

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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

We conducted a comprehensive inspection of this service on 15 July 2015. We 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 carried out this inspection on 4 April 2017 to check that the provider had acted on the recommendation and also look at whether other improvements were made in relation to issues we identified within Safe and Well-led.

This report only covers our findings in relation to these areas. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Yad Voezer 2 on our website at www.cqc.org.uk.

Yad Voezer 2 is an eight bedded care home for people with a learning disability. The care home is for women only and all of the staff team and volunteers, apart from the registered manager, are female. At the time there were six women living at the service. People who reside at the service are members of the orthodox Jewish faith. Non-Jewish staff are supported to learn about the faith so that they can support people appropriately.

There was a registered manager at the service. 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.

At this inspection we found that the provider had improved the quality of the cleanliness and provided people with a hygienic and comfortable environment. Measures had been taken to improve how risk assessments were developed, to ensure that there was clear information about the nature of the risks and the actions required to mitigate the risks. The provider had implemented new procedures to ensure that people's medicines were stored at correct temperatures, in line with pharmaceutical guidelines.

We noted that the provider had removed obsolete documents from people's folders, so that staff and external professionals could consistently access current and relevant information. People's records had been updated to ensure that any changes were reflected on all necessary documents. We were not in a position to check whether additional information had been added to people's records to clearly demonstrate whether there was a Deprivation of Liberty Safeguard authorisation in place, as the necessary documentation was not available on the day of the inspection. We will check this at the next comprehensive inspection.

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 ●

We found that action had been taken to improve safety.

Rigorous systems were in place to maintain cleanliness within the premises.

Risk assessments accurately reflected how the provider identified and managed risks to people's safety and wellbeing.

Medicines were stored at safely maintained temperatures.

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service well-led?

Requires Improvement ●

We found that action had been taken to improve well-led.

Record keeping had been streamlined to reduce duplication and ensure essential information was readily available.

We were not in a position to check how the provider had improved the quality of record keeping in relation to applications for Deprivation of Liberty Safeguards (DoLS), as relevant information was not available to us.

We could not improve the rating for well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

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Detailed findings

Background to this inspection

This unannounced responsive inspection was carried out by one adult social care inspector on 4 April 2017. We inspected the service against two out of five questions we ask about services: Is the service safe and is the service well-led? An unannounced responsive inspection of Yad Voezer 1 was carried out by a second adult social care inspector on the same day, who joined us at Yad Voezer 2 for the feedback discussion with the registered manager. During the inspection people and their support staff were engaged in preparations for the Passover, so we spoke briefly with one person who used the service and a support worker, and mainly gathered information from the deputy manager and the registered manager. We looked at a range of records including three care and support plans and accompanying risk assessment records, cleaning schedules, health and safety records, and quality monitoring audits.

Is the service safe?

Our findings

At the previous inspection we had noted that although the premises looked clean and there were no malodours, there were one or two small items that had been overlooked and were in need of a clean. At this inspection we were provided with a tour of the premises by the deputy manager and observed that the environment was hygienically maintained, clean and welcoming. The staffing rota demonstrated that a part-time cleaner was employed and was provided with a detailed schedule of daily and weekly cleaning tasks to adhere to. Records showed that other staff took on various cleaning responsibilities on days when the cleaner was not at work, and the registered manager conducted monitoring checks to ensure that a safe and appropriate level of cleanliness was consistently maintained. During the tour of the premises, we observed that personal protective equipment, such as disposable plastic aprons and gloves, were readily available for staff to access. At the time of this inspection people and staff were preparing for the Passover festival, hence staff were carrying out an annual deep cleaning of the premises.

At the previous inspection we had noted that although there was a system in place to check the temperature of the cupboard where medicines were stored, the temperature chart incorrectly stated that safe maximum temperature for storage was 30 degrees Centigrade; however, we had found that at least one of the medicines stored should not be kept at over 25 degrees Centigrade to ensure that its effectiveness was not affected. At this inspection we found that safe arrangements had been implemented to ensure that all prescribed medicines were correctly stored. We looked at a random sample of medicines and found that they were suitably stored in line with instructions from the pharmacist. The deputy manager showed us records for the 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 the previous inspection we saw that there were risk assessments in place to prevent harm, however these risk assessments were not consistently written in a logical and clear manner. For example, we had noted that one risk assessment had described high blood pressure as an 'activity' and stated that 'increased road safety awareness' could reduce the risk. At this inspection we noted that the risk assessments had been revised and now demonstrated how the provider supported people in a safe and individual way to engage in community and leisure activities, promote their health needs and maintain important relationships with family members and friends. Where necessary, information was provided about circumstances when people could present with behaviours that challenge and how staff should respond to support people and keep them as safe as possible.

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service well-led?

Our findings

At the previous inspection we had found that records in regards to people's care and support were not always up to date. For example, we had found that although people's medicines were accurately recorded on their medicines administration records, outdated medicines information was noted on their hospital passport, which could have resulted in the wrong information being given to external health care professionals. At this inspection, the deputy manager showed us how people's care and support plans had been screened in order to remove unnecessary duplicated information and to ensure that important details were correctly recorded on all forms. The registered manager informed us that he monitored the care and support plans to ensure that people's allocated key workers updated required documents when people's needs changed.

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 services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the previous inspection we had found that records in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) were not as explicit as they could be. For example, we had found that people's files did not always clearly show whether DoLS had been granted or were in the process of being applied for. At this inspection we were informed that a senior member of staff was assigned to the provider's head office to redevelop people's care and support plans, hence this information was not available to us and will be looked at during the next comprehensive inspection.

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.