

Yad Voezer Limited

Yad Voezer 1

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 13 and 14 October 2016. Breaches of legal requirements were found regarding the safety of the premises and staff training. After the comprehensive inspection the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Yad Voezer 1 on our website at www.cqc.org.uk.

Yad Voezer 1 is a small care home which is registered to provide accommodation for up to 10 people with learning disabilities and people with autistic spectrum conditions. The service provides care for men in line with Orthodox Jewish practices. At the time of our inspection there were eight people using the service.

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 our last inspection we found that checks had identified dangerous flaws with the electrical system, and we could not be certain that these had been addressed. At this inspection we saw that these had been addressed and the electrical systems were certified as safe by a suitable contractor. The provider had measures in place for recording when important checks were carried out, however staff did not record whether these checks had identified actions and when the next check was due.

The provider had carried out fire drills and identified which people required support to evacuate the service, and had implemented personal evacuation plans for these people.

At our last inspection we found that the provider had not carried out an assessment of training needs for the service, and that some staff had not received appropriate training. At this inspection we found that the provider was still not meeting this requirement. Although the provider was arranging training for staff, only one session had taken place so far, and managers had not carried out an assessment of training needs for staff. We found that staff were receiving supervision regularly, although the provider did not have systems in place for ensuring that this continued.

We found that the provider was still in breach of regulations with regards to staff training. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that the provider had taken action to improve the safety of the service. Appropriate checks had been carried out to confirm that electrical systems were safe, and the provider had identified where people needed support to evacuate in an emergency and implemented evacuation plans.

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.

Requires Improvement ●

Is the service effective?

The service was not effective.

Managers had identified the most urgent training needs for staff, and some of these had been carried out. However, staff had not yet received the training necessary for their roles, and managers had not assessed the training needs of the service.

Supervision was taking place regularly for staff, but managers did not have systems for ensuring that this was maintained.

Requires Improvement ●

Yad Voezer 1

Detailed findings

Background to this inspection

We undertook an announced focused inspection of Yad Voezer 1 on 4 April 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our inspection on 13 and 14 October 2016 had been made. We inspected the service against two of the five questions we ask about services: Is the service safe and is the service effective? This is because the service was not meeting some legal requirements.

The inspection was undertaken by a single inspector.

During our inspection we spoke with the registered manager, the deputy manager and a person who used the service. We were unable to carry out further discussions with staff and people who used the service as they were carrying out preparations for Passover. We reviewed records relating to the maintenance of the premises, health and safety checks, fire drills and evacuation plans and records of staff training and supervision.

Is the service safe?

Our findings

At our last inspection on 13 and 14 October 2016 we found that the provider had not taken appropriate steps to ensure the environment was safe. This is because the previous check of electrical safety had identified dangerous flaws with the electrical system, but there was no evidence that this had been addressed. In response to our concerns, the provider arranged for urgent checks to be carried out.

At this inspection, we found that the provider was now meeting this regulation. The landlord had informed the provider that they had addressed these faults but could not provide evidence of this, and so arranged for a subsequent check of the electrical systems by a suitable contractor. This confirmed that these were safe.

The provider maintained records of when checks were carried out of electricity, gas and fire systems and these showed all checks were up to date. This was checked during periodic health and safety checks. However, we found that staff did not record when the next check was due, and did not record whether these checks had revealed any concerns which needed to be addressed. This meant we couldn't be certain that the improvements would be sustained.

At our previous inspection we made a recommendation about implementing personal evacuation plans for people who may need support to evacuate in the event of an emergency. The provider showed us records of quarterly fire drills, which recorded whether people had evacuated the building safely and who needed support from staff to do so. Where people required support, the provider had completed personal evacuation plans, which indicated whether a person would have difficulty taking notice of the fire alarm, which member of staff was responsible for supporting them to leave the building and whether equipment such as a wheelchair was required. These plans were scheduled for a yearly review.

The provider also conducted regular checks of the health and safety of the building. This included checks of medicines, the environment and fire safety. We saw that where a check had highlighted actions, these were carried out. For example, a recent check had highlighted that a fire drill needed to be carried out, which took place shortly after.

Although we found that concerns had been addressed, we could not be assured that these improvements could be sustained. Therefore we have been unable to change the rating for this question. We will check this again during our next scheduled comprehensive inspection.

Is the service effective?

Our findings

At our last inspection on 13 and 14 October 2016 we found that staff were not receiving appropriate training to carry out their roles effectively. This was because the provider had not assessed the training needs of care workers and some staff had not received what the provider told us was mandatory training.

At this inspection we found that the provider had made improvements in this area, but was still not meeting this regulation.

The provider showed us records which demonstrated they had identified the most urgent training needs for staff, and were in the process of arranging these. All staff had now received moving and handling training, and the provider had arranged medicines training, which had been cancelled for reasons outside of the provider's control. All staff had been enrolled on the Care Certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers and was developed jointly by Skills for Care, Health Education England and Skills for Health.

The provider had also purchased training materials on fire safety, safeguarding adults and mental capacity, but told us that apart from moving and handling, no further training had yet taken place. This meant that staff had still not received adequate training to carry out their roles.

We found that the provider had not yet assessed the overall training needs of the staff team with regards to meeting the needs of people who used the service. Although they had identified which training needed to take place in the short term, there was no long term training plan in place. The provider had not identified whether training needed to be refreshed and how often, or whether they could carry out observations of competency or compare training needs to modules of the Care Certificate. These could be used to allow managers to target limited resources to where it was most needed. The provider maintained a training matrix, however this was not arranged in a way which would allow managers to easily identify outstanding training needs.

These issues constituted a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection we identified that some staff had not received regular supervision. At this inspection we found that this had improved. The provider told us they had identified that staff should receive supervision every three months. We checked supervision records for four staff and saw that this was now taking place. However, we found that managers did not keep an overview of when staff had received supervision, which meant there was a possibility that they would not be aware when supervision was due.

Although we found that the provider was taking steps to address our concerns, these had not yet been fully completed and there were not sufficient systems in place to ensure that these could be sustained. Therefore we have been unable to change the rating for this question. We will check that the provider is meeting this

requirement at our next comprehensive inspection.

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 18 HSCA RA Regulations 2014 Staffing Persons employed by the service provider did not receive appropriate training as necessary to enable them to carry out the duties they were employed to perform. 18(2)(a)