

# 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?

Good 

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 was undertaken on 28 June and 4 July 2017. The first day of the inspection was unannounced and we informed the provider of our intention to return on the second day. At our previous planned comprehensive inspection on 4 July 2015 the service had an overall rating of Requires Improvement. We rated Safe and Well-led as Requires Improvement and Effective, Caring and Responsive as Good. We had made one recommendation for the provider to seek guidance from a reputable source to set up a cleaning schedule appropriate for a care home, in order to prevent and control infection.

We conducted an unannounced focussed inspection on 4 April 2017 to check that the provider had acted on the recommendation and we also looked at whether other improvements were made in relation to issues we had identified within safe and well-led. At the focussed inspection we found that the provider had improved the quality of the cleanliness in accordance with the recommendation, and the issues within safe and well-led had been satisfactorily addressed. Measures had been taken to improve how risk assessments were developed, new procedures had been implemented to ensure that medicines were stored at correct temperatures and obsolete documents had been removed from people's folders so that relevant information was easily accessible. Following the focussed inspection we could not improve the ratings for safe and well-led from requires improvement, because to do so requires consistent good practice over time. The provider was advised that we would make these checks during our next planned comprehensive inspection.

The service is registered to provide care and accommodation for up to eight people with a learning disability or autistic spectrum disorder. At the time of this inspection, there were six women living at the service. We were informed that one bedroom is ordinarily used to provide short breaks or respite care which was vacant when we visited. The home is for women only and the provider has a separate care home for 10 men, which is located on the same street. All of the staff and volunteers are female, apart from the registered manager. People who reside in the home are members of the Orthodox Jewish faith.

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. There was a registered manager in post, who also managed the nearby service for men. He was present during the inspection and was supported by a deputy manager, who was permanently based at Yad Voezer 2.

Staff understood how to identify different types of abuse and report their concerns to their line manager. The provider's whistleblowing policy advised staff of how to report any concerns about the conduct of an employee, manager or volunteer by using the organisation's internal structures or through external reporting to other relevant authorities. However, we found that the registered manager had not appropriately notified the CQC about two safeguarding allegations, as required by law. This meant that we did not have important information about the service to effectively monitor people's safety and wellbeing.

Individual assessments were in place to promote people's independence and mitigate identified risks to their safety and welfare. Staff had been safely recruited which ensured, that as far as possible, they were suitable to work with people who use the service. Records showed that staff had completed medicines training and had the appropriate knowledge and skills to safely follow the provider's medicines policy and procedure.

Checks were made to ensure that people were provided with a clean, hygienic and safely maintained home.

The provider's training programme took into account the mandatory training that staff needed and training that was bespoke to the needs of people who use the service. This included specialist training from a speech and language therapist to meet people's individual needs. Systems were in place to support staff with their roles and responsibilities, for example there were regular team meetings and an individual annual appraisal. The delivery of one to one formal supervision was noted to be limited last year; however the supervision schedule for 2017 indicated that there was a more rigorous approach in place to ensure that supervision was conducted approximately once every two months.

Staff had received training in regards to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Discussions with the registered manager showed that he liaised appropriately with the local authority to discuss whether people needed to be referred for a DoLS assessment and how to implement the least restrictive approaches. We noted that there was insufficient information on a person's file to determine if there were legal arrangements in place for other parties to act on their behalf.

People were provided with a choice of meals that met their religious and cultural needs. Where necessary people received diets and support with eating and drinking in line with their assessed health care needs and where relevant, guidance from applicable health care professionals.

Records showed that people were supported to attend health care appointments. People's care and support plans recorded how staff responded to any specific instructions issued by health care professionals to assist people with their health care needs and promote their safety and wellbeing.

We observed that there was a homely ambiance and people seemed at ease with staff. The provider met people's needs in relation to their faith and their participation in the celebration of events and festivals that were important to them. Staff were observed to be caring and thoughtful and they had received training about Jewish traditions, where applicable. People were supported in a manner that respectfully maintained their dignity and privacy.

The care and support plans were being developed by the registered manager at the time of the inspection in order to ensure that information was always accurate and reflected people's needs and wishes in a more person centred way. The registered manager intended to complete this task a few weeks after the inspection.

The provider's policy for managing complaints appeared very outdated and needed to be replaced with a more current version. The one complaint received by the service in the past two years had been satisfactorily investigated.

Staff told us they felt supported by the registered manager, and both the registered manager and the deputy reported that the provider supported their managerial and development needs. We found that although there were systems in place to monitor health and safety practices within the home, we did not find evidence of other quality monitoring methods. It was noted that quality surveys had not been sent to the

relatives of people who use the service for over two years and unannounced visits by the provider and the service's management team did not result in the production of any monitoring reports.

New protocols had been introduced to record how people were supported with their financial allowances.

The provider has been given written information in order to liaise with the CQC about its current registration status.

We found one breach of Regulations. This was in regards to the provider informing us about significant incidences at the service, in accordance with regulations. We have made three recommendations. The first is in relation to the reviewing of people's files to ensure that correct information is held to determine if people have appointed deputies or attorneys in accordance with the Mental Capacity Act 2005 (MCA). The second recommendation is in relation to complaints management and the third recommendation is in regards to the provider updating policies so that they are applicable to current guidance and good practice.

You can see what action we asked the provider to take at the back of the main 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?

**Requires Improvement** 

The service was not always safe.

Staff knew how to protect people from the risk of harm and abuse; however the Care Quality Commission was not always informed of safeguarding concerns as required by the law.

Risks assessments with guidance for staff had been implemented to identify and mitigate risks to people's safety and wellbeing.

There were sufficient staff consistently deployed to make sure people's safety was maintained and support people with their needs and wishes.

Medicines were safely stored and administered, and correctly disposed of when necessary.

### Is the service effective?

**Good** 

The service was effective.

Staff received training and support to meet people's individual needs, which now included a more structured approach to the delivery of formal supervision.

Staff understood the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. However, information was not consistently clearly recorded if relatives held legal authority to make decisions on behalf of their family members.

The choice of meals and snacks provided people with a balanced and nutritious diet. Staff provided support and assistance at mealtimes, in accordance with people's individual needs.

Staff followed guidance from health care professionals and supported people to meet their health care needs.

### Is the service caring?

**Good** 

The service was caring.

Relatives told us staff were kind and caring.

People received the support they needed to meet their religious and cultural needs.

We saw respectful and friendly interactions between people who use the service and the staff team.

People were supported with their personal care in a respectful and dignified way, and their privacy was promoted.

### Is the service responsive?

The service was not always responsive.

People's needs were assessed before they moved into the service; however, the updating of people's individual care and support plans was in progress during the inspection.

People were supported to engage with meaningful activities at home and in the wider community.

The registered manager had professionally responded to the one complaint received. However, the provider's own guidance for managing complaints appeared outdated.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Relatives did not have any concerns in regards to the management of the service. Staff spoke very favourably about the leadership approach and supportive style of the registered manager.

Although there were systems in place to check the quality of the service, the provider could not demonstrate that people's care and support was robustly monitored through unannounced monitoring visits.

**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 was undertaken by one adult social care inspector on 28 June and 4 July 2017. It was unannounced on the first day and we informed the provider that we planned to complete the inspection on the second day.

Before the inspection we looked at the information the Care Quality Commission (CQC) held about the service. This included notifications of significant incidents reported to CQC and the reports for the previous inspections in 2015 and this year. We also looked at a Provider Information Return (PIR) we asked the provider to complete in late 2016. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection visit we spoke with three people who use the service, and observed how people interacted with staff during mealtimes and activities. Some people were not able to tell us their views and experiences so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with three members of staff, the deputy manager and the registered manager. The records we looked at included three people's care and support plans, medicine administration charts, records, menu plans, health and safety documents for the building, staff files for training, supervision and recruitment, and records associated with the auditing and monitoring of the service.

Following the inspection, we spoke by telephone with the relatives of two people who use the service. We contacted three local health and social care professionals with knowledge and experience of using the service for their clients and/or patients, and received written comments from one professional.

# Is the service safe?

## Our findings

People who use the service told us they liked living at the service and felt at home with the staff. The relatives we spoke with confirmed that they did not have any concerns about the safety of their family members.

We read the provider's safeguarding policy and procedure, which appropriately outlined how to inform the local authority safeguarding team and notify the Care Quality Commission (CQC) of any safeguarding concerns. The members of the staff team we spoke with informed us that they had received safeguarding training and we noted that refresher training had been identified as part of the provider's current training schedule. Staff talked about the different types of abuse that people who use the service could be at risk of, and the actions they would take to report their concerns in order to protect people. The provider had not developed an easy read pictorial safeguarding guide for people who use the service. The registered manager explained that the provider was considering how to produce this to meet people's individual needs, for example some people who use the service preferred to read Hebrew.

However, we noted from our review of incidents at the service that two events had occurred which affected people using the service and should have been reported to CQC, in accordance with legislation. The incidents had been reported to the local safeguarding team but the provider's failure to inform the CQC meant we did not have evidence to safely monitor the service and ensure that the provider had taken appropriate actions.

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

The provider's whistleblowing policy contained details about how to whistleblow within the organisation and externally to authorities such as the police, the local social services and CQC. Whistleblowing is the term used when a worker passes on information concerning wrongdoings. One staff member commented, "I can report concerns to my line manager. There is a very open and supportive style of management here."

At the focussed inspection that took place in April 2017 we had found that the provider had made improvements in relation to the quality of the risk assessments. We had noted that risk assessments had been revised to demonstrate how the provider supported people in a safe and individual way to engage in social and leisure activities in the wider community, whilst prompting people's independence and safety. The risk assessments took into account people's specific needs in regards to their health and contained appropriate information for staff to support people if they presented behaviours that challenged. The care and support plans we looked at during this inspection demonstrated that people's risk assessments were kept under review and updated as necessary. People had a Personal Emergency Evacuation Plan (PEEP) in place. A PEEP is a bespoke 'escape plan' for people who may need help and assistance to leave a building in the event of an emergency evacuation. At the time of the inspection the deputy manager was undertaking individual work with people who use the service to support them to understand the guidance within their PEEPs, where possible.



One relative told us that although there were sufficient staff to meet people's personal care needs, they felt the service would benefit from increased funding so that there were additional staff to support people with therapeutic activities. Staff told us they thought there were enough staff to safely meet people's needs and provide people with a variety of fulfilling social opportunities. The rotas showed that additional staff could be rostered to enable people to access community facilities, and undertake necessary preparations for religious observations and celebrations. On the first day of the inspection we noted that people were due to attend an outing for 10 pin bowling and on the second day of the inspection people went on a pre-arranged excursion to Forty Hall manor house and park. People benefitted from additional support each week from a small team of dedicated volunteers. This arrangement enabled people to participate in meaningful activities including cookery, gentle exercises and Shabbos meals.

The provider evidenced that suitable recruitment practices were used to make sure that people were supported by safely appointed staff. The provider checked any gaps in employment and we looked at evidence that Disclosure and Barring Service (DBS) checks were in place prior to any prospective staff being permitted to commence employment. (The Disclosure and Barring Service provides criminal record checks and a barring function to help employers make safer recruitment decisions). We found that other mandatory checks had been carried out, which included proof of identity, proof of address, proof of eligibility to work in the UK and two relevant references.

At the focussed inspection in April 2017 we had found that the provider had made improvements to ensure that all prescribed medicines were correctly stored. We had looked at a random sample of medicines and found they were suitably stored in line with instructions from the pharmacist. The deputy manager had showed us records for daily monitoring and recording of the temperature of the storage areas and we noted that there was a separate storage facility for any medicines that required refrigeration. At this inspection the service demonstrated that medicines were safely administered. Staff presented an acceptable level of understanding in regards to why people were prescribed individual medicines and we saw that staff supported people to take their medicines in a comforting and calming manner. Records showed that staff had undertaken their most recent medicines training in April 2017. We looked at how the service stored medicines and checked the record keeping for the safe disposal of medicines no longer required. The medicine administration records (MARs) we viewed were correctly completed in accordance with the provider's medicines policy. The deputy and the registered manager regularly conducted monitoring checks to determine that medicines were being safely managed.

At the focussed inspection in April 2017 we had found that the provider had implemented new practices to ensure that the premises were hygienically maintained. We had noted that a part-time cleaner was employed and they were provided with a detailed schedule of daily and weekly cleaning tasks to follow. Records had showed that other staff took on different cleaning duties on the days the cleaner was not at the service and the registered manager conducted monitoring checks to ensure that a safe standard of environmental cleanliness was consistently maintained. At this inspection we observed that systems had been maintained to ensure people were provided with a hygienic and comfortable home. We observed that the premises were clean, tidy and welcoming, and the deputy manager showed us the records she completed following regular cleanliness checks conducted throughout the building. Staff were supplied with personal protective equipment including disposable gloves and aprons, and appropriate hand gels were available for staff to apply in addition to carrying out general handwashing techniques. We were shown the separate laundry room and noted that protocols were in place to ensure the correct handling and storage of linens and people's clothing.

During our tour of the premises we noted that a bedroom that was permanently occupied had a small adjacent kitchen, which contained some kitchen equipment and appliances. There was no door between

the two rooms. We were informed by the deputy manager that the person living in the bedroom never entered the kitchen and the facility had not been used for several years. As the room was being used for the storage of old files and paperwork, we were concerned to discover that the gas cooker had not been disconnected and the deputy manager was able to switch it on. The service positively encouraged and supported people to develop their cooking and baking skills through supervised sessions with a volunteer and members of staff in the main kitchen, hence we felt there was a potential risk that a person could attempt to use this small kitchen without staff support.

The deputy manager stated she would contact the housing association landlord without delay to arrange the disconnection of the cooker.

We looked at a sample of health and safety records to check that people were provided with a safe home that was subject to regular monitoring and maintenance. Records were up to date for fire drills, portable appliances testing, weekly fire panel checks, the landlord's gas safety and food temperatures. We had noted that a fire safety inspection was conducted by an external company in March 2017 and actions were recommended for the housing association landlord to follow. At the time of the inspection this had not occurred and we asked the deputy manager to pursue this matter. We have subsequently received written information from the deputy manager to confirm the landlord commenced these actions six days after the end of the inspection visit.

Although daily and weekly checks were undertaken to ensure that people were provided with a safe environment, we noted that the checklist used by the provider did not include evidence that window restrictors were checked to ensure they were functioning safely. The deputy manager told us this was part of the checks but was not documented, and records showed that a concern about a window restrictor had been reported by to the landlord this year. During the inspection the deputy manager created a new form for checks within the premises which included a space to document that window restrictors were tested.

# Is the service effective?

## Our findings

Staff told us they were pleased with the quality of training given by the provider and felt consulted by the registered manager in regards to their current and future training needs. On the first day of the inspection a community based speech and language therapy coordinator visited the service to provide training to meet the specific needs of a person who uses the service. The provider only recruited staff with a national qualification in health and social care at level three or above, to ensure that staff had appropriate skills, experience and knowledge to effectively undertake their roles and responsibilities.

The registered manager had developed an extensive training and development programme for staff to refresh and extend their knowledge and skills. This included mandatory training, for example health and safety, food hygiene and fire safety. Other training was provided to meet the specific needs of people who use the service, which included positive behaviour management and understanding autism. We were informed that the provider had approved the necessary funding and the registered manager was in the process of scheduling dates for the training. We noted that staff had completed specific training courses within the past 12 months, which included moving and positioning and food safety and hygiene. A team 'away day' was held in April 2017, which staff described as a positive and valuable experience. None of the staff we met during the inspection were new to the service apart from a longstanding member of staff who had left for a while and then returned to the organisation in a different role. They confirmed to us that they had received an induction and described how this was delivered.

We noted that although there was a supervision schedule in place, one to one formal supervisions had not been taking place regularly. The staff files we looked at demonstrated that staff had received two supervisions so far in 2017; however in 2016 there had been only two supervisions for each staff member for the whole year. The deputy manager informed us that at least six one to one formal supervisions should take place each year, in addition to other forums for discussion and development such as team meetings. The registered manager acknowledged that the frequency of supervision needed to be improved on, hence there had been team discussions about the importance of adhering to the supervision schedule unless an urgent matter arose and it was necessary to reschedule. We noted that employees had received an appraisal of their performance in 2016, which was also an opportunity for them to identify future training and development needs.

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. We noted that the service was working within the principles of the MCA. People were asked for their consent for daily activities, for example people were asked if they wanted to eat their lunch in the lounge or kitchen diner, and whether they wished to have a chat with us.

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. The application procedures for this in care services and hospitals are

called the Deprivation of Liberty Safeguards (DoLS). The registered manager understood his responsibilities and confirmed that none of the people using the service were subject to DoLS authorisations. The provider had sought guidance about whether it was necessary to make any applications and had been advised that it was not appropriate as people were not subject to overly restrictive measures in their day to day lives. Discussions with the management team and members of the staff team showed that there was a clear understanding of when it was necessary for decisions to be made in accordance with best interests protocols, for example if a person did not have the capacity to consent to medical treatment. The registered manager explained that the service maintained positive relationships with people's relatives and local health and social care practitioners, so that best interests meetings could reflect the views of parties who knew and understood the person using the service.

During the inspection we were informed that one person who uses the service had a guardian, who was a relative. There was no clear definition in the person's file as to what this meant, although the person's care and support plan stated that the relative made decisions for them. It was not documented whether the relative had been appointed by the Court of Protection as a deputy, and if they were a deputy for personal welfare and /or property and financial affairs. We noted that as the registered manager did not have a copy of the relevant documentation to keep within the person's file; staff could not be assured that they were liaising with the correct individual who has the legal authority to make decisions on behalf of the person who uses the service. The registered manager stated that he would confirm these details and ensure that a copy of the relevant documentation was obtained.

We recommend that the provider takes steps to ensure that appropriate documentation is stored to determine whether people were under the Court of Protection or had appointed deputies or attorneys.

People told us that they liked the meals, snacks and beverages provided at the service. One person told us, "Yes, I like it" and another person smiled and nodded in a positive way when we asked about the quality of the food. Staff prepared Kosher food in a kitchen that had been designed to meet specific religious requirements. Breakfast, lunch and snacks were prepared at the service and the evening meals were ordered from a local restaurant with a delivery service. Staff supported people to choose the grocery items they liked for the main weekly shopping, so that the meals and snacks prepared at the service reflected their preferences. People using the service could also make choices in regards to their evening meal from a menu that appeared appetising and varied. The care and support plans we looked at demonstrated that staff understood how to meet people's nutritional needs, for example if people needed a pureed diet, assistance to cut up their food or verbal encouragement to maintain an adequate diet. We observed staff support people with their eating and drinking in a gentle and sensitive manner. It was particularly warm on one of the inspection days and staff regularly offered people cold drinks, fruit, ice-cream and chilled desserts.

People's care and support plans showed that their health care needs had been identified and there were appropriate arrangements in place to support people to meet these needs. Records showed that people received health care support from a variety of health care professionals including GPs, chiropodists, psychologists, specialist NHS dentists, dietitians, speech and language therapists, psychiatrists and opticians. People's weight was monitored on a monthly basis to identify any pattern of significant loss or gain. Staff told us they supported people when they were admitted to hospital, which was confirmed by an external professional.

## Is the service caring?

### Our findings

One person who uses the service told us, "I went out to the park. I made ice-cream and strawberries cake. I ring [relative] every day." We asked the person if they were happy living in their home, they smiled and said "yes". Another person using the service told us about a family celebration they were looking forward to and said, "I like it here, we watch films and I go to [a local group for women]. Relatives commented about the kind and caring approach of staff. One relative said, "We are very happy with the care, it could not be better. We know [our family member] is well looked after."

On both days of the inspection we saw that the atmosphere within the service was cheerful, friendly and relaxed. People using the service and staff interacted well as they chatted together, listened to music, or engaged in puzzles and arts and crafts. A local health and social care professional told us, "I've been visiting the home for a number of years now and know the residents quite well. They seem like a family and are happy. They have their squabbles but are well supported by staff who are sensitive to their needs, supportive and offer choices appropriately." This sense of a close community living in a homely environment was also evident to us and was commented on by members of the staff team. One staff member said, "Everything we do is person centred. This morning the residents helped us to choose the fillings and make the sandwiches and pack the bag with our picnic. Earlier this week I showed the ladies pictures of places we could go and they picked Forty Hall as we haven't been there before."

The service supported people to participate in the celebration of the weekly Shabbos and festivals that were intrinsic to people's faith and culture. We were informed that the majority of staff were not Jewish. They were provided with specific training during their induction to understand key points about how people using the service wished to be supported to practice their religion and could seek advice from Jewish staff members and volunteers. The weekly schedule included lessons and activities for people using the service to develop their knowledge about their religion. The deputy manager told us that people were invited to attend different events in their local community, which included groups and presentations for Orthodox Jewish women at a larger local care home.

People's care and support plans demonstrated that people were asked about their preferences and wishes. Relatives were consulted and information they contributed in regards to people's background, family composition, hobbies and interests was incorporated into the planning of people's weekly schedule. For example one person spoke keenly about how much they liked visiting the soap factory and their daily records showed they went regularly.

We observed that staff treated people with compassion and respect. For example one person who uses the service enjoyed singing a song in Hebrew and a staff member who was not Jewish joined in with the parts of the song they were familiar with. Afterwards the person was praised for their accomplishment. We observed that staff knocked on people's doors and awaited permission to enter and asked people if they were happy to show us their bedroom, whilst explaining to people that this was their private room and it was entirely their choice. Staff told us how they ensured that people who use the service were supported to maintain their privacy and dignity, for example they assisted people to put on their dressing gowns and slippers to

wear when walking back to their bedroom following personal care in a communal bathroom.

## Is the service responsive?

### Our findings

Prior to admission to the service, people's needs were assessed by the placing authority that was funding their care. The care and support plans we looked at were for people who had lived at the service for several years, apart from a care plan we read for a person who had been placed at the service to meet their needs for supported living. We noted that people's assessments were detailed and where necessary additional information was provided by health care professionals. The registered manager demonstrated an understanding of when to refer people for re-assessment if the staff team observed changes in people's health and social care needs.

At the focussed inspection in April 2017 we had spoken with the registered manager and the deputy about their plans to develop the content and scope of the care and support plans. We had found that these plans were sometimes quite basic and did not reflect how the service met people's complex needs. We had been informed that an employee at the provider's head office had been allocated the task of developing the care and support plans.

At this inspection we observed that one person's care and support plan had comments entered by an unidentified party, which pointed out information about the person that was not accurate. We discussed this finding with the registered manager during the first day of the inspection and he explained that these comments were his own notes. The registered manager and deputy stated that the exercise to update the care and support plans at the head office had not produced the quality of care planning that the management team at Yad Voezer 2 required and they were now in the process of revising the care and support plans, along with the accompanying risk assessments. On the second day the registered manager showed us how he had updated the aforementioned care and support plan, which was now more comprehensive and applicable to the person's needs and circumstances. The registered manager told us that he was in a position to update all of the care plans within a few weeks.

We noted that care and support plans contained guidance about how to support people where necessary with behaviours that challenged. The staff used Antecedent, Behaviour and Consequence (ABC) monitoring charts. This is recognised tool for recording events that might trigger a behaviour that challenges and the event that immediately follows a response. This enabled staff to gather relevant information to share with health care professionals so that appropriate care and support could be identified to respond to people's needs.

One person using the service told us about their job. They worked in an office one day a week shredding paper and travelled to and from work independently on public transport. Another person said, "I do painting and gardening in the mornings."

People were supported to develop their confidence and skills through their participation in a variety of activities. At the time of the inspection people were involved in an arts and crafts project to make door plaques to hang up in their rooms. On the first day of the inspection we observed that people were eating strawberry puddings that they had made earlier. A member of the staff team had specific responsibility for

activities and they demonstrated a creative approach for using available resources and for accessing community amenities. For example, some people using the service had previously shown an interest in horticulture so a gardening group was established. The provider employed a visiting gardener so the group could focus on lighter tasks and artistic projects, for example visiting Clissold Park to get ideas, potting plants, and painting plant pots if the weather was not suitable for outdoor gardening. Other activities included making decorative bottles with coloured sand, crocheting, keep fit, a weekly cookery class, and relaxation sessions with foot spas and hand massages. We saw the soap gift sets that two people using the service made at the soap factory during the inspection. The deputy manager told us that the soap factory was part of the provider's day centre and people living at Yad Voezer 2 used other facilities at the centre.

One person who used the service told us they would tell a relative who lived locally if they had any concerns about their care and support. The person confirmed they had no complaints since moving into the service. We observed that some people approached staff for a chat and staff demonstrated that they had developed ways to communicate with people who were not able to express themselves with verbal communication. The deputy manager and staff told us they would recognise if a person was worried about anything and would speak with them to try to resolve their concerns.

We noted that there had been one complaint since the previous planned comprehensive inspection, which was appropriately dealt with by the registered manager. This was a complaint about an unacceptable level of noise experienced by a neighbour. Relatives stated they did not have any complaints in regards to how their family members were cared for by staff at the service. The provider's complaints policy that we were shown during the inspection had not been updated since 2008. There was no information about timescales for the provider to investigate complaints, information about independent advocacy organisations that people and their representatives could use if they needed support to make a complaint and any external organisations that people could approach if they were not satisfied with the outcome of the complaints investigation. It was not clear if the provider had produced an updated version but it had not been placed in the policies folder. The service had received compliments from the relatives of people who use the service.

We recommend that the provider reviews their systems for managing complaints to ensure that people are given appropriate up to date information about the complaints process and external organisations they can contact.



## Is the service well-led?

### Our findings

The relatives we spoke with were happy with how the service was managed. One relative felt that external community services and therapeutic support services were now limited and this impacted on the quality of their family member's life. However, they were satisfied with how the service operated.

Staff told us they enjoyed working at the service and felt well supported by the provider and the management team at Yad Voezer 2. The registered manager was regarded as helpful and approachable. He also managed the provider's nearby care home for men, but was supported with the day to day management of the service for women by the female deputy manager. We were informed that this position had been vacant for a while since the previous planned comprehensive inspection but the appointment of the deputy manager earlier this year meant that some of his responsibilities were now delegated. As a female manager the deputy was able to provide direct guidance to staff if they had particular concerns about the wellbeing of people who used the service, for example if staff observed changes in a person's skin condition when assisting them with a bath or shower.

At the focussed inspection in April 2017 we had found that the outdated documents in people's care and support plans had been removed so that important and current information was easily accessible. We looked at the financial records for three people who use the service. We had been informed by the local authority that they had found a concern with the system used for recording a person's finances at a supported living unit operated by the provider. We saw that the deputy manager had revised how information was recorded about people's monthly expenditures so that this information was as transparent as possible. We asked questions about why people had certain regular purchases and the deputy manager was able to show receipts and provide suitable explanations. The deputy manager was in the process of undertaking individual work with each person who used the service to ascertain their understanding about their financial allowances and how they wished for their money to be administered. We saw examples of where these assessments had been completed and people's views were clearly expressed, where possible.

During the inspection we attended a staff meeting. Staff who were not due to work that day were paid to attend the meeting and a training session that took place before it. We noted that the minutes for previous staff meetings were detailed and demonstrated that a wide range of issues were discussed. At this meeting we found that staff participated well and raised issues about working practices, the needs of people who use the service and any matters related to people's participation in community activities and religious practices. We observed that the registered manager asked staff for their ideas about how best to support people and gave appropriate advice as necessary. For example there was a discussion about recent changes in a person's ability to use a piece of equipment and there was a discussion about possible ways to support the person. The registered manager gave clear guidance that the first action needed to be a referral the next day to the community occupational therapy services for their professional assessment of the situation.

During the inspection we became aware that one person using the service had been admitted to the care home for a supported living service. We asked to see the Statement of Purpose for Yad Voezer 2. We noted that this document had been updated in April 2017 and there was no reference to indicate that this care

home now provided a supported living service. The service's registration certificate from the Care Quality Commission was prominently displayed and did not show that any changes to the provider's registration had been made. We have advised the registered manager of the action they need to take in regards to this matter.

We found that there were issues in relation to the management of the service that needed to be addressed. Quality assurance surveys for relatives were last sent out in 2014. We were informed by the registered manager that the provider planned to send out surveys this year. It was apparent from people's daily records and other recorded communications that the registered manager and staff kept in contact with relatives when they visited and/or by telephone; however there was no formal system currently in place to seek their views on how to improve the service.

There were no records to demonstrate that the management team at the service and/or the provider conducted unannounced monitoring visits to check on the quality of the service. The deputy manager told us that they did call in at unexpected times to check how people's needs were being met but did not write a short report about her findings. We did find evidence of regular monitoring checks carried out by the registered manager and the deputy manager. These included checks in relation to the safe management of medicines, health and safety, whether any repairs needed to be reported to the housing association landlord and whether daily logs were being completed by care staff in people's care and support plans.

The registered manager and the deputy manager told us the provider was supportive and encouraged them to develop their knowledge and managerial skills. The registered manager told us he was attending a safeguarding and mental capacity seminar in August 2017 and had received financial support to undertake an Open University qualification in health care. The deputy had not yet chosen her preferred training.

The registered manager was aware that the provider's policies needed to be updated, for example the safeguarding policy appeared to be current in terms of the information it contained but was due to have been reviewed in September 2016.

We recommend the provider seeks guidance from a reputable source to ensure that policies and procedures are current and accurately reflect practices at the service.

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	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The registered provider had not notified the Commission without delay of allegations of abuse. (Regulation 18 (1)(2)(e))