Leeds Jewish Welfare Board

Leeds Jewish Welfare Board - 248 Lidgett Lane

Inspection report

248 Lidgett Lane
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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

This was an announced inspection carried out on 25 and 27 July 2018. At our last inspection in June 2018 we found the service was 'requires improvement. At this inspection, we found the service had made the required improvements.

Leeds Jewish Welfare Board – 248 Lidgett Lane provides 24-hour care and support to five adults with learning disabilities and is registered to provide accommodation and personal care. The service operates with the cultural needs of Jewish people in mind, however it also caters to the needs of non-Jewish people.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. The service conforms with these requirements.

There was a manager in post, however they were in the process of registering with the Care Quality Commission at the time of the inspection. 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.

There were enough trained staff to meet people's needs and staff were recruited safely. Some relatives commented that recent changes in staff personnel had an impact on continuity however the service's recruitment process involved people meeting prospective new staff and approving of them before they were offered a role.

Staff were trained in medicines administration and medicines were managed safely. Staff were also trained to recognised signs of abuse and were able to describe how they would follow the provider's safeguarding and whistleblowing policies.

There were appropriate health and safety checks in place and there were adequate supplies of personal protective equipment to ensure that staff were able to minimise the risk of infections.

Staff told us they received an adequate induction, training and support from the service. The manager monitored staff performance through spot checks.

People told us staff were kind, caring and compassionate. The service had a warm and jovial atmosphere. People were supported to maintain independent lives, ranging from choosing what they wanted to eat and wear to working in the community and earning a wage. Staff were able to describe how they would protect people's dignity and privacy.

Care plans contained detailed person-centred guidance on how to care for people in a way they wanted. People were supported to maintain active social lives and participate in activities relevant to their hobbies and interests.

There was a complaints policy and procedure in place, complaints were responded to appropriately and people told us they knew how to raise a complaint.

The service had adequate quality assurance processes in place to monitor and improve on service delivery. The manager was supported by the provider to attend meetings with other managers and gather feedback on good practice.

The service engaged positively with people and their relatives to gather their feedback and make improvements to the service.

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.

There were enough staff to meet people's needs and staff were recruited safely.

Medicines were managed safely and staff had received training in medicines administration.

Staff had received training in safeguarding vulnerable adults and were able to describe how they would identify and raise potential abuse.

Is the service effective?

Good

The service was effective.

Staff received appropriate induction, training and supervision. Staff were able to raise issues at supervisions and performance was monitored through spot checks.

The service operated under the principles of the Mental Capacity Act 2005 and applications to lawfully deprive people of their liberty were made appropriately.

People and their relatives told us they were supported to maintain healthy lives and attend healthcare appointments where necessary.

Is the service caring?

Good

The service was caring.

People and their relatives told us staff were kind and caring. People were well presented and the service had a warm atmosphere.

Staff were able to describe how they maintained people's dignity and privacy, and people were supported to live as independently as they wanted.

Although the service was designed with Jewish cultural

requirements in mind, people from all backgrounds were welcome and supported in their spiritual and cultural needs.

Is the service responsive?

Good

The service was responsive.

Care plans were written in a person-centred way and contained detailed guidance for staff to care for people in a way they wanted.

People knew how to raise complaints and complaints were responded to according to the provider's policies and procedures.

People were supported to lead active social lives and participate in activities that took into account their hobbies and interests.

Is the service well-led?

Good

The service was well-led.

The service's quality monitoring processes provided an adequate overview of the service and identified areas for improvement.

The service engaged positively with people and their relatives, providing information and listening to feedback.

Staff were positive about the culture at the service. Staff told us that they attended regular meetings with the manager and that they felt listened to.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 25 and 27 July 2018 and was announced. We gave the service 24 hours' notice of the inspection site visit because the location is a small care home and as people were often out during the day, we needed to be sure that someone would be available on site.

Before the inspection providers are asked to complete a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The inspection was conducted by one adult social care inspector. Prior to the inspection we reviewed information we held about the service. This included reviewing statutory notifications sent into us by the service, and feedback from people and their relatives. We also requested feedback from the local authority prior to our inspection.

During our inspection we spoke with four relatives of people who used the service and two people who used the service. We also spoke with four staff including the Chief Executive Officer, the manager and two care staff. We also spoke with a visiting deprivation of liberty safeguards advocate to gather their feedback on the service. We reviewed documents and records relating to the running of the service and people's care. This included three care plans, medicines administration records, health and safety documentation and quality assurance processes. We conducted a tour of the premises, observed staff interactions with people and also observed medicines administration.

Good

Is the service safe?

Our findings

At our last inspection we rated this service as 'requires improvement' for 'safe' because maintenance checks such as the five-year electrical safety check had not been carried out. At this inspection we found the service had made the required improvements.

The service had valid gas safety and five-year electrical safety certificates which had been issued by accredited third party services. The service also carried out a range of regular health and safety checks, including window restrictor checks, legionella and water temperature checks, and fire safety checks. We saw that one person who used the service had an interest in fire safety checks, so staff included them when they conducted fire alarm and fire drill exercises. We noted that while these checks were carried out on a regular basis, some documents such as the CO2 detector check did not specify when exactly they were to be carried out. We raised this with the manager who made changes to the documents to make this clear for all staff.

The service was safe. People and relatives we spoke with told us the service was secure and safe. We observed that the property was secured with keypad entry, and gates were locked when the garden was in use.

There were enough staff to meet people's needs. There had been changes in personnel at the service recently due to retirements and staff moving roles. The new manager had been in post for eight months and had taken over after the previous interim manager left after a short time in post. Relatives told us that a period of movement and recruitment had an impact on the service because staff who had been there a long time and had gotten to know people very well had left, and some new staff including the previous manager had not stayed very long. Relatives told us this unsettled period was stabilising and they were hopeful staff who were there at the time of the inspection would stay, and that staff's relationships with people using the service were improving. One member of staff said, "Yes, I think there are plenty of staff."

Staff were recruited safely. This included acquiring professional references, ID and right to work in the UK checks and a valid Disclosure and Barring Service (DBS) certificate. The DBS is a national agency which uses the police national database to help employers make safer recruitment choices. In addition, prospective new staff were selected only with the consent of people using the service. Prospective new staff were invited into the home to spend time with people, and people's feedback on whether they wanted them to be involved in their care was considered before staff were offered employment. This process also applied to the manager.

We reviewed the service's systems around medicines management. Medicines Administration Records (MARs) provided detailed guidance for staff on what medicines people used and when, with clear instructions for their medication. We observed medicines being administered. Staff were polite and patient, and all medicines given were witnessed by another member of staff and countersigned. One member of staff said, "Training is good, we have three observations by the manager before we are signed off. I feel confident."

Medicines were stored in a locked safe. There was nobody using controlled drugs (medicines which require secure storage due to their potency) at the time of the inspection, however there were the appropriate facilities in place to provide them.

Medicines required 'as and when' (or PRN) were recorded and administered safely. This included a PRN protocol which detailed what the medicines was, why it was needed and the maximum number of doses in a 24-hour period.

There were safeguarding and whistleblowing policies and procedures in place and staff were able to describe how they would protect people from harm. One member of staff said, "It could be anything, medicines error, staff being inappropriate to people, I would let the registered manager know and follow the policy. If I have concerns about the manager, we know we can go higher up."

Accidents and incidents were reported appropriately. Reports detailed who, when and where, and what the triggers for the incident were. 'Near misses', such as aggression which did not escalate into an 'incident' were also recorded.

There was a business continuity plan in place which described key actions to take in the event of a major disruption to the service such as a natural disaster or power cut.

Staff received training in infection prevention. We observed a medicines round where personal protective equipment (PPE) was worn. PPE was available throughout the service, and using PPE was part of staff's observed practice. During our tour of the service we found it to be clean and well presented. People were involved in cleaning their own rooms where they wanted to be.

Risks to people were assessed appropriately and conducted in a positive way. This included supporting individual people to access the community safely and engage in employed work, as well as more generic risk assessments such as for the environment, fire safety and external activities such as swimming.

Good

Is the service effective?

Our findings

Relatives we spoke with told us they thought staff were well trained. New staff received a week-long classroom based induction into the service and then completed the care certificate over 12 weeks. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff completed training the service considered to be mandatory, this included fire safety, first aid, and safeguarding vulnerable adults.

The manager also conducted spot check observations of staff to ensure that high standards of practice were met. This included following infection control protocols, moving and handling technique and medicines administration. Spot checks also included feedback from people about the member of staff.

Staff received regular supervisions and an annual appraisal. One member of staff said, "Supervisions are good. I can say I'm weak in a certain area, can I do some more training on it, we discuss everything."

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 people 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We reviewed mental capacity assessments and best interests decisions and found the service was adhering to the principles of the MCA. Decisions and assessments were carried out in a person-centred way, involved a multi-disciplinary team and were decision specific. For example, in a decision made to assess a person's capacity to make choices over their medicines, the person was presented with objects including their medicine and asked to identify their medicine, and asked questions about what they were for. DoLS applications were made appropriately and applications were monitored and chased up with the local authority by the manager.

We spoke with a visiting DoLS advocate who regularly visited the service. They told us that the service fully understood and operated under the principles of the MCA, demonstrated good knowledge and were communicative about people's needs.

People's nutritional and hydration needs were met. Care plans included detailed guidance on people's likes and preferences, as well as input and guidance from health professional teams such as the speech and language therapy team at a local hospital. One member of staff said, "We cook with them and for them. We recently made cheesecakes, we get people involved in cooking as much as they want to." We saw in one person's eating care plan that the person ate fortified meals, didn't like fizzy drinks, liked snacks and was able to make their own food choices. We saw people supported to go into the community to their favourite cafes and buy takeaways.

People's care plans contained detailed information on health professional contacts and details on all appointments or visits by healthcare professionals, with any updates on care needs made clear. One relative we spoke with said, "They are very good with healthcare, they get appointments straight away." People's health was monitored in a number of ways and with use of nationally recommended tools, for example food and fluid monitoring charts, seizure monitoring, Bristol stool charts and abbey pain scales. We saw one person's weight was being monitored weekly.
Information was available in accessible formats dependent on need. This included, braille, easy read and in foreign language. For example, people with learning disabilities who took medicines or had specific conditions had this information available in an easy read format.

The service was purpose-built to meet people's needs and there was a lift for wheelchair accessibility installed.

Good

Is the service caring?

Our findings

All relatives and people we spoke with told us they thought staff were kind, caring and compassionate. People were clean and well presented, and the atmosphere in the home was warm and jovial. We observed positive and kind interactions. One person said, "Staff are brilliant, they are kind all of them." During a medicines round we observed staff joking with people who were clearly at ease in their presence. We were welcomed into the service by people using it which indicated that people were happy living there.

People's independence was promoted. For example, we saw that during the refurbishment process people chose what furniture and colours they wanted in communal areas and in their rooms. We saw a large design board with different colours and materials to show what people had chosen, and these were faithfully reflected when we visited people's rooms. People's rooms were personalised with items and pictures that were important to them. One member of staff said, "We just encourage them to be themselves, pick their own clothes, it's their choice." We saw people confident in coming into the office, speaking with the registered manager and being helped to manage their own finances.

Staff were able to describe how they would protect people's privacy and dignity. One member of staff said, "Close doors when delivering personal care, always ask them how they want things to go, if they are okay to wash their private parts and understand their wishes have to be respected." Relatives we spoke with told us they saw staff always knocking and waiting for a response before entering people's rooms.

The service was designed with the aim of providing care for people from a culturally Jewish background. New staff from a non-Jewish background were provided guidance and information on Jewish cultural practices and beliefs. There were close links with local synagogues, and one person was visited by a Rabbi every Friday. The service adhered to Kosher dietary laws in terms of ordering, preparing and storing food. However, the service also looked after people from other communities. For example, one person was supported to go to church every Sunday, they told us how much this had made a difference to them. They told us that staff had took them to two nearby churches and supported them to choose which one they preferred. People's spiritual and cultural needs were recorded sensitively.

The service understood the role of advocacy and information was available if requested. An advocate is someone who helps vulnerable people make decisions about their lives.

Good

Is the service responsive?

Our findings

Care plans were written in a person-centred way and contained detailed guidance for staff on how to care for people in a way that was relevant to them. For example, in one person's washing and bathing care plan it read, 'Use a small amount of shampoo and wash my hair quickly so I don't get distressed'. The service was in the process of transitioning to a new model of care plan which the new manager had initiated as part of their vision to improve the service.

Staff were able to read detailed and clear positive behaviour support plans. These contained information on how people presented in different emotional states, potential triggers, and how to support them in a positive way. Care plans were reviewed regularly with involvement from people and their relatives, however due to the rewriting of the care plans this had not taken place as scheduled.

People were supported to partake in activities that were meaningful to them and which took into account their hobbies and interests. The service recorded people's preferences under subtitles like 'things that are important to me', 'things people like about me' and 'things I enjoy'. One person was supported to work part time in a sister service cleaning, and another was supported to go to concerts and sports events that they wanted to see. During the refurbishment process, everyone was taken to a popular holiday resort to minimise disruption and we saw pictures of people enjoying themselves. One person told us they enjoyed the holiday very much. The manager told us their ambition was to facilitate everyone to go on a holiday abroad.

The service did not have anybody on an end of life care pathway at the time of the inspection, however the manager understood their role in liaising with healthcare professionals, and there were care plans in place for people who expressed wishes in terms of practical and spiritual arrangements in the event they approached the end of their lives.

There was a complaints process in place, and relatives told us they knew how to make a complaint. There were two complaints in 2018 which were responded to in a timely and courteous way. One relative we spoke with said, "The manager is approachable, I'm confident I could make a complaint if I needed."

The manager told us how they planned to use technology to enhance people's lives. The service had access to a tablet with apps and games appropriate for people using the service. There were plans in place to use the immersive technology room at the community centre which had been recently procured. This device was able to project experiences such as parties, flights and rollercoasters for people.

People were supported to maintain relationships with people that mattered to them. During our inspection we saw relatives helping maintain the garden with their loved one.

Good

Is the service well-led?

Our findings

At our last inspection we found the service was 'requires improvement' for 'well-led' because quality assurance processes and monitoring arrangements had not identified that the service required a five-year electrical safety certificate. At this inspection we found the service had made the required improvements.

We reviewed the service's quality assurance processes. The service conducted a range of regular audits to monitor performance. These included infection prevention, medicines records and an environmental audit.

The manager sent a report to the provider monthly, this included staffing levels, updates to DoLS and any issues affecting the environment of the service. The manager also attended regular care manager meetings with other managers employed by the provider at other services. They discussed recruitment, compliance with CQC regulations, accidents and incidents, and any updates to nationally recognised best practice. Examples of lessons learnt included improvements identified at our last inspection.

There was a monthly forum for people living at the service to discuss issues that were important to them and raise ideas for improving their home. At the last meeting we reviewed in July 2018 people discussed having a barbecue, what pictures they wanted to have in the lounge area, and looking at getting subscription TV packages to allow people to watch more sports. People also discussed important safety issues, for example that smoke alarm checks were taking place, and what outings people wanted to go on.

There was also a relatives forum held every three months where relatives of people were invited to give their views and learn of any updates to the service. At the last meeting in January 2018 there were nine attendees who discussed updates such as new lighting, new health and safety procedures such as water temperature recording, decorations and holidays.

The service had good links with other services under the registration of Leeds Jewish Welfare Board. They shared a local community centre as a resource for people to use cafes and train staff. The service had a good relationship with another learning disability service provided by Leeds Jewish Welfare Board, for example they held regular 'learning disability forum working groups' where people from both services met to discuss issues such as training they could go on (people raised that they wanted to do first aid training), content of the website for the provider, faith groups, and what successes people had achieved.

Staff meetings took place on a regular basis and staff told us they were an open forum where they could share their views on the service. At the last staff meeting in June 2018 staff discussed actions completed since the last meeting, teamwork, activities, and discussion of safeguarding matters. One member of staff said, "We discuss residents needs, their health appointments, house repairs and training."

Staff told us they thought the manager was transparent and approachable, and that there was a positive culture at the service. One member of staff said, "Morale is good, everyone is enthusiastic and supportive. I would recommend it as a place to work."