

Yad Voezer Limited

Yad Voezer 2

Inspection report

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Date of inspection visit:
18 November 2019
21 November 2019

Date of publication:
16 December 2019

Ratings

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

Summary of findings

Overall summary

About the service

Yad Voezer 2 is a residential care home providing accommodation with personal care to up to a maximum of eight people with 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 has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service

People and relatives told us they were safe, and staff treated them well. Risk assessments detailed how to support people to minimise risk. Staff had been recruited safely. Systems and processes were in place to support staff to understand their role and responsibilities to protect people from avoidable harm.

There was a process in place to report, monitor and learn from accidents and incidents. People were protected from the risks associated with poor infection control as there were processes in place to reduce the risk of infection and cross contamination. There were systems in place to ensure proper and safe use of medicines.

People were cared for by staff who received appropriate training to effectively carry out their role. Staff worked with professionals to support people's care needs. People were asked for their consent before care was provided. 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.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's nutritional and hydration needs were met by the service. The service worked with other health and care professionals to meet people's health needs.

People's needs were assessed prior to joining the service. Care plans documented people's preferences, likes and dislikes. People's communication needs were documented in their care plan. Staff were caring,

kind and spoke attentively to people.

People were supported by staff who knew people well. People were supported to maintain their independence and their dignity was valued and respected.

People were supported to participate in activities and follow their own interests. People and relatives knew how to raise a concern if they were unhappy about the service they received.

There were systems in place for monitoring the quality of the service. The provider knew what was expected of them in terms of Duty of Candour, they had spoken with the local authority and relatives concerning incidents at the home.

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 Requires Improvement (published 21 November 2018).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Yad Voezer 2 on our website at www.cqc.org.uk.

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?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Yad Voezer 2

Detailed findings

Background to this inspection

The 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.

Inspection team

The inspection team consisted of an inspector.

Service and service type

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.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since our last inspection. We sought feedback from the local authority and professionals who worked with the service. We used 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"

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff, including the registered manager, deputy manager, a senior

care worker and two care workers.

We reviewed a range of records. This included three people's care records, including care plans, risk assessments, medication administration records. We looked at two staff files in relation to recruitment and supervision records for five staff members. We also reviewed a variety of records relating to the management of the service, including health and safety checks,

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at additional documents related to care, training and annual safety checks. We spoke with the local authority contracts team

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 requires improvement. At this inspection this key question has now improved to Good. People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

At our last inspection the provider had failed to manage medicines safely and put people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvement had been made at this inspection and the provider was no longer in breach of regulation 12. Medicine management had improved.

- Systems for the management of medicines had improved. Individual protocols for 'as and when required' medicines, such as paracetamol were now in place. Topical creams prescribed were documented using a body chart to show where this had been applied.
- Medicines were safely stored in a locked cabinet.
- Medicine administration records reviewed were accurate and up to date and people received their medicines as prescribed.
- The deputy manager told us there had been no medicine errors since our last inspection.
- Relatives spoke positively about the way the service managed people's medicines. Relatives comments included, "[Staff] are very good with the medicine. They are very careful, checking once or twice to make sure they are giving the right medicine."

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure that the premises used by the service provider was properly maintained. This put people at risk of harm. This was a breach of regulation 15 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvement had been made at this inspection and the provider was no longer in breach of regulation 15. Building maintenance had improved.

- Regular health and safety checks had been carried out and urgent repairs identified at our last inspection in September 2018 had been addressed.
- The deputy manager had introduced maintenance record sheets to ensure essential repairs were identified and completed. During our visit we identified hot water taps in the communal bathroom on the top floor had not been properly regulated to ensure this was not too hot. This was addressed by the maintenance person who was on site during our inspection.

- The deputy manager told us people using the service were always supported to use the bathroom, therefore the temperature is always checked by staff. This minimised the risk of people scolding themselves. The registered manager told us all the taps had been regulated, therefore this issue may possibly be linked to the boiler.

Assessing risk, safety monitoring and management

At our last inspection we recommended the provider seek current guidance and advice in relation to managing behaviours that challenged the service.

At this inspection we found the provider had made improvements.

- The provider had liaised with the local authority behaviour specialist and obtained guidance on how best to manage behaviours that challenged the service for people on respite.
- Care plans were detailed and reviewed to include more details related to people's behaviours, including guidance on how staff should manage these.
- Staff were observed managing a situation whereby one person had become agitated and demanding to go shopping. Throughout this, staff remained calm and gave the person space. This meant there was less disruption to other people who used the service and enable staff to safely meet the person's needs.

Staffing and recruitment

At our last inspection the provider had failed to ensure staff recruitment procedures were operated effectively to ensure that persons employed were fit to work with people who used the service. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Improvement had been made at this inspection and the provider was no longer in breach of regulation 19. Staff recruitment had improved.

- The provider had carried out appropriate checks on staff members to ensure they were safe to work with people. Staff files reviewed contained references that had been verified and disclosure and barring services checks were up to date.
- The registered manager told us no new staff had been employed since our last inspection in September 2018.

Staffing and recruitment

At our last inspection we made a recommendation for the provider to seek advice and guidance from a reputable source in relation to the deployment of staff. At this inspection the service had made improvements.

- Staffing was planned flexibly to meet people's needs to ensure there was always enough staff, which included supporting people to go out in the community when they wanted. During our visit we noted a few people went out in the community escorted by staff to attend activities of their choice.
- Relatives told us they felt there were enough staff on duty to meet people's needs. A relative told us, "I think [staff] are coping very well, [relative] doesn't need a lot of care needs support, staff are really very nice and caring and warm and they are looked after very well."

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt the service was safe. A relative told us, "The staff are very nice and really keep an eye on what [relative] is doing, according to [the person's] understanding and ability and they make sure

[person] doesn't harm themselves, and that is very important."

- There were safeguarding policy and procedures in place and staff were aware of this. Care staff had received safeguarding training to protect people from avoidable harm. They knew how to recognise signs of abuse and what to do should they witness poor practice, including whistleblowing procedures and reporting any suspicions of abuse to the local safeguarding authority, police or CQC.
- The deputy manager told us, there had been no safeguarding concerns raised since our last inspection but said they would work closely with the local authority should they need to raise a safeguarding alert.

Preventing and controlling infection

- People were protected from the risk of infection because staff followed good infection control practices.
- We observed that the environment was clean and presentable. This was confirmed by relatives, one relative commented, "[People] are clean and they clean every day, rooms are tidy and clothes are washed, dried and put away."
- Staff had access to personal protective equipment such as gloves and aprons and used these when supporting people with personal care, preparing meals or administering medicines. We observed staff wearing gloves when providing care or administering medicines.
- The home environment was clean and presentable. The service employed a part-time cleaner who worked five days per week.

Learning lessons when things go wrong

- Systems were in place for recording and acting on incidents and accidents. We saw evidence that incidents had been logged and appropriate action taken to prevent them from reoccurring.
- Staff were aware of reporting procedures and told us incidents had been discussed at team meetings, including any learning of these. Minutes of meetings reviewed confirmed this.

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 as requires improvement. At this inspection this key question has now improved to Good. 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 their needs assessed before joining the service. This had involved the person, their relatives and other professionals.
- Assessments had been used to plan people's care using a person-centred approach. The delivery of care was in line with the principles of Registering the Right Support.
- The registered manager told us they had made improvements to the assessment of need. This had been revised to include more details in regard to people staying at the home for respite.

Staff support: induction, training, skills and experience

- People were cared for by staff who had the necessary skills to effectively carry out their role. A relative told us, "Regular staff are well trained, but agency staff may not know them [people who used the service] as well."
- Staff confirmed they had received training specific to their roles and this had been effective. Staff also told us they completed an induction when they joined the service. At the time of our inspection no new staff had joined the service.
- Records showed staff had completed training in various areas and covered, for example, moving and handling, infection control, first aid and specialist training in epilepsy, challenging behaviour and diabetes.
- Staff said they felt well supported in their roles and received regular supervision from either the deputy manager or the registered manager. One staff member told us, "They are very nice, easily approachable, as managers you do not fear to approach them. We are like a family here."

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

- People were provided with sufficient amounts to eat and drink. During our visit we observed people who were able to were making cups of tea. Where people required support with making tea, this was provided by staff.
- People were given choices of food and this was documented on the weekly menu plan, which we saw located in the kitchen. This was confirmed by relatives who commented, "Definitely given choice of breakfast and lunch." For dinner people were provided with Kosher food specifically prepared in accordance with the Jewish faith.
- We observed people eating their lunch, which was relaxed and unrushed. Most people were able to independently eat their meal. People told us about the foods they liked and disliked and this was documented in their care plan.
- Relatives told us people were given choice about the food and drink they had. Relatives told us people

were given choice. A relative told us, "At lunch and breakfast they definitely have choice. A caterer provides Kosher food for supper."

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

- People had access to various health care professionals such as, GP dentist, opticians and specialist healthcare.
- Relatives told us people were supported to maintain their health. A relative told us their relative attended regular health appointments, including the Chiropodist. Another relative commented, "Staff take [person] to the doctors if they need to, if any problems they will let us know and they make [person] takes their vitamins,"
- The service worked closely with the learning disabilities team to support people to reduce their anxieties and manage behaviours that challenged the service.
- Healthcare appointments were documented in people's care records and handover records.
- People attended regular dental appointments and were encouraged to maintain good oral hygiene, and this was documented in people's care records. The deputy manager had introduced individualised monitoring forms to monitor people's dental care. This included ensuring people were equipped with the necessary dental supplies, such as electric toothbrush, toothpaste and mouth wash as advised by the dentist.
- Records confirmed staff training in oral health was programmed for January 2020.

Adapting service, design, decoration to meet people's needs

- The home had a homely feel and met the needs of people who lived there. People moved around the home freely, interacting with staff and each other. For people who needed support with mobilising they were given the opportunity to be in the lounge area to provide them with a change of scenery.
- Each person had their own bedroom, these had been personalised with people's personal items, such as photos and pictures.
- The building was accessible to people with restricted mobility, such as wheelchair access into the building. One person with mobility needs was located on the ground floor.

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

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Appropriate applications had been submitted to the local authority in respect of any DoLS. The deputy manager told us there were currently three people on DoLS and another application pending. Records confirmed this.
- Staff understood the importance of asking people for their consent before providing care and support. A

staff member gave us an example of how they worked with one person by giving them a choice of when they wanted to have a bath. The staff member told us, "I give [person] choices, we respect their choices. If they say no, we respect this."

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 as good. At this inspection this key question has remained the same. 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 were treated well and supported by staff who knew them well. This was confirmed by relatives who told us staff were very kind and caring. Relative comments included, "They are very kind," and "They treat [person] well."
- We observed good interactions between staff and people who used the service. Staff were caring and kind and spoke in a calm and polite manner. People looked very comfortable in the presence of staff who joked and laughed with them in a cheerful manner.
- Staff respected the culture of the people living at the home, a staff member told us, "We respect their culture and they want this respected."
- Staff knew people well and interacted with them in a positive and respectful manner, anticipating their needs. For example, one person who wanted paper for colouring approached staff and walked to the cupboard where their colouring pads were kept.
- Staff told us they did not discriminate against anyone and provided the care people needed. A staff member told us they would not treat people who identified as lesbian, gay, bisexual or transgender (LGBT) A staff member told us, "I should respect [people who identified as LGBT], whether their religion or gender we don't judge them. We don't discriminate."

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

- People who used the service were supported to express their views by involving relatives or an advocate.
- Monthly residence meetings took place whereby people were able to give their views about what they wanted, such as food choices. We observed people consistently making choices on how they wanted to spend their time, what activities they wanted to do and what they wanted to eat or drink.
- Relatives were involved in decisions about their relative's care and support. A relative told us, "They call me in and send me a copy of the care plan."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect by staff who understood them well. Staff gave us examples of how they maintained people's dignity, this included ensuring people were covered and doors and windows closed when providing personal care. One staff member told us, "Always knock the door before entering people's rooms." This was confirmed by relative's who told us staff treated people with dignity and respect.
- Staff told us they encouraged people to maintain their independence. A staff member told us, "We involve [people] as much as possible in what we are doing and encourage their independence. Cleaning of their room, will tidy this together, set the table for dinner and getting ready for Shabbat."

- We observed one person who enjoyed cooking assisted staff at mealtimes.

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 as requires improvement. At this inspection this key question has now improved to Good. 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 received individualised care that met their choices and preferences. Relatives told us staff understood people's individual needs and how to support them. Relative's told us people were given a choice of how they wanted to be cared for. One relative told us, "When [person] is in their room they [staff] would knock at the door and walk away, they just want to hear their voice. Staff say it's their choice."
- Care was personalised to meet people's specific needs and preferences.
- Each person had a plan of care that detailed the support they needed. These were person centred and tailored to meet people's needs.
- People able to express their needs were encouraged to do this. For example, we observed one person asking staff about their activities for the day, then freely entering the office to review their activity plan displayed on the notice board in the office. This allowed the person to express their needs and gave them choice and control of their decisions.

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.

- People's communication needs were documented in their care plan. This was detailed and provided information about how to communicate with people.
- For example, in one care plan it stated the person had limited communication skills which made it difficult for them to express their needs and wishes and this made them anxious, "Able to communicate using a few words verbally two to three words in a sentence. Use plan language and clear commands, always maintain eye contact when talking to [person], speak clearly and slowly."
- Staff were observed using different communication methods according to people's needs and as per their plan of care. Staff were very attentive and patient and spoke in a calm manner whilst communicating with people.

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 were supported to maintain important relationships with family and friends to avoid isolation. Records confirmed the relationships people held and the frequency of their contact, including regular visits from relatives.
- Each person had an individual weekly activity plan detailing how they liked to spend their time. This included activities such as going out in the community, attending a day centre, going to the park, arts and

crafts and swimming.

- People took part in various activities of their choice, for example, one person who enjoyed going to the library frequently did this. During our visit we observed the person went out to the library escorted by two staff. Another person enjoyed going shopping and colouring books and this was accommodated.
- Relatives told us people participated in a number of activities of their choice. One relative told us their relative was, "Quite independent, they go out everyday and goes to a club where they do [for example] sports and learn about healthy food. This gives [relative] so much." Another relative told us they felt the service would benefit from more activities in the home, such as art and music therapy.

Improving care quality in response to complaints or concerns

- The service had a complaints policy which included timeframes for dealing with complaints. This provided guidance for staff on how to support people to make a complaint.
- The service had dealt with one complaint since our last inspection. The deputy manager told us this had taken longer than the expected timeframe for this to be actioned due to the time taken to arrange a meeting with the relevant authority. The provider is still waiting for a response from the complainant following an offer to meet with them, the family member and the local authority.
- Relatives told us they knew how to make a complaint and who to speak with should they be unhappy about any aspect of the service. One relative told us when they made a complaint this had been resolved to their satisfaction.

End of life care and support

- The deputy manager told us there had been no change to the way end of life care was managed by the service. At our last inspection the registered manager told us, end of life care plans had been discussed with relatives, but decisions about this would be made by the Rabbi who leads on decisions as part of the Jewish culture.
- At this inspection this situation had remained the same. The deputy manager told us they had spoken with some relatives, but this was on-going and had been a sensitive subject to discuss.

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 requires improvement. At this inspection this key question has now improved to Good. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure that the premises used by the service provider was properly maintained. This put people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made improvements in enough improvements to no longer be in breach of regulation 17.

- There had been improvements to the management structure of the service. The senior support worker had been promoted to deputy manager with responsibility for the day to day running of the service. The registered manager was available daily and was responsible for the overall management of the home and the neighbouring service.
- The Deputy manager told us they felt supported by the registered manager who met with them on a regular basis to discuss the running of the service and attended staff and residents' meetings. Records confirmed this.
- The service had introduced new matrix systems to monitor the quality of the service, this covered areas such as, health and safety, supervision, care records. We noted staff had signed to confirm they had read people's care plans and risk assessments. This was confirmed by staff.
- Systems for incident management and reporting procedures had improved. This included staff discussing these at team meetings. Records confirmed this.
- The registered manager had taken full responsibility for ensuring that any notifiable incidents had been reported to CQC.
- The audit system included medicine management, health and safety checks, recruitment and infection control.

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

- Staff felt valued and listened to by the registered manager and deputy manager. Staff enjoyed working for the service and told managers do a good job. A staff member told us, "They lead the service and staff well."
- The service had an open-door policy whereby people were able to enter the office anytime to talk to staff. We observed this happened several times during our inspection. Staff took the time to explain to listen and respond to their individual needs.

- Relatives spoke positively about the registered manager, deputy manager and care staff. Relative comments included, "I know them [management] all, they are approachable I can phone anytime," Another relative told us they knew the managers well but preferred to speak with a female manager and this was accommodated. Another relative told us their suggestions were listened to and staff did the best they could to improve the service. For example, pursuing additional funding to install air conditioning as in the summer months the environment can become extremely hot and at times unbearable.
- The registered manager told us this was on-going and something they were still pursuing the idea. 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 responsibilities to notify CQC about events and incidents such as abuse, serious injuries and deaths. The rating of the service was clearly displayed within the home and on the provider's web page.
- Staff were aware of the provider's reporting procedures, which included reporting when any concerns or incidents occurred. This included keeping relatives informed about the safety and wellbeing of their loved one.
- When things went wrong the provider was open and transparent about this, including informing relatives and the local authority of serious incidents. Records confirmed this.

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

- People were asked their views about the service and encouraged to make decisions about the running of the home.
- Relatives told us they were asked their views at a recent coffee morning. This was an informal process which enabled them to talk about what is going well and what is needed to improve the service.
- The deputy manager told us they liaise closely with relatives and plan to send out questionnaires by 6 November 2019. This had not been as frequent as they hoped, but this is an area they realised they needed to improve on.

Continuous learning and improving care; Working in partnership with others

- The registered manager and staff worked effectively with health and social care professionals to meet people's specific needs. Care plans showed evidence of professionals working together