

Leeds Jewish Welfare Board

# Leeds Jewish Welfare Board - 248 Lidgett Lane

## 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?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This was an announced inspection carried out on the 26 and 27 June 2017. At the last inspection in January 2015 we found the provider met the regulations we looked at.

Leeds Jewish Welfare Board -248 Lidgett Lane provides 24 hour care and support to five adults with learning disabilities and is registered to provide accommodation and personal care. The home operates in accordance with Jewish cultural requirements, but also caters for the needs of people from other faiths. The house is situated in a residential part of the Leeds 17 area close to many local amenities such as shops, doctors, dentists, churches and Synagogues.

At the time of the inspection, the service had a manager registered with the Care Quality Commission (CQC); however, they had left the service some months previously. A new manager had been appointed and was in the process of making their application to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us and indicated by gestures and body language that they felt safe in their home. Staff could describe and understood their responsibilities to support people and to protect them from abuse and avoidable harm. Staff were recruited safely which ensured they were of a good character to work with people who used this service. People had plans in place to manage risks, which staff understood and followed.

People received their medicines as prescribed and safe systems were in place to manage people's medicines. Staff were trained in medication administration and their competency was checked regularly.

The home and equipment were regularly checked and the provider had plans in place to keep people safe during significant incidents, such as a fire. People who used the service told us they had regular fire drills and this was important to them. One person told us, "We practice and we need to get out quick". However, the five year periodic safety check of the electrical installation in the home was overdue and had not been checked since 2008. This had put people's safety at risk and we made a recommendation to the provider about this.

There were enough staff to meet people's needs. People received support from staff who showed kindness and compassion. People's dignity and privacy was protected. Staff understood people's individual needs in relation to their care. Support plans were overall; person centred and reflected individual's preferences.

People were supported to pursue a wide and diverse variety of social activities relevant to their needs, wishes, culture and interests. Arrangements were in place for people to maintain links with the local community, friends and family.

The manager and staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. They had made appropriate referrals to the relevant authorities to ensure people's rights were protected.

People received care and support from staff that had the skills and knowledge to understand their role. Staff training was updated regularly and staff had regular supervision that helped identify training needs and improve the quality of care.

People chose and assisted in the preparation of their food and drink and were supported to maintain a balanced diet where this was required. People had access to healthcare facilities and support that met their needs.

The service had a number of ways of involving people and getting their suggestions for how the service could be improved. People who used the service had been involved in planning and reviewing the care provided. They were also involved in recruitment and some aspects of auditing.

There was an effective complaints procedure for people to raise their concerns. There were systems of audit in place to check, monitor and improve the quality of the service. However, these checks had failed to identify the issue we noted regarding the electrical safety certificate.

The provider, manager and staff were committed and enthusiastic about providing a person centred service for people.

## 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 consistently safe.

There were some safety concerns relating to the premises. The safety of the electrical installation at the home had not been checked in line with current recommendations.

People said they felt safe and people received their medicines safely and when they needed them.

There were sufficient staff to ensure people's needs were met and recruitment procedures were thorough to ensure the staff employed were suitable.

### Is the service effective?

**Good** 

The service was effective.

People were supported by staff who had the knowledge and skills to provide good care to people.

Staff had a good understanding of promoting choice and the importance of gaining consent from people.

There were systems in place to support people to maintain their health and a balanced diet.

### Is the service caring?

**Good** 

The service was caring.

People who used the service were happy living at the home.

Staff had developed good relationships with the people who used the service and there was a happy, relaxed atmosphere. Staff knew the people they were supporting well.

Staff understood how to treat people with dignity and respect and were confident people received good care and their independence was encouraged.

### Is the service responsive?

**Good** 

The service was responsive.

People had contributed to the planning and review of their support needs. They received person centred, individualised support based on their preferences and wishes.

People enjoyed a wide range of activities and were supported to participate in their local community

Effective systems were in place to respond to any concerns and complaints raised.

### **Is the service well-led?**

The service was not always well- led.

There were systems in place to review the service and the quality of care and support. However, these had not been effective in ensuring a recommended five yearly Electrical Installation Condition Report (EICR) was carried out.

There was a manager in place who demonstrated an excellent knowledge of the service and showed they were committed to providing a person centred, inclusive service. The manager was not yet registered with the CQC.

Staff and people who used the service spoke highly of the manager and the support they received from them.

**Requires Improvement** 

# Leeds Jewish Welfare Board - 248 Lidgett Lane

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 and 27 June 2017 and was announced. The provider was given short notice because the location was a small care home and people are often out during the day; we needed to be sure that someone would be in.

The inspection team consisted of one adult social care inspector.

Before our inspection, we reviewed all the information we held about the home, including previous inspection reports and statutory notifications sent to us by the home. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before the inspection, the provider completed a Provider Information Return (PIR). 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.

At the time of our inspection there were five people living at the service. During our visit we spoke and spent time with all five people. We spoke with one person's relative, four members of staff, and the manager of this service, the senior homes manager who was the manager of another of the provider's services, the deputy manager and the chief executive officer of the organisation. We spent some time looking at documents and records that related to people's care and the management of the service. We looked at three people's support plans.



## Is the service safe?

### Our findings

People told us they felt safe in their home and with the support they received. One person said, "Staff are all lovely and give me help." Another person told us they assisted staff to check the house to make sure it was safe. They said, "I do the health and safety with staff, we have fire practices and make sure we can all get out." Records we looked at showed this person supported staff in the quarterly health and safety check of the home. A relative we spoke with said they had every confidence their family member was safe at the home. They said, "They are absolutely brilliant here, I trust them and know they look after my [family member]. I wouldn't have them here if I didn't think that."

We found people lived in a clean and well-presented home. We saw the provider ensured regular servicing and timely repair of equipment. We looked at a range of certificates showing servicing of essential equipment such as lifts and fire equipment were up to date. However, records indicated the five year periodic safety check of the electrical installation in the home had not been checked since 2008. A five yearly Electrical Installation Condition Report (EICR) had not been carried out as is recommended by the Electricity at Work Regulations 1989. This had put people's safety at risk. The provider informed us after the inspection that this work would be carried out as a matter of urgency. They then informed us that a visual inspection of the fuse box in the home had shown an electrical installation safety check took place in 2014. However, no certificate for this check could be provided and this was also one year over the recommended five yearly check. We recommend that systems are put in place to prevent oversights of this nature.

The manager did not maintain a log of repairs reported but kept track of progress through a series of emails. We noted the kitchen work surface was in need of repair or renewal due to a number of chips in it. The manager was not able to tell us how long they had been waiting for action on this matter. They said they would chase this up with the maintenance department and introduce a log to monitor progress on maintenance issues in future.

Throughout the inspection we saw positive interactions and communication between staff and people who used the service. It was clear people were comfortable with staff and genuine supportive relationships were apparent. One person told us; "Staff are kind, I like them." There was a calm and homely atmosphere and we saw people were relaxed when in the presence of staff.

There were effective procedures in place to make sure that any concerns about the safety of people who used the service were appropriately reported. Staff knew what constituted abuse and what to do if they suspected someone was being harmed. Staff were clear on how to report concerns both inside and outside of the service if they needed to; they were aware of the provider's whistle blowing policy. One staff member said, "Without doubt I would report any bad practice or wrong doing. We are here for the people that live here." Staff told us they were confident the manager and provider would deal with any concerns raised.

Risks to people who used the service were appropriately assessed, managed and reviewed. We saw risk assessments in place to guide staff on how to minimise risks to people. These included risks associated with epilepsy, personal care and domestic tasks. People were supported to take responsible risks with the



minimum necessary restrictions; for example, independent travel and managing their own medicine's administration. Staff could describe the risks people faced and what they did to manage this.

People told us there were enough staff available to them and our observations supported this. All the staff we spoke with said there were enough staff to meet people's needs, and they did not have any concerns about staffing levels. The relative we spoke with said there was always plenty of staff whenever they visited. They said; "Always on hand if me or my [family member] need them. And they are well organised."

Recruitment was managed safely. We looked at the recruitment checks in place and saw all the required documentation was in place. Staff had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. This demonstrated the provider checked staff's suitability to work with vulnerable people before they started work.

We looked at the provider's management of medicines. Medicines were stored securely in an appropriately maintained room; records were up to date and checked on a daily basis to ensure they had been administered as prescribed. We looked at the medicines administration records (MAR) for three people, and saw each contained information to enable staff to identify the person, the medicines, the prescribing instructions and details of any known allergies. Stocks of medicines were checked for three people and we found these were correct. Medicines were consistently and accurately recorded on MAR sheets. One person managed their medicines independently. We saw checks were in place to make sure they managed their own medicines safely. This person told us they received the support they needed from staff. They said, "Staff check I have taken my tablets; but I don't forget." Arrangements for the administration of PRN (when needed) medicines protected people from the unnecessary use of medicines. We reviewed records which demonstrated under what circumstances PRN medicines should be given.

Medicines management policies and procedures were in place. These gave guidance to staff about the storage, administration and disposal of medicines. The training records we saw showed staff had been trained in the safe administration of medicines and had their competency to administer medicines regularly checked.

Any accidents and incidents were monitored by the manager and the provider to ensure any patterns or trends were identified.

## Is the service effective?

### Our findings

A relative of a person who used the service said they thought staff were well trained. They said, "They are all marvellous; very good, very professional. They know what they are doing and do it well."

Staff told us they had access to a wide range of training which supported them to provide effective care and support for people. One staff member said, "This is the best training I have ever had in this sort of work." Another staff member said they had received a thorough induction and they felt they were well prepared to commence in their role. They said, "Very good, very thorough training; I learnt a lot." We looked at records of training and found a rolling programme was in place, with monitoring to ensure refresher training was booked in a timely way. Mandatory training included safeguarding, moving and handling, equality and diversity, Jewish customs and practice, mental capacity, safeguarding, food hygiene, introduction to learning disability and positive behaviour support.

Staff told us about the support they received through supervision meetings and an annual appraisal. Records showed us staff were supported and given opportunity to identify their future training and development needs. The manager had a plan in place which identified when staff had a supervision or appraisal meeting due. This ensured staff received regular support in line with the provider's policy.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We saw people were asked for their consent before any care interventions took place. People were given time to consider options and staff understood the individual ways in which people indicated their consent. This included non-verbal communication. The information in people's assessments and care plans reflected their capacity and when they needed support to make decisions. We saw that where people were unable to make decisions independently, they were made in their best interests and involved people's relatives or advocates in this process.

Some people's support plans contained information relating to DoLS applications that were either pending or granted. We saw records were kept in good order and staff we spoke with told us they were informed about any restrictions or requirements associated with DoLS in place. Staff we spoke with were able to give us an overview of the MCA and how they assisted and encouraged people to make choices and decisions such as choice of clothes and meals and what activities they would like to be involved in. A person who used the service said, "This is my home, I decide what to do".

Support plans we looked at showed people were supported with access to healthcare services when needed. We saw one person's support plan showed how they were supported to manage a health need that caused them anxiety. Supportive and sensitive plans were in place to ensure this person received the medical intervention they needed. A relative told us the staff were always prompt in getting medical advice or treatment for their family member. They also said they were kept informed of their family member's welfare. They said, "They always let me know how he is keeping. I like that about them." We saw health professionals who visited the home had made positive comments in the 'Tell us what you think' book. One health professional said, 'Lovely welcoming home and friendly staff. All service users appear to be very well looked after.' People had a 'hospital passport'. We saw this was a document which gave information on people's essential needs so health care staff could provide the support people needed if they had to go to hospital.

We looked to see if people were supported to maintain a healthy diet of their choice. Care records we saw included information about food people liked and disliked and how they were supported to maintain a healthy diet. We saw menus were varied and included plenty of fresh ingredients. People who used the service told us they were involved in menu planning and shopping. They said they were happy with food and drink in the home and could have what they wanted when they wanted. They told us any suggestions they made were taken notice of, for example, to have different meat choices at Shabbat Friday meals. (Shabbat is a formal meal observed every Friday with a blessing given over the food which respects Jewish tradition.) We were informed that one of the people who used the service conducted the blessing each Friday.

## Is the service caring?

### Our findings

At this inspection, we found people were as happy living at the home as they had been during our previous inspection, because they felt staff cared about them.

People felt the staff were kind and caring. One person said, "They're alright they are." Another person said "Staff are nice, my friends, I like them." A third person told us, "We all get on very well thank you". A relative said, "Staff are fantastic. Whatever we ask for they do. [Name] is very well looked after. I give them ten out of ten."

We saw staff were respectful towards people and helped them support their dignity. Staff were thoughtful, discreet and sensitive when supporting people with personal care. People were supported and encouraged to maintain their independence. One person told us they assisted with the evening meal every day and managed their own medicines. We saw from records people were encouraged to do as much as they could for themselves when undertaking personal care. Staff said they always encouraged people with their independence as this was good for people's self-esteem and well-being.

Relatives of people who used the service had made positive comments on the service in the Tell us what you think book. Comments included: 'Fantastic atmosphere, great staff, wish everywhere was like this' and 'Amazing, all staff are very welcoming and such a wonderful atmosphere.'

We saw very positive interactions from staff. It was clear they had got to know people well and developed genuine caring relationships with people. Staff we spoke with were able to tell us about the people who used the service. They knew their likes, dislikes, support needs and things that were important to them. There was a lively and comfortable atmosphere. There was plenty of laughter and fun and staff were cheerful in their support to people. Staff told us they liked their job because they could make a difference to someone's life. One staff member said, "I just love this job and feel so lucky to be working with everyone here. They make a difference to my life I hope I make a difference to theirs."

People looked very well cared for, which is achieved through good standards of care. Staff were confident they provided good person centred care and gave examples of how they ensured people's privacy and dignity were respected. Staff were encouraging and supportive in their communication with people. They made sure people had the time they needed to express themselves.

People were comfortable in their environment. Rooms were decorated to individual taste and choices. People were able to lock their rooms if they wished and the privacy of their rooms was respected. If people needed assistance such as help with room cleaning, this was done by agreement with the person at a time that suited them and they could be present.

People who used the service and their relatives had been involved in developing and reviewing their support plans. We saw information was recorded in a way which would assist staff in developing caring relationships with people. We also saw staff had developed a profile of themselves and their interests and backgrounds to

share with people who used the service. This showed staff valued people who used the service and saw them as equal partners. A staff member said, "It's a two way process of us all getting to know each other."

The manager was aware of local advocacy services and how to enable people access to these services if needed.

## Is the service responsive?

### Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection.

Staff worked well as a team to ensure people were supported according to their needs and preferences. All staff we spoke with said they had a good staff team who worked to provide a consistently person centred service. One staff member said, "We all pull together to make sure people get what they need."

We looked at support plans for three people who used the service. The support plans were written in an individual way, which included a one page profile, likes and dislikes. Overall, the information recorded gave a good overview of each person and the support they needed. We did see that some support plans would have benefitted from more detail to guide staff on people's needs. For example, terms like 'full support' did not tell staff how much support a person needs and could lead to needs being overlooked. We discussed this with the manager who said they had also identified this and said the new support plan documentation being introduced would make sure more detail was included. We looked at a support plan that had been completed on the new documentation and saw this was the case. A staff member we spoke with said they found the new support plans to be very detailed and informative. They said, "They (the support plans) are perfect, more than perfect; they tell you everything you need to know."

Staff showed an excellent knowledge of people's support needs and could describe in detail how people liked their care and support needs met. They were aware of people's individual routines and the importance of these to people. They were able to describe how they interpreted people's nonverbal communication. We saw communication passports had been developed for people. These included descriptions of what people's gestures, facial expressions and body language meant. There was also information about how to support people to make decisions and choices such as the need to use simple language, give people time to respond and check people's understanding.

People were supported to follow their interests and hobbies and were involved in a wide range of activities and community involvement. People told us they enjoyed the activities they were involved in such as going to see bands, gardening groups, short breaks away and meals out. We saw a selection of pictures showing people participating in activity in the local community such as enjoying walks, parties, club nights and meals out. People told us of courses they undertook such as a regular cookery class and a first aid course. We saw people had regular activity through a number of different sources. These included community centre activities at the local Jewish community centre; where people's cultural needs were met and attendance at a specialist service for people with autism. One person who used the service had gained paid employment at another of the provider's services. They told us they enjoyed this and it was going well. Another person told us they were supported to attend their local church. They said they had a volunteer from the church who supported them with this. The manager told us the person enjoyed the independence this gave them to follow their faith.

The provider had systems in place to deal with concerns, complaints and compliments, which provided

people with information about the complaints process. People we spoke with were aware of the procedure for making complaints and told us they would feel comfortable if they ever had the need to do this. One person who used the service had recently made a complaint to the provider about the time it was taking to get an item of furniture replaced. We saw this was being addressed under the complaints procedure. The complaints procedure was available in an easy read format to enable people to have a better understanding of it.

## Is the service well-led?

### Our findings

At the time of the inspection, the service had a manager registered with the Care Quality Commission but they were not present at the inspection as they had left some months previously. A new manager had been appointed and was in the process of completing their application to be the registered manager. The provider had not notified CQC of this change in management arrangements as they are required to do so. We spoke with the provider and they informed us they would submit a notification immediately and showed us documentary evidence they had done so. The provider said there had been a lapse in communication and took full responsibility for this oversight.

The manager of the service was supported by a deputy manager and a team of senior support workers and support workers. People who used the service spoke highly of the manager. Comments we received included: "She is very good; sorts things out for us" and "I like her very much." A relative we spoke with said "[Name of manager] is a very good manager. More than good." We saw the manager had good knowledge on the needs of people who used the service and it was clear they were well known to people. We found the manager to be enthusiastic, caring and committed to providing a good quality person centred service.

Staff spoke highly of the management team and of how much they enjoyed their job. They said they felt motivated to do their job well as they felt valued and could contribute ideas or raise concerns if they had any. Staff said they felt well supported in their role and were aware of what was expected of them. They said the management team worked alongside them to ensure good standards were maintained and the manager was aware of important issues that affected the service. Staff described the manager as approachable and knowledgeable. One staff member said, "You can ask anything and always get an answer."

We saw staff meetings were held on a monthly basis which gave opportunities for staff to contribute to the running of the service. We looked at minutes of some of these meetings and saw discussions took place and included; safeguarding, training, human resource issues, new ideas and suggestions and health and safety. Staff confirmed they received feedback on the outcome of any incidents to try and prevent re-occurrence of them.

People who used the service and their relatives were involved in meaningful ways in the service. People told us they had regular meetings and we saw records to support this. We looked at the minutes of the most recent meetings and saw a variety of discussions had taken place including activities, upcoming social events, health and safety, volunteering opportunities, staff changes, décor and new furnishings. There were twice yearly meetings for relatives of people who used the service. Minutes of these meetings showed people were asked for their feedback on staff performance and other matters pertaining to the running of the service such as maintenance.

People who used the service were involved in the recruitment of staff. The manager told us how this worked and what they did to support people in this process such as presenting information in an easy read format. The manager told us people's opinions were valued and listened to. They said recent interviews had taken



place but they had not appointed anyone as there was no suitable candidate. They said people who used the service had influenced this decision.

The provider ran a 'Residents Forum' and a person from each of the provider's services was a member of this. We saw monthly meetings took place to engage people in sharing ideas and views on the services in order to drive improvements. We saw the forum had been instrumental in developing the format of the newly introduced support plan. People had chosen the logo, pictures and symbols to be used and section headings such as 'My life-long dreams'. We also saw people had developed interview questions to be used and were currently looking at ways to be involved in audits of services. Tell us what you think books had been introduced in the provider's services from discussions at these meetings.

The manager told us that there was a system of a continuous audit in place carried out by the provider's internal auditor. These included audits on support plans, medication, health and safety, finances and the premises. We saw documentary evidence that these took place at regular intervals. Action plans were developed and given to the manager to address. The manager said they worked on the action plans each month and progress was checked at the next audit and discussed at senior leadership team meetings. We noted the action plan record did not have a section for actions to be signed off as complete. The manager agreed to discuss this with the provider to ensure completed actions were documented to show the improvements made in the service. However, audits we looked at were not fully effective and had not identified the concerns we found at this inspection regarding the overdue check of the electrical installation. Following the inspection the provider agreed to send us a copy of the certificate of the work once it was completed.

We were told that the provider visited the home regularly to check standards and the quality of care being provided. The manager and staff said they spoke with people who used the service, staff and the manager during these visits. Staff knew the provider by name and said they were very approachable. The provider had organised an event to be held the week following our inspection. This was an event called, 'Celebrating Ability not Disability' and was being held to celebrate learning disability awareness week. A music quiz, afternoon tea, a photo booth activity and memories activity were planned. People who used the service had been involved in the organisation of this; providing props for the photo booth and making films of their memories. The event was to be held at a local community centre and a number of different community groups had been invited.