." A healthcare professional told us that they had observed staff had a warm relationship with people living at the home. "Whenever I arrive, staff offer me a cup of tea." They also told us that people were treated with dignity and respect and the general atmosphere from other colleagues was that they view any visits in a positive light because staff were always welcoming and responsive and they did not have any concerns.

Staff knew people and their communication needs well. People's communication style and approach was documented in their care plan, this provided details of how to communicate with each person. For example, in one care plan it stated that the person was slow in speech but can communicate with words and gestures. We observed this during our inspection. Staff knew how to communicate with people and people responded to them well.

Care files contained information such as, 'client profile' this included information on the language spoken and description of the person, guardian details, social circle and medical team involved in the person's care. Care records also provided a brief personal history which detailed people's medical condition and reasons for living at the home.

People's cultural needs were recorded in their plan of care and records showed that people were encouraged to celebrate the Jewish faith. Although staff working at the home were not from the Jewish faith, they knew and understood the importance of celebrating and observing Orthodox Jewish celebrations and customs, including consulting with the Rabbi (spiritual leader of a Jewish congregation; qualified to

expound and apply Jewish law) before any decisions about people were made. People celebrated the Jewish New Year which involved dipping an apple into honey, we were shown what people at the home had made for each other. The senior support worker told us that people had made these in celebration of the Jewish New Year. We were shown special utensils and table cloths used as part of the Jewish festival.

People were given choice and their independence encouraged. For example, one person told us about the changes to their daily schedule and the reasons for this. They also told us that staff assisted them if they needed help, such as doing their laundry. A relative told us, "There is an incentive to develop their relatives independence." For example, their relative had been given the responsibility of setting the table at mealtimes and for checking the food delivery.

People were able to express their views about their care through monthly keyworking sessions and residents' meetings. Keyworker meetings covered areas such as, what has gone well, things I wasn't happy about, things I would like to do next month and appointments I attended.

Staff understood the importance of confidentiality and ensuring that information about people living at home must be kept safe. Care records were kept in locked cabinets in the office and keys were held by the senior support worker or the team leader on shift.

Is the service responsive?

Our findings

People's care plans were reviewed, however, this did not always accurately reflect the person's needs. For example, a care plan had been reviewed for one person and their weight was to be monitored monthly but the care record still said to monitor their weight weekly. For another person, their Do Not Attempt Resuscitation (DNAR CPR) on the file was out of date and was completed whilst the person was in hospital, therefore no longer relevant. This put the person at risk of receiving care that was inappropriate or unsafe. Following our inspection, the registered manager met with the family and other healthcare professionals and the out of date DNAR CPR document was removed from the file. This was confirmed in an email between the registered manager and healthcare professionals. The registered manager told us that the senior support worker was in the process of reviewing all care records to ensure these were up to date. We saw that this work was already in progress.

People's needs were assessed before joining the service. This covered areas such as, personal care and physical well-being, communication, mobility and dexterity, personal safety and risk assessment, medical history, mental health and cognition, daily living and social activities and religious observance. The registered manager told us that referrals were assessed, but they sometimes provided respite care at short notice, which often meant that they did not have detailed information about a person. This meant it was sometimes difficult to meet people's needs as information about them was not available. The registered manager told us that they had changed their practice to ensure that they obtained full details of people's needs before entering the service for respite.

People took part in activities of their choice. Each person had an individual activity plan which outlined how they liked to spend their week. Leisure and activities were also detailed in the care plan. We observed one person who enjoyed colouring in books, did this on the day of our inspection they proudly showed us some of their work. Another person did work experience with a charity and had attended this on the first day of our inspection. This person told us that they enjoyed their work experience and taking part in other activities. This was confirmed by a relative who told us that the person enjoyed going out and taking part in various activities.

People's care plans included details of their individual lifestyle, this included daily activities. For example, in one file it stated that the person enjoyed baking, music and movement and arts and crafts. During our inspection we saw that this person did some baking with staff support. Another person who enjoyed reading magazines did this on the day of our inspection.

People's preferences were documented in their personal care requirements, for example, for one person it stated, 'likes [their] hair to be washed whenever [they have] a bath and likes to blow dry [their] own hair.'

We reviewed complaints held by the service and saw these had been dealt with by the registered manager in line with the provider's complaints policy and procedure. The complaints procedure had details of how to make a complaint and included timescales for dealing with these. Staff supported people to make complaints as necessary, one staff member told us they would help the person to make a complaint if this

was what they wanted. We observed that an easy read, pictorial version of the complaints procedure was displayed on the notice board in the communal hallway.

Relatives told us they did not have any complaints but knew what to do if they were unhappy with the service. One relative told us, "If there is any problem they [staff] would phone me straight away." Another relative told us they would tell the person in charge and they would "Sort it out straight away."

A healthcare professional told us that they felt the service was responsive after one person was admitted to hospital. "They are responsive." For example, the service had organised a staff rota to visit the person in hospital at meal times, the outcome was that the person ate more successfully with staff who knew them well. This meant they were able to monitor that the person was eating well and their health improving. The healthcare professional also told us that they would recommend the service. This person had an individualised plan of care for going to hospital. This included instructions for staff and relevant documents pertaining to the person's care.

The registered manager told us that end of life care plans had been discussed with people's family members but decisions about this would be made by the Rabbi.

Is the service well-led?

Our findings

There were systems in place to monitor the quality of the service, this included care records for people living at the home. Records showed that weekly audits were carried out and included areas such as health and safety, fire safety, repairs and the environment. These audits also covered residents' daily report log, interests and activities book, comments and complaints, and home cleanliness. However, audits had not been effective in identifying some of the issues found on the day of our inspection, such as the water temperature checks and taps incorrectly labelled and urgent repairs. Records were not always accurate and up to date, for example one care plan was not updated to include changes to the person's needs. For another person the DNACPR documentation was out of date. Records relating to people finances were not signed off in line with the providers procedure, which stated 'two signatures required to confirm the details of the balance.' Weekly and monthly checks were not always signed off by a senior manager.

The senior support worker told us that each person was discussed as part of handover every morning, so staff were aware of what was happening. However, handover discussions were not documented, therefore we could not verify these meetings took place. We discussed these issues with the registered manager and senior support worker who took immediate action to rectify some of the above concerns.

The registered manager told us that overall record management needed to improve in line with their neighbouring service, which had good record systems. The new senior support worker who started in July 2018 had made some headway but further improvements were required. The registered manager also informed us that the senior support worker would become the deputy manager and would be taking over the management of records, including taking responsibility for reviewing all care records for people using the service to ensure that these were up to date.

At our last inspection we found the provider in breach of regulations relating to informing us about significant incidents at the service, in accordance with regulations. During this inspection we found although most of the notifiable incidents had been reported to CQC, three incidents involving the Police and a person using the service for respite had not been notified to CQC. The local funding authority had been notified as required, this meant the service was able to work with the local authority to review the person's needs. The registered manager apologised and said this was an oversight, he subsequently submitted these in retrospect.

The above was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed the rota for week ending 8 September 2018, including the week of our inspection. This showed that three staff were on duty each day. This included two support workers, including an agency staff member and the senior support worker. The senior support worker told us that morning shift hours were from 8.00am to 3.00pm, afternoon shift starts from 3.00pm to 10.00pm and two staff on duty at night, one waking night and another sleeping in. We noted that some staff worked long days, for example some staff members worked both the day and night shift hours, which totalled 14 hours. We told the senior support

worker of our concerns about staff effectiveness when working long hours. The senior support worker told us that due to the complex needs of one person living at the home staff were required to provide ongoing support throughout the day and night. One staff member told us that they were happy to work long hours where this was required as they did not have far to travel and took the necessary breaks.

We recommend that the service seek advice and guidance from a reputable source, about the deployment of staff.

The service worked with the local authority contract monitoring team to make improvements to the service. Feedback from the local authority indicated that service had made some improvements, such as updating their policies and procedures to bring these in line with local authority requirements. The registered manager had responsibility for this service, a neighbouring service and a supported living accommodation. This meant that it was often difficult to keep abreast with the operational management of all services. The registered manager told us that they had difficulties recruiting a deputy manager, one started but left after six months. Since this time the senior support worker who started in July 2018 took on the duties of a deputy manager. Prior to this there had been three other deputies who joined the service and since departed. We noted that the senior support worker was very knowledgeable and understood their role in making the necessary improvements to the service, which she had already started. This reassured us that action would be taken to address the concerns identified during our inspection.

We observed that people were comfortable and familiar with staff. They knew the registered manager and senior management well and approached them with any concerns or questions.

One person told us that staff were, "Nice." and said, "Yes" to the question of whether the manager did a good job. Relatives told us they felt the service was well run. "Yes, it is well managed. The manager is excellent."

Staff told us that they felt the service was well run, comments from staff included, "Things have been managed very well," "All staff always working together as a team and always take action in whatever you say. This makes it a safe environment for [people using the service]," and "We are more or less like a family. If they [people using the service] are happy you see it."

Staff said they felt happy at work and said that they would recommend the service. Quotes from staff included, "I enjoy coming to work, evening or night shift," "They [provider] are very supportive. If you want to progress, they[provider] make sure you achieve your goals."

There was an open-door policy at the home, we observed people entering the office to speak with staff and ask questions. We observed that one person who often came to the office to check their activity schedule did this on the day of our visit. Another person, wanted to know when a particular staff member would be coming to take them shopping. Staff responded by carefully explaining to the person when they would be going shopping whilst constantly reassuring them. The person responded positively with a smile.

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
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person had failed to assess the risks to the health and safety of service users of receiving the care or treatment.</p> <p>Regulation 12(1) (2)(a)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The provider failed to ensure that the premises used by the service provider was properly maintained. Urgent repairs were not carried out to ensure that the building was safe for people using the service. This put people at risk of harm. (Regulation 15(1)(e)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure that systems and processes to audit the service operated effectively to assess, monitor and improve the quality and safety of services. The provider failed to maintain an accurate, complete and contemporaneous record in respect of each person using the service and maintain securely such other records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity, and the management of the regulated activity;</p> <p>Regulation 17 (1) (2) (a)(c)(d)(i)(ii)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider failed to ensure that persons employed for the purposes of carrying on a regulated activity that staff recruitment procedures were operated effectively to ensure that persons employed were fit to work with people using the service. Staff references were not verified and criminal records checks were not always carried out by the provider. (Regulation 19 (1)(a)(b)(c)(2)(a))</p>