

Bayis Sheli Limited

Bayis Shei Limited

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?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

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 and had been in operation since June 2019. There were three people living at the service at the time of the inspection.

The service was developing the design of the building to be in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

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. The service had an identifying sign at the front gate indicating it was a care home which is not in line with best practice, but the provider had begun to include more homely features at the service.

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

There were enough care staff to meet people's needs and some staff had been recruited from the children's service located on the ground floor of the building and knew people well. The recruitment process complied with safe recruitment procedures to check staff were safe to work in the caring profession. People's dignity was not always promoted. We have made a recommendation about treating people with dignity and respect.

The provider did not demonstrate they always promoted good quality care through effective quality monitoring and the provider told us the deputy manager position was vacant since the service was registered. Medicines were not always managed safely.

Notwithstanding the above, people's relatives told us the service was safe. Staff knew and understood how to safeguard people from abuse. The provider had identified where people faced risks to their health and wellbeing and had developed plans to help protect them.

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.

People were supported to eat and drink enough in line with their dietary requirements and religious observance. People had access to healthcare services to receive ongoing healthcare support. People were supported to do different activities they were interested in.

In most instances, staff developed caring relationships with people using the service and supported people to express their views. The service supported people with their religious and cultural needs and promoted their independence. There was an open culture at the service and relatives spoke highly of the registered manager.

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 on 13 February 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on our inspection programme.

Enforcement

We have identified breaches of regulations in relation to good governance and medicines management.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Bayis Shei Limited

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 Care Act 2014.

Inspection team

The inspection team consisted of two inspectors 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

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.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service face to face and three relatives by telephone about their experience of the care provided. We spoke with four members of staff including the nominated individual, registered manager, and two care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Learning lessons when things go wrong

- Medicines were not always managed in a safe way.
- Prescribed creams were not being recorded as given on medicine administration records (MAR) as required by national guidelines. This meant people were at risk of not getting their medicines as prescribed.
- The times medicines were to be administered were not recorded as required by national guidelines.
- The side effects of medicines were not in one person's care records or MAR. This is required under national guidelines so staff may know what to look out for in the case of adverse effects. Side effects were contained in the patient information leaflet that was stored by the provider and since the inspection the provider sent evidence that the information had been recorded clearly in the person's support plan.
- We reviewed the previous five months audits and noted while four were completed the audit for November was missing. This meant the provider was not aware of errors in the previous month. The registered manager told us this was an error and would be completed. Previous audits identified errors and actions were completed to rectify them.

This is a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's medicines were kept in people's individual bedrooms. No one was self-administering medicines at the time of the inspection. Since the inspection the provider told us they had developed systems to strengthen their procedures to minimise the risk of harm.

Assessing risk, safety monitoring and management

- The provider carried out maintenance checks to manage different environmental risks designed to minimise the risk of harm. However, steps had not been taken to comply with the gas safety assessment meaning people were at risk of malfunctioning equipment. The provider said they would address the issues.
- The provider assessed the risks people faced to their health and wellbeing. Guidelines were developed to tell staff how to support the person safely and reduce the risk they were harmed, such as the risk of choking. Staff understood the potential risks to people's safety and welfare and knew what action they needed to take to mitigate these risks.
- These risk assessments were regularly reviewed and updated. Daily notes demonstrated staff were carrying out the plans and were monitoring people's health needs to make sure they were not at risk of becoming unwell.

Systems and processes to safeguard people from the risk of abuse

- The service had systems in place to protect people from abuse.
- Relatives told us the service was safe. One relative said, "Yes [it's safe] because every time I come to visit it's very secure and looked after, [relative] is very happy."
- Staff understood what to do if they thought someone was being abused. One staff member said, "If there's a change in someone's behaviour I'd be more observant. I would write it down and speak to my manager immediately."
- Staff knew how to blow the whistle and escalate any concerns to external agencies. One member of staff told us, "I would tell [the Care Quality Commission] and the police."

Staffing and recruitment

- The provider assessed people's support needs and there were enough staff on duty to meet their needs.
- A person we spoke with nodded to indicate there were enough staff to help them and relatives told us there were enough care staff. One relative told us there were always two staff members working with their family member in the community as required in their care plan. A second relative said, "Oh yes, there's plenty of staff."
- Staff recruitment records provided after the inspection showed relevant checks had been completed before staff worked unsupervised at the service, such as references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records.

Preventing and controlling infection

- There were systems in place to prevent the spread of infections.
- Staff had access to personal protective equipment for use while providing personal care.
- The service appeared clean and was free from malodours.

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.

Adapting service, design, decoration to meet people's needs

- The service was arranged over one floor of a purpose-built building. People had access to the building's pool for therapeutic purposes.
- The registered manager told us the service was "too clinical". He had changed the design to include a communal lounge area and had an improvement plan to make the service more "homely".
- People were able to decorate their rooms to make them more personal.

Staff support: induction, training, skills and experience

- The provider had a system in place to train people in the skills they required for their role. Staff told us, "I had a bit of a read up and two weeks' training."
- The registered manager told us there was a range of provider-mandated training modules that were delivered either on line or face to face. He told us there was not a training matrix to establish how many staff were up to date with this training and he was not aware of the latest numbers.
- The staff had supervisions and staff meetings to discuss their work and the needs of the people living at the service. Staff told us they felt supported by the service but that supervisions were not regularly completed, and staff told us, "not everyone turns up" to the meetings. The registered manager told us he would address this.

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

- The provider assessed people's needs prior to them living at the service. Where people had previously lived in the children's home on the ground floor, the provider organised for them to visit the service to get used to it and managed their transition to the adult care home.
- Other people had started using the service on a respite service and had decided to live there permanently. The provider fully identified their needs and create comprehensive care records.
- Full records of people's needs were drafted with the input of their family members where required.

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

- People were supported to eat and drink enough and to maintain a balanced diet. A person told us they liked the food.
- Staff told us how a person was supported to eat safely in line with a complex medical treatment plan.
- We saw people eating and drinking safely throughout the inspection and fruit, vegetables and snacks were available in the kitchen.

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

- People had access to health care services and the service worked with other professionals to provide care.
- People had up to date health action plans and daily records showed health care professionals were involved in their care, such as the dentist, dietitian and speech and language therapists.
- Relatives told us staff told them when their family member became unwell.
- Staff we spoke with had a good understanding about the current medical and health conditions of the people they supported.

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 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care records emphasised the need for people to be given choices about their care and we observed staff gaining permission from a person living at the service before carrying out a task.
- Staff told us they gave people choices about the support they offered.
- The registered manager was improving the process of involving more experts about any conflicts between people's belief system and their day to day choices.
- Records demonstrated the provider had arranged for people to have DoLS authorisations and the provider had complied with them.

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 as requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was not always promoted when they behaved in a way which challenged the service.
- A person told us they did not always like the language staff used and a relative said, "Sometimes [staff] do treat [person] as if [they're] younger like they speak down to [person], but I understand that because it depends on her behaviour." We observed a staff member using abrupt words and body language towards a service user. The registered manager told us this was out of character and was effectively addressed by the registered manager.
- The registered manager had identified the concern and had developed a robust plan to address the concern including through supervisions and working with the person living at the service about how to put a plan in place to ensure they were treated in accordance with their wishes. The person was happy with this response. This piece of work was ongoing at the time of the inspection and the registered manager assured us he would continue to address these concerns to the satisfaction of the person living at the service.

We recommend the service seek advice and guidance about ensuring people are always treated with dignity and respect.

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

- People and their relatives told us that other than the isolated situation described above, staff had developed caring relationships with people living at the service. A person said, "Yeah" they had a good a relationship with staff. One relative said, "Yeah they are all very nice and helpful, caring... we are very happy, very happy". A second said, "I think they are really caring, really warm... they make an effort get to know my relative." A third said, "On the whole they are fine, they get on well with my relative they have become like her friends."
- People's spiritual and cultural needs were reflected in their care records. Daily notes demonstrated that these wishes were respected.
- People were supported to worship and observe spiritual traditions.
- Staff told us they had completed equality and diversity training and they "would treat everybody the same way whatever their sexuality or religion."
- We asked the registered manager about how they would support people who identified as gay, lesbian, bisexual or transgender. The registered manager was aware of their duty to support people's diversity with respect and equality.

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

- Staff told us they offered people choices about their day to day care.
- We observed staff supporting people to express themselves with body language and communication aides in order to understand their needs.
- Staff understood how to communicate with a person who could not express themselves verbally. A relative told us, "Staff have picked up communication skill methods that my relative can understand."

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.

End of life care and support

- The service supported young adults between the ages of 18 and 25 and the registered manager told us the service was not providing end of life care at the time of the inspection. However, there is still a requirement the provider has an end of life support system in place for when it may be required.
- The provider did not have an end of life policy to provide guidance to staff should they need to care for someone who required palliative care in the future.
- The registered manager told us they would address the concern.

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

- The provider drafted care plans to guide staff about how to care for the people they supported.
- The plans were detailed and personalised with lots of information about people's needs and preferences. Staff demonstrated they knew people's likes and dislikes and the best way to support them.
- A relative told us, "Yes, they know [family member] very well."
- Care plans were regularly reviewed and updated if a person's needs changed and to reflect health care recommendations from professionals. A relative told us, "The staff always pick up on things [if they change]."

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.

- The service assessed people's communication needs and these were captured in their care plans.
- The plans included information about which communication methods to use for effective communication such as signs, body language and communication devices. Staff told us these plans were useful and they were able to communicate with people to understand what they wanted.

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 to avoid social isolation and to follow their interests during the day time. At the time of the inspection two people were involved in activities they enjoyed in the community.
- People were supported to maintain contact with family and relatives told us staff were welcoming and friendly towards them.

- People's interests were reflected in their care records and daily notes demonstrated people were taking part in a range of activities such as, quizzes, art lessons and baking.
- People living at the service had access to a swimming pool on site for recreational and therapeutic use. The registered manager told us there was a plan in place to increase the use of the pool.

Improving care quality in response to complaints or concerns

- People and their relatives told us complaints were well managed. The registered manager had recorded the complaint received and dealt with it to the satisfaction of the complainant.
- A person said, "Yeah [staff listen to me]" And showed us where the complaint procedure poster was on display at the service.
- A relative told us, "I would feel comfortable making a complaint if need be."

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager told us he had been in post since the service had started operating six months prior to the inspection. The registered manager told us he was well supported by the directors of the service. The provider had reflected that the service now required the support from a deputy manager and were the provider told us they were about to start the recruitment process for this post.
- The service was not set up in a way to promote good quality care through effective quality monitoring.
- Their arrangements to monitor that people were always treated appropriately were not effective because we observed people were not always treated with dignity and respect.
- The latest medicine audit had not been completed and therefore the provider had not made themselves aware of the issues we found during the inspection. There were no other audits conducted. Therefore, the issues we found during the inspection had not been identified by the provider. The provider did not have a quality action plan to drive improvements at the service.
- The provider did not always fully engage with people, their relatives and staff. Due to the shorter length of time the service had been running, the provider had not yet developed surveys or other formal mechanism for people, staff and the professionals to give their feedback about the service. The registered manager told us these were being developed.
- Staff meetings were not held regularly and the registered manager told us that a couple of team meetings had been "skipped".

This is a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us the team meetings that had taken place were useful. Records showed that a complaint had been discussed and the importance of keeping accurate records had been highlighted.
- Relatives told us that informal feedback and communication was good and timely. A relative said, "Yes, they call me up quite often." A second said, "Normally I speak to the staff nearly every day and they inform me of how my relative is doing."

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

- People, relatives and staff told us there was an open and positive culture at the service.
- People and relatives spoke highly of the registered manager and staff felt well supported. A relative said, "Yes, I find him easy to talk to, he's understanding and keeps his word." A person told us, "[the registered manager] is nice. He talks to me." A relative said, "I think he is a lovely person, very good, very capable. A very good manager." A second said, "Yes, he's very nice, he knows his stuff and is friendly and helpful."
- The registered manager told us they understood their responsibilities under the duty of candour. The duty of candour is the registered manager's legal responsibility to be open and honest with people when something goes wrong.

Working in partnership with others

- The service worked in partnership with other services and professionals to better support people such as a local day centre and the local community.
- Records demonstrated the provider worked with a range of health care professionals involved in people's care and followed their recommendations when required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always managed safely. Regulation 12 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems to assess, monitor and improve the quality and safety of the service had not been established. Regulation 17(1)(2)(a)