

Bayis Sheli Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Bayis Shei is a care home providing personal care to young people with needs related to learning disabilities and autism in a purpose-built building. The service can support up to six people. The provider supports people of Jewish faith. At the time of our inspection there were four people using the service.

The service occupied the second floor of a purpose-built building. The other floors were occupied by a home for children. Some of the communal areas were shared between the children and the adults for example there is a large room for celebrations used by everyone in the service.

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

People using the service were protected from abuse because staff had a good understanding of safeguarding, and training was provided. People we spoke with were happy with the support they received, one person stated, "The staff are great here, they listen to me." We spoke to one relative who told us their relative was safe in the home. Staff were recruited safely, and people received care in line with their assessed needs. Medicines were managed safely. Care records contained risk assessments with clear guidance for staff to follow. The premises were clean and well maintained.

We observed staff engaging with people in a respectful manner. Staff used different methods of communication when speaking to people. Staff were patient and explained things to people clearly. One relative told us "They [staff] really know my [relative] I trust them [staff] with their care." Care records reviewed were written in a person-centred way. People's likes, dislikes and preferences were recorded in their care records.

The registered manager had a clear vision for the service. The provider completed a range of audits to monitor the quality of care being delivered in the service.

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

The service was able to demonstrate how they were meeting the underpinning principle of right support, right care and right culture.

Right Support: Model of Care and setting that maximises people's choice, control and independence

- Staff supported people to take part in activities and pursue their interests in their local area and to interact online with people who had shared interests.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care: Care is person-centred and promotes people's dignity, privacy and human rights

- People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

- People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs.

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

Rating at last inspection and update

The last rating for the service was requires improvement (published 25 March 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We received concerns in relation to the management of medicines and good governance. As a result, we undertook a focused inspection to review the key questions of caring, safe and well-led only.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

Is the service caring?

Good ●

The service was caring

Is the service well-led?

Good ●

The service was well-led

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

One inspector carried out this inspection.

Service and Service Type

Bayis Shei is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

Notice of Inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had about the service since the last inspection. We used this information to

plan our inspection.

During the inspection

We spoke with one person who used the service and two relatives. We spoke with five members of staff including the director of care, the registered manager, deputy manager and two care staff.

We reviewed a range of records which included two people's care records and their risk assessments and four people's medicine records. We also looked at policies and procedures relating to the management of the service.

After the inspection

We continued to review some records that were sent to us by the provider.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection the provider had failed to manage people's medicines safely. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Using medicines safely

- Medicines were managed safely and people were supported by staff who followed systems and processes to prescribe, administer, record and store medicines in a safe way.
- We looked at four people's medicines records and found they were accurate and up to date.
- People's care records contained their list of medicines; their usage and any side effects.

Systems and processes to safeguard people from risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Staff understood how to raise a concern and follow the safeguarding and whistle blowing procedure. The service worked with other agencies such as the local authority to do so.
- One relative told us "They (staff) cater to her needs and know her very well, she loves being part of the family, I get emails and calls from my [relative] daily so I keep up to date. She is safe there."

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- Care records showed that risks were identified, and measures were in place to mitigate them. Where people may become distressed or anxious there were clear strategies in place to help people and staff remain safe.
- Risk assessments were in place for falls, choking, people feeling anxious, cooking, moving and handling, environment and fire safety and there was guidance for staff to follow. Staff understood these risks and what action to take to reduce the risk of harm or injury. One care plan stated if the person becomes very anxious for staff to reduce the noise level as much as possible and encourage the person go to a quieter part of the service. We observed staff using this technique when one person became anxious during our visit. The person became calmer and more relaxed as a result.

Staffing and recruitment

- Staff records showed appropriate checks had been completed, these included checking potential employee's criminal background using the Disclosure and Barring Service (DBS) check. The information helps employers make safer recruitment decisions. Other checks included obtaining references from previous employers and a full employment history.

- Relatives told us there is enough staff on duty to meet people's needs, we observed staff supporting people, staff were patient, kind and respectful to people. Staff were not rushed, and people were not waiting to be supported.
- Staff told us they knew people very well and could respond to people's needs, we observed staff supporting one person who had become upset, staff used clear communication, open body language and a soft tone of voice to re-assure the person. This resulted in the person becoming calm and relaxed. Staff had followed the guidance outlined in the person's care plan.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keep premises clean and hygienic.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The registered manager told us that visitors can visit anytime they would like to; this was confirmed by both relatives we spoke to. One person said they have daily contact with their family. Relatives said they had no concerns with visiting and had regular contact with the staff.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety, and these were recorded accordingly. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned. The management team had recently investigated an incident that took place in the home, the outcome was shared with the team in a team meeting. Lessons learned were documented in the person's care plan. Staff reviewed how they communicate with each other and made changes that were needed. The registered manager told us this was being addressed in staff one to one meeting.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

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

Is the service 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

Ensuring people are well treated and supported; respecting equality and diversity

- During the inspection we observed positive interactions between staff and people who used the service. For example, we saw that staff used positive, respectful language which people understood and responded well to.
- Care records showed people's religious and cultural needs had been identified and there was a clear description of support needed. One care plan stated that "[person] wears traditional attire worn by men that is required by faith on a daily basis, black trousers and a white shirt and will be supported to follow rituals and tenets of his faith." We observed that one person was wearing these clothes on the day of our visit. Another person's activity plan showed prayer and observing religious festivals was part of their weekly activities.
- Staff told us that if people did not want to follow their faith or parts of their faith their expressed wishes would be supported. Care records showed that people's preferences, likes, dislikes and backgrounds were well documented and support needs were detailed and written in a person-centred way.
- People were supported to observe their faith, the service had a number of areas within the home for people to celebrate religious festivals.
- Staff received equality and diversity training and records confirmed this.

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

- People were empowered to make decisions about the service when appropriate and felt confident to feedback on their care and support.
- One relative told us "My [relative] loves being involved she is always asking to do things like in the office or doing the weekly checks." Staff told us they had supported one person to carry out weekly health and safety audits. These checks formed part of the overall quality assurance for the service. The person showed us these records and was now actively looking for a volunteering role in an office supported by the team at the service.
- We observed choices being offered to people. For example, one person was asked which activity they wanted to do; the person chose a sensory activity. Staff engaged the person in a sensory activity, the person showed they were happy by clapping their hands and smiling.
- One person showed us an email they had sent to the staff team expressing their concerns about their care. The person told us they had been happy with the response they received from the registered manager and the director of care.
- Key worker meetings took place on a monthly basis. Records of these meetings showed how people had expressed their needs and that outcomes were recorded. For example, one person had expressed a desire to change their diet, staff discussed the need to follow the recommendations from the speech and language

therapist but to also balance this with the person's likes to meet their needs.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence. People's privacy and dignity were protected.
- One relative told us that said visited the home weekly and could see progress with her relative regarding their independence.
- Care records for two people showed significant achievements in maintaining their independence with their personal care. People had learned how to have a shower and use the toilet without the need for physical support. This had taken place over several months. One person told us they were very proud of this achievement as it was a goal, they had in their care plan.
- Staff understood their roles, for example staff were observed supporting one person to make a drink in the kitchen by prompting the person to do the task but only when necessary, with the person doing most of it without support. This showed that staff promoted independence.
- People's privacy was respected, and we saw this during the inspection. For example, staff were observed knocking on people's doors when offering support and staff told us they always ensured they closed doors and curtains when providing personal care.

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 our last inspection the provider had failed to promote good quality care through effective quality monitoring. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- The provider and registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- Care records were written in a way which reflected people's individual needs, aspirations and outcomes. People were encouraged by the staff to explore new experiences, for example one person was looking for a job in an office as they had expressed an interest in this type of work.
- Staff told us the management team were always available and wanted to hear from the team about any ideas or suggestions for improvement. The registered manager had an open-door policy and staff were encouraged to speak openly about the service and make suggestions.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed.
- The registered manager had a good understanding of the need to be open, honest and transparent if things went wrong. Statutory notifications had been sent to CQC without delay.

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

- Staff encouraged people to be involved in the development of the service for example one person was involved in the quality assurance process. This supported them to develop new skills and achieve their goals.
- Relatives told us they were involved in people's care planning and they had regular contact with the staff team and managers of the service.
- Feedback about the managers from relatives was very positive. One relative said, "Yes they are always around and are friendly." Another one told us, she felt she could complain to the registered manager and things would be addressed.
- The provider considered people's protected characteristics when assessing their care needs, for example

ensuring people were supported to follow their faith.

Continuous learning and improving care

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- Staff told us they could make suggestions for improving the service. One member of staff told us, "I suggested we have more framed photos as this made the home more homely." The communal areas had a number of pictures of people doing activities, outings and family gatherings, there was art work displayed on walls which had been done by people living at the service, people told us they had been involved in arranging these displays and felt it highlighted their creativity.
- A third-party organisation had recently carried out an extensive audit of the quality of care at the service. An action plan was in place which focused on making improvements and addressing any shortfalls that had been picked up in the audit. One area for improvement was the need to have more staff one to one meetings and conduct staff appraisals. The registered manager and provider were committed to making improvements within the service.

Working in partnership with others

- The service worked well in partnership with other health care professionals including the GP, a speech and language therapist and social workers, which helped to give people using the service a voice to improve their wellbeing.
- One person's care plan showed input from a physiotherapist who had recommended an exercise program to help with their medical condition and how the person should be supported to place their personal belongings strategically in their room so they would need to stretch upwards to retrieve them, with the aim of this helping their medical condition. Evidence of this approach being applied was seen in care notes.
- Care files contained individual communication plans, these plans had input from a speech and language therapist and in one care plan a person was encouraged to use an electronic device to communicate and we observed this being used by the person at the time of the inspection.