

Yad Voezer Limited

Yad Voezer Limited Supported Living Service

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

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.

About the service

Yad Voezer Supported Living provides personal care and support to people with a learning disability or a mental health condition in their own home. At the time of our inspection the service was providing 24 hour supported living services to five people.

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

Right support

People received support to develop, flourish and pursue their own interests.

People received support with their medicines safely and in the way they preferred.

People were supported to have maximum choice and control over their lives.

The staff team provided person-centred care which was stimulating and followed people's preferences.

Staff enabled people to access and follow up specialist health and social care support in a timely manner.

Right care

People were protected from abuse and avoidable harm.

People were supported to communicate in the way they preferred. Staff were provided with the training to support people in this area.

People's care and support plans were detailed and regularly reviewed and updated. This ensured people received the right care that was responsive to their changing needs. People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice.

Risks associated to people's care and choices were set out in their care records and regularly reviewed. The staff team provided kind, compassionate and effective care and support.

Right culture

The companies' ethos, values, attitudes and behaviours were followed by staff in supporting people to be empowered and lead fulfilled lives.

People received good quality care, support and treatment from staff that sufficiently trained and supported in their roles.

People and those important to them were involved in planning and reviewing their care.

The acting manager promoted an open and welcoming culture. People using the service, relatives and staff felt valued and supported.

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

Rating at last inspection

This service was registered with us 27 September 2019 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

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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.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 not a registered manager in post as they had recently resigned and CQC had been notified of this. There was an acting manager in place who had worked at the service for a number of years and the management team were in the process of interviewing candidates to fill the registered manager 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 to speak with us.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we looked at all five people's care plans as well as medicine records and staff recruitment records. We spoke with the acting manager, deputy support worker, three care workers and two people who used the service. The Expert by Experience spoke with three relatives.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe with their care workers. One person said, "Certainly" when asked if they felt safe at the service. Another person said, "Yeah we do [feel safe]." Comments from relatives included, "Oh yes, absolutely [relative is safe]" and "Staff do keep [relative] safe".
- Systems were in place to protect people from the risk of abuse. There was a safeguarding adult's policy in place. The policy made clear the service had a responsibility to report any allegations of abuse to the local authority and the Care Quality Commission.
- All staff had undertaken training about safeguarding and understood their responsibility to report any allegations of abuse. One care worker told us, "If I know something is not right, I will report it. I know the whistleblowing policy. To abuse someone is not acceptable, I will report it." Another care worker said, "I always raised issues if there are any."

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- The risks to people's safety and wellbeing had been assessed and planned for. Staff had assessed risks relating to people's mental and physical health, accessing the community and medicines. Risk assessments were appropriately detailed and gave guidance for care workers about how to reduce risks and they were regularly reviewed and updated.
- Care plans included information for care workers on how to look for signs of increased risk and how they should respond to this. A relative told us, "[Relative is safe] especially from falls, staff keep her safe." This meant care workers were able to help keep people safe and put in place extra measures when they identified concerns such as when the person's needs changed.

Staffing and recruitment

- The provider carried out checks on all staff before they commenced working at the service. These included employment references, proof of identification and criminal record checks.
- People and their relatives told us they had regular and familiar care staff. Comments included, "They are all long-term staff which is perfect for [relative]" and "The staff have been there a long time, they know everyone well, it's a very happy home."

Using medicines safely

- There were systems in place to manage medicines safely. Care workers received appropriate medicines training and followed a medicines policy that reflected national guidance.
- People's needs were assessed for the support they required to take their medicines safely.

- Care workers completed medicines administration records (MAR) when they supported people to take their medicines. Managers checked that MAR's had been completed correctly and discussed any discrepancies with care workers for them to learn from.

Preventing and controlling infection

- Care workers confirmed they were easily able to access the provider's supplies of Personal Protective Equipment (PPE). They participated in a programme of regular testing for COVID-19. The deputy support worker told us, "We have enough PPE, we order and we have a contract with a provider."
- All staff were trained in infection prevention and control, including the correct use of PPE. There were regular checks by senior staff and managers to ensure they were working in the right way.

Learning lessons when things go wrong

- There were processes for learning from things that went wrong and making improvements to the service. These included investigation and analysis of all accidents, incidents, complaints and safeguarding alerts.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff were able to tell us about the needs of the people they supported and we observed positive interactions between staff and people who used the service that showed they knew people well.
- Records showed assessments were in place for people's health and care needs. These were kept under review and updated to reflect changes.
- Assessments showed where other health and social care professionals were involved in helping to assess and meet people's needs. For example, district nurses or occupational therapists.

Staff support: induction, training, skills and experience

- Training for all staff was robust and records confirmed this. One care worker told us, "When I first started there was an induction. I had experience working with people with LD [learning disabilities] before. I've had LD training, first aid, safeguarding, medicines." The deputy support worker said, "There is a regular training programme. We have more face to face training now which we prefer. I've had training in safeguarding, medicines, food, nutrition, challenging behaviour. The training is tailor made to each person's needs. We have specific LD training."
- Care workers told us, and records confirmed they had regular team meetings and supervision with their manager. Supervision provides staff members with the opportunity to reflect and learn from their practice, receive personal support and professional development.

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

- People's nutritional needs and preferences were reflected in their care plans. A relative told us, "Food has always been good there." A person who used the service told us "The food is delicious. I like pasta with cheese."
- Where people were at nutritional risk, food and fluid charts were put in place so people's nutritional intake could be monitored. The deputy support worker explained, "Some meals in the evenings are prepared by us. The service users are all encouraged to get involved. All according to what they like. The service users help prep by peeling carrots etc. They have whatever they fancy. We encourage them to have healthy food."
- Where people had been assessed as being at risk from choking, instructions were given to staff on how to reduce this risk when providing nutritional care.

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

- Care workers told us they worked closely with other health and social care professionals when needed and would highlight any change to a person's needs with management.

- The management team worked closely with the local Clinical Commissioning Group (CCG) to ensure people's health needs were met effectively. Examples of this included liaising with district nurses, GP and occupational therapists.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 MCA. We checked whether the service was working within the principles of the MCA.

- The provider had policies to follow should people not have the mental capacity to consent to their care and care plans were very detailed in relation to people's capacity. People's relatives told us consent was always sought. Care workers demonstrated a good understanding of consent and comments from them included, "Never force anyone. Always ask permission" and "We always give options."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were treated in a person-centred way which respected their dignity and independence. People who used the service told us, "Certainly like living there. [Care worker] is my best company. She is a good carer" and "[Care workers] are caring."
- We received positive feedback from relatives about the care and support their family members received and we observed caring and compassionate interactions between staff and people who used the service. Comments from relatives included, "I can't tell you how happy I am with the way [care worker] runs the house, it's not just professional but with her heart as well" and "They are so caring, very caring."
- Care workers told us they enjoyed caring for people and spoke positively about working at the service. One care worker said, "I think I am a caring carer. I have patience. I love my clients, I like working with them."
- People's care records contained information about their background and preferences with input from their relatives. This information helped staff get to know people and deliver person centred care.
- Records showed that the service was committed to delivering person-centred care that reflected people's diverse needs in respect of the protected characteristics of the Equality Act 2010.

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

- People's preferences and choices were respected. People had a say over how they wanted to spend their day and we observed people doing so throughout the inspection. A relative told us, "[Relative] gets to go out and do things she likes".
- Care and support needs had been discussed with people and their relatives helping to ensure staff knew how people wanted to be supported. One relative said, "We all work together".
- The provider followed best practice standards which ensured people received privacy, dignity, choice and independence in their tenancy.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care focused on their needs. People and those important to them were fully involved in the planning and review of their care needs.
- People had person-centred care plans which provided staff with the information they needed to support them. Information about people's likes and dislikes and what staff should do to re-direct people when they were getting anxious or distressed were clearly documented. One care worker told us "The care plans are good. I know the [people] very well."
- Staff knew the people they cared for well and told us specific information relating to people's care. Most of the staff had worked at the service for over fifteen years and demonstrated an excellent understanding of the people they cared for and we observed this during the inspection.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were documented within their care files. Care workers were very knowledgeable about the individual communication needs of the people they cared for and this was observed during the inspection. The deputy support worker explained, "I look at body language, you learn from them and their body language. You learn how they communicate. Get to know the person, you'll know when they're not well and when they are at their best. It takes time, they talk to me in their own way and we communicate. The fact that I give them the time is the most important."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with those important to them, including family and friends. There was a strong community spirit within the service and activities were centred around the Jewish faith.
- People were able to have a say in what they wanted to do on a daily basis. For example, one person had requested to visit a local shopping centre and this had been arranged.
- People were supported to take part in activities that were in line with their interests and hobbies. For example, one person had an interest in music and another person had recently taken an interest in cooking and this was encouraged.

Improving care quality in response to complaints or concerns

- Complaints received had been addressed in line with the provider's policy and responded to appropriately. At the time of our visit there were no current complaints.
- People knew what to do if they had a concern or complaint. One person told us "I'd tell the carer. Not really had to do that." Relatives told us they would speak to the management team if they had any concerns.

End of life care and support

- At the time of inspection, no one at the service was being supported with end of life care but the acting manager told us they had the resources and skills to support someone, with the help of relatives us and the wider Jewish community if needed, "We support them if they do become end of life. There is huge cultural involvement if someone is end of life. The family, the community, the synagogue. If someone goes into hospital, there is an office at Homerton, specifically Jewish, who will provide prayers on prayer day and Kosher food. If someone doesn't have family of their own, there is always someone from the community who will provide support."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The acting manager demonstrated a good understanding of their role and responsibilities and sent statutory notifications to inform CQC of any significant events that placed people at risk, meaning that CQC were alerted to the current level of risk at the service.
- We received positive feedback about the management of the service. A relative told us, "If I have any concerns at all that's what I'd do [talk to management]. I know it would be fully listened to." Care workers also spoke positively about working at the service. One care worker stated, "Generally speaking it is a positive place to work."
- Audits and governance processes were in place to ensure that the safety and quality of care was monitored and analysed and records confirmed this.
- Systems for supporting staff including inductions, supervision and appraisals were implemented to help support the delivery of safe and high-quality care.

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

- Staff told us there was an open and inclusive culture within the service. The acting manager told us, "It's a nice organisation to work for. I would say the inclusivity here is respected, despite me not being Jewish. My boss is very supportive. I get appraisals and weekly meetings every Monday. I feel very supported."
- The management team and provider worked effectively with external professionals to help achieve positive outcomes for people. For example the acting manager told us they worked closely with an organisation called 'Misgav' who supported women in the community with learning disabilities where they attended classes such as dance and sport. One of the people who used the service told us they enjoyed the activities provided by the organisation and were looking forward to attending their summer camp.
- The service also worked closely with an organisation called 'Ezra Umarpeh'. The acting manager told us, "They are like a community health service organisation, it's voluntary and they provide health equipment and services for free. Like if we wanted mobility aids or transportation wheelchair, they will provide this. Say we have someone with mobility issues that need to attend a hospital appointment, all we do is pay for the fuel and book in advance. We use this regularly on a weekly basis."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service actively engaged people and their families to ensure they had a say in their care. Feedback

from people, staff and relatives was welcomed by the management team and we saw records of recent satisfaction surveys. Comments from the recent relative's survey included, 'Many thanks for all your kindness in looking after [relative]'".

- Regular staff meetings were held which enabled the management team and provider to continuously monitor and improve people's experiences of the care and support provided and records confirmed this.
- The service worked effectively with others such as commissioners, safeguarding teams and health and social care professionals.