

Leeds Jewish Welfare Board

Leeds Jewish Welfare Board - 248 Lidgett Lane

Inspection report

248 Lidgett Lane
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

248 Lidget Lane- Leeds Jewish welfare board is a 5- bedded care home for people with learning disabilities and autistic people. On the day of our visit there was 5 people living in the home.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's experience of using this service and what we found

Right Support:

Staff supported people to access health and social care support in the community. They supported people being involved in maintaining their own health and wellbeing where possible. Staff communicated with people in ways that met their needs. 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.

Right Care:

The service worked together with healthcare professionals to ensure people's needs could be met. Care was person-centred and promoted people's dignity, privacy and human rights. Staff understood how to protect people from poor care and abuse. Staff were appropriately trained on how to recognise and report abuse and they knew how to report safeguarding concerns. Relatives told us their loved ones were safe living at the service, however we received mixed feedback from relatives regarding appropriate care, with some stating they felt their relative was receiving the right care and others that there had been gaps, relatives told us this had started to improve for one person where concerns had been raised regarding encouragement to eat and weight loss. This had been addressed and the person had recently gained weight and lessons had been learnt regarding how to support the person when eating and drinking. Care records contained risk assessments with clear guidance for staff to follow. Medicines were not always managed to ensure complete safety. Staff had not always been recruited as required. Issues raised had been identified by the registered manager and were being actioned prior to inspection. The premises were clean and well maintained.

Right Culture:

The registered manager promoted a person-centred environment and people experienced good outcomes. Relatives spoke positively about the new management team and staff. People received good quality care, and support because staff knew them well and could meet their needs and wishes. Staff understood people's needs in relation to their strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. One relative felt that staff did not have appropriate training on how to support autistic people, however the staff training matrix evidenced that this had been undertaken and

when asked staff had a good understanding. Under new management this previous gap in training and knowledge has been addressed. This enabled people to receive compassionate and empowering care that was tailored to their needs.

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

More information is in the full report.

Rating at last inspection

At the last inspection we rated this service as good (published on 21 September 2018).

Why we inspected

We inspected due to the length of time since the last inspection.

This report only covers our findings in relation to the Key Questions Safe and Well Led.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of 1 inspector, 1 regulatory coordinator, 1 medicines SpA and 1 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

248 Lidgett Lane- Leeds Jewish welfare board is a 'care home'. 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 7 November 2023.

During the inspection

We met 5 people who lived in the home and 1 relative who was visiting on the day of inspection. We spoke with 6 staff and the registered manager. We reviewed 2 people's care records including risk assessments and 3 staff files in relation to recruitment. We also reviewed a range of management records including staff training, quality audits, medicines, and service user feedback. After the inspection we spoke with 4 relatives.

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 as good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from avoidable harm. Staff knew people well and received training on how to protect people from abuse.
- When asked one person told us that they felt safe in their home stating, "My staff are lovely they look after me." Another person said without prompt, "I like it here, I like my staff, they are nice."
- Relatives told us they trust staff and felt the service was safe. Comments included, "He's safe there, definitely, there's enough staff, its going well at the moment," and "I do feel he is safe, yes I do. If I ever wasn't 'd be more than happy to raise any concerns if I wanted to."
- Staff were able to explain how they would recognise signs of abuse and how they would report it to the management. One staff member said, "I would tell the manager straight away and he would report it and if I didn't feel it had been acted on as I wanted, I would raise higher."

Assessing risk, safety monitoring and management

- The risks to people's safety and wellbeing were assessed, monitored and managed. The provider assessed risks relating to people's health, nutritional needs, kitchen safety, vehicle safety, epilepsy, personal care, community access, and finances. Assessments included plans to help keep people safe. The assessments and plans were regularly reviewed and updated.
- People had personal emergency evacuation plans in the event they needed support from staff to be evacuated from the service in an emergency.
- People had speech and language assessments in place which gave guidance to staff about how to support people who were at risk of choking.
- Fire systems and equipment were monitored and checked to ensure they were in good working order. A maintenance person was available to ensure continuous safety.

Staffing and recruitment

- There has been a large turnover of staff, however this has improved recently. There was mixed feedback from relatives regarding how this impacted on people's support, one relative said, "The staff turnover is not great, I speak to them on the phone, there is so many different ones. He says they are nice staff, and he does miss them when they go. He tells us who's leaving and who is new, not so much recently." And another saying, "It's perfect here, the staff are great, and everything is perfect for my [relative], 10 out of 10."
- There were suitable numbers of staff to meet people's needs. Comments from staff included, "There are always enough staff, " and "We are supported to support people to do what they want to do."
- A relative told us, "I go to the door when I visit, they answer quickly, there's normally staff around." and "The staff are friendly, he tells them I'm coming."
- The provider did not always follow the systems they had in place to carry out checks on all staff before they

commenced working at the service. These included employment references and proof of identification, this had been identified prior to inspection and action had been taken to gain missing information and risk assess where action required had been identified. The right to work the UK and Disclosure and Barring Service (DBS) checks were carried out appropriately. A DBS check is a way for employers to check staff criminal records, this helps to decide whether they are a suitable person to work with vulnerable adults.

Using medicines safely

- People generally received their medicines safely and as prescribed, however it was found that the booking in system did not always pick up incorrect information, this had not caused harm, however had the potential to do so.
- Medicines were stored and locked away in people's rooms, however the temperature of the storage was not recorded, which could lead to spoilt medication. Medicines records were maintained for individuals.
- There were regular medicines audits completed by the registered manager. These were done to ensure errors or concerns were identified and addressed appropriately, however had failed to pick up some small anomalies and issues with storage.
- Medicines were administered by staff who were trained and had their competency checked and records reviewed confirmed this.

Preventing and controlling infection

- There were appropriate systems for preventing and controlling the spread of infection. These included training and information for staff, regular cleaning schedules as well as audits and checks on cleanliness and hygiene.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE [personal protective equipment] effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider followed government COVID-19 guidance on care home visiting

Learning lessons when things go wrong

- The manager was new to the role and evidenced how he had started to analyse information. Systems were in place to manage incidents and accidents, including learning from these. The registered manager supported staff and the service to learn lessons when things went wrong.
- Staff told us that they receive regular updates by their manager on any changes following an incident

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. <Any conditions related to DoLS authorisations were being met.

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 as good. At this inspection this key question has 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

- The registered manager, and staff team promoted an inclusive and person-centred culture. We observed staff interacting with and being respectful to people..
- Relatives were complimentary about the new management and recent changes that had taken place within the service. One relative told us, "I've met the new manager twice. He seems nice and tries to be reassuring and another relative said, "I get the impression that [the new manager] is going to be quite good."
- Staff told us they felt respected, valued, and well supported. One member of staff told us, "The manager is very supportive, I always feel listened to."
- The manager and staff were motivated to provide the best possible person-centred care and support for people.
- Staff told us the registered manager was very approachable and that they would have no hesitation in raising concerns or making suggestions.
- Staff told us that they felt involved in the changes taking place and were provided with opportunities to give feedback and offer suggestions for improvements.
- Relatives feedback was mixed with one relative saying, "They always update us." Another relative felt that communication could be better, saying, "Im getting some updates, or I was, they come by email, but I haven't had any for a few weeks now." Another stated that a communication book between the home and relatives would be good, so we have more understanding of what he is trying to tell us."

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 registered manager understood their role and responsibility under duty of candour. They were aware of their responsibility to be open and honest when things went wrong.
- Relatives told us they were kept informed by the registered manager when something goes wrong and felt confident that the new registered manager would "Get things back on track."
- Staff understood their responsibility in reporting any concerns. One staff member said, "It's important to be open when things happen so that we can learn from our mistakes and improve the service."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- There was a clear structure of governance in place. The registered manager had the skills and knowledge of their responsibilities for ensuring that risks are managed well and that they are reported under the regulatory requirements.
- The provider had up to date policies and procedures which reflected good practice guidance and legislation.
- The registered manager completed care plan audit checks. These looked at areas such as care plan reviews, whether outcomes for people were being met and any changes to a person's care needs.
- The registered manager had identified areas for improvement and shared the improvement plan he had completed with actions that were required and appropriate timelines to do so."
- Relatives were generally complimentary about the new management team and staff. A relative said, "I can't think of anything to improve, not off the top of my head, its very stable now with staff, I think when it was different managers it was unsettling, but not now." Another said, "Lets hope the new manager gets the show on the road."
- Staff were clear about their roles and responsibilities and felt supported by the registered manager. Comments from staff included, "I feel very supported in my role and by the organisation, they are good to work for and really care about the people supported and staff."
- The registered manager had undertaken a group supervision with staff members ensuring that they shared identified actions and offered support to the staff team, one to one supervision have also been planned as these had not previously taken place under previous management, this had been identified and actioned prior to the inspection taking place.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager told us, they have not recently sent out questionnaires regarding feedback, this was due to changes in management, however they do intend to do this again to encouraged feedback from people and relatives to develop the service. They had an open-door policy for staff to feel able to approach the management team with any concerns. We saw this on the day of our visit with staff, people supported and relatives entering the office as they wished to.
- The manager had arranged person centred reviews for all the people living at the service, some had already been undertaken and information was being fed into the care plan and future activity planning.
- The home is a Jewish home. The service adhered to Kosher dietary laws in terms of ordering, preparing, and storing food and following the Jewish culture within the home. When out in the community some people within the home choose not to follow the Kosher diet and this is respected. Staff from a non-Jewish background were provided guidance and information on Jewish cultural practices and beliefs. There were close links with local synagogues, however, the service also looked after people from other communities. For example, one person was supported to go to church every Sunday. People's spiritual and cultural needs were recorded sensitively.

Continuous learning and improving care

- There was a process of improvement being implemented and quality assurances in place. There was a variety of audits completed to ensure the quality of the provision was maintained.
- There were systems and processes to monitor and improve the quality of the service and these were operated effectively.
- Relatives told us, that the registered manager had introduced themselves and updated with any concerns or when things went wrong. Relatives confirmed that they had been contacted by the new registered manager and that person centred reviews had been arranged as a priority.
- Team meetings were now being used to share good practice ideas and problem solve.

Working in partnership with others

- The registered manager and staff told us how they work in partnership with external professionals such as the GP, consultant psychiatrist, opticians, dentists and the speech and language therapy team.
- Care plans showed that partnership working was taking place to review people's health and wellbeing