Agudas Israel Housing Association Limited

Fradel Lodge

Inspection report

1 Schonfeld Square
Hackney
London
N16 0QQ

Tel: 02088027477

Date of inspection visit:
27 June 2017

Date of publication:
13 September 2017

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 conducted an inspection of Fradel Lodge on 27 June 2017. Fradel Lodge is a supported living service providing personal care and accommodation for adults with mental and/or physical health needs within the orthodox Jewish community. There were 21 people receiving personal care when we visited. At our last inspection on 19 and 24 May 2016 we found that the provider was in breach of regulations in relation to consent and notifications. At this inspection we found improvements had been made in these areas and the provider was no longer in breach of these regulations.

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.

The provider was meeting the requirements of the Mental Capacity Act 2005. Mental capacity assessments were in place to demonstrate that where people could not consent to their care, decisions were made appropriately in their best interests. Care staff demonstrated knowledge of their responsibilities under the Mental Capacity Act 2005.

Quality assurance systems were thorough. The manager completed various audits and took action to implement required changes as a result of the last Care Quality Commission inspection. We saw evidence that feedback was obtained from people using the service and the results of this was positive. Notifications were submitted to CQC as required.

Procedures were in place to protect people from abuse. Staff knew how to identify abuse and knew the correct procedures to follow if they suspected abuse had occurred. Safeguarding matters were reported to the CQC as required.

We saw evidence of logging of accidents and incidents and evidence of investigations and further analysis into the causes of accidents and incidents. We saw consequent further action was taken as a result to mitigate risk.

Staff had completed medicines administration training within the last year and were clear about their responsibilities.

Risk assessments and support plans contained clear information for staff. All records were reviewed every month or where the person's care needs had changed.

Staff demonstrated an understanding of people's life histories and current circumstances and supported people to meet their individual needs in a caring way.

People using the service and their relatives were involved in decisions about their care and how their needs were met. People had care plans in place that reflected their assessed needs.

Recruitment procedures ensured that only staff who were suitable, worked within the service. There was an induction programme for new staff, which prepared them for their role. Staff were provided with appropriate training to help them carry out their duties. Staff received regular supervision. There were enough staff employed to meet people's needs.

People were supported to maintain a balanced, nutritious diet. People were supported effectively with their health needs and to access a range of healthcare professionals.

People using the service and staff felt able to speak with the manager and provided feedback on the service. They knew how to make complaints and there was a complaints policy and procedure in place.

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.

The service had adequate systems for recording, storing and administering medicines safely.

The risks to people's mental and physical health were identified and appropriate action was taken to manage these and keep people safe.

Procedures were in place to protect people from abuse. Staff knew how to identify abuse and knew the correct procedures to follow if they suspected abuse had occurred.

There were enough staff available to meet people's needs. We found that recruitment processes helped to ensure that staff were suitable to work at the service.

Is the service effective?

Good

The service was effective.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA). Care records were signed by people using the service. We saw mental capacity assessments were in place to demonstrate whether people had the capacity to consent to decisions made and if not, decisions were made appropriately in their best interest. Care staff demonstrated a good knowledge of their responsibilities under the MCA.

People were supported by staff who had the appropriate skills and knowledge to meet their needs. Staff received an induction and regular supervision, annual appraisals and training to carry out their role.

People were supported to maintain a healthy diet and had access to community dietetic teams when needed. People were supported to maintain good health and were supported to access healthcare services and support when required.

Is the service caring?

Good

The service was caring. People using the service were happy with the level of care given by staff.

People told us that care workers spoke to them and got to know them well.

People's privacy and dignity was respected and care staff provided examples of how they did this. People's cultural diversity was respected and celebrated.

Is the service responsive?

Good

The service was responsive. People's needs were assessed before they began using the service and care was planned in response to these.

People were encouraged to be active and maintain their independence. Staff at the service encouraged people to take part in social events and arranged activities for them to participate in.

People told us they knew who to complain to and felt they would be listened to.

Is the service well-led?

Good

The service was well-led. People told us the registered manager was approachable.

Quality assurance systems were thorough. The registered manager completed various audits, which identified concerns and action plans were devised as a result. Accidents and incidents were reported and investigated as required. Feedback was obtained from people using the service through residents meetings and where necessary, this was acted on.

Fradel Lodge

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 27 June 2017 and was conducted by a single inspector. The inspection was unannounced.

Prior to the inspection we reviewed the information we held about the service. We contacted a representative from the local authority safeguarding team to obtain their feedback.

We also spoke with six people using the service and one relative of a person using the service. We spoke with four care workers, the manager and the social events coordinator within the service. The registered manager had overall responsibility for the service, but the manager conducted day to day management of the service. The registered manager was not available on the day of our inspection. We looked at a sample of four people's care records, three staff records and records related to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. Comments included "It's a very safe place, they have a reception and you have to ring to get in" and "I feel safe living here."

The provider had a safeguarding adult's policy and procedure in place. Care staff told us and records confirmed they received training in safeguarding adults as part of their mandatory training and demonstrated a good understanding of how to recognise abuse, and what to do to protect people if they suspected abuse was taking place. Staff also confirmed they were aware of the provider's whistleblowing procedure and would use this if they felt their concerns had not been taken seriously. Whistleblowing is when a care worker reports suspected wrongdoing at work. A care worker can report things that are not right, are illegal or if anyone at work is neglecting their duties, including if someone's health and safety is in danger. A member of the safeguarding team at the local authority confirmed they did not have any concerns about the safety of people using the service and said the provider worked with them to resolve any concerns.

Staff received emergency training as part of their mandatory training which involved what to do in the event of an accident, incident or medical emergency. Care workers told us what they considered to be the biggest risks to individual people they cared for, telling us the risk of people falling was a concern because most of the people using the service were older and many had dementia. They demonstrated an understanding of how to respond to these risks and a good knowledge of how to safely respond to an incident of this nature and what precautions they could take to prevent this from happening. One care worker told us "It is so important that people stay independent, so we encourage this, but we have to be careful. For example [one person] can walk, but they are unsteady, so we make sure that we watch them and help them."

We looked at four people's support plans and risk assessments. Initial information about the risks to people was included in an initial needs assessment from the referring social worker. These documents included information about risks to the person's physical and emotional health. On admission people were interviewed by a senior member of staff who conducted specific risk assessments in areas including mobility, eating and continence and used these to devise a comprehensive support plan. The information in these documents included some guidance for care workers about how to manage risks to people. For example we saw specific risk assessments in relation to the risk of urinary tract infections for two people which included specific advice about how to manage these, including increased fluid intake. Risk assessments were reviewed every month or sooner if the person's needs changed.

Relatives told us enough care workers were provided to meet the needs of their family member. One relative told us, "You can see, there are staff around. I can always find someone if I need anything." People using the service also confirmed there were enough staff to help them when needed. Comments included "I don't need much help, but someone will come if I call them" and "I think there's enough staff here."

The manager explained that the number of staff members on duty was dependent on the needs of people using the service. Not all people receiving personal care had high support needs and this reflected the

numbers of staff on duty. This was also reviewed according to the needs of all new people being admitted to the service. If more staff were required, additional staff were allocated. We reviewed the staffing rota for the week of our inspection and this accurately reflected the number of staff on duty. From our observations, there were enough staff on duty to meet people's needs and for staff to speak with people.

We looked at the recruitment records for three staff members and saw they contained the necessary information and documentation which meant that staff were recruited safely. Files contained photographic identification, evidence of criminal record checks, references including one from previous employers and application forms detailing their employment history.

Staff followed safe practices for administering and storing medicines. Medicines were delivered on a monthly basis for named individuals by the local pharmacy. Medicines were stored safely for each person in a locked cupboard within their room. Not all people in receipt of medicines required assistance with administering these. We saw that those people who required assistance in taking their medicines had this outlined clearly in their support plan.

We saw examples of completed medicine administration record (MAR) charts for four people for the month of our inspection. We saw that staff had fully completed these to demonstrate they had administered the correct quantities of the correct medicines.

We saw copies of monthly checks that were conducted of medicines. This included a physical count of medicines as well as other matters including the amount in stock and expiry dates of medicines. The weekly checks we saw did not identify any issues.

Staff had completed medicines administration training within the last two years. When we spoke with staff, they were knowledgeable about how to correctly store and administer medicines.

Good

Is the service effective?

Our findings

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.

At our previous inspection we found the provider was in breach of this regulation. We previously saw two examples of documentation being signed by next of kin without their having the legal authority to do so. We also read in one person's care record that they were using bed rails and the manager of the service confirmed this. However, there was no evidence that the decision to install bed rails was made in accordance with the MCA as this person did not have the capacity to consent to this decision.

At this inspection we found the provider was working within the principles of the MCA. We found that people's consent to their care and treatment was sought and decisions made following best interests processes where this was appropriate. Care records contained mental capacity assessments which confirmed whether people had the capacity to consent to care. Where people did not have the capacity to consent to their care, specific decisions were made in their best interests. The mental capacity assessments we saw concluded the people had capacity to consent to the decisions being made which included the installation of bed rails for their safety.

People using the service told us that staff asked for their consent before they provided them with care. One person told us "They ask for my permission before they do anything." Staff had received MCA training and were able to demonstrate that they understood the issues surrounding consent. Staff members told us that so far they had not had any concerns about people's capacity to make decisions, but demonstrated that they knew how to support people who lacked capacity.

People told us staff had the appropriate skills and knowledge to meet their needs. People said, "The girls are very good. I'm lucky to have them" and "They do a good job and know what they're doing." The manager told us, and care workers confirmed, that they completed training as part of their induction as well as ongoing training. Records confirmed that all staff had completed mandatory training in various topics as part of their induction. These topics included safeguarding adults, moving and handling and first aid. We saw some care workers were conducting moving and handling training on the day of our inspection. One care worker told us "I have to go to training today. I have already done this once this year. We get a lot of training."

Care workers confirmed they could request extra training where required and they felt that they received enough training to do their jobs well. Records reflected that care workers training was in date.

Staff told us they felt well supported and received regular supervision of their competence to carry out their

work. We saw records to indicate that staff supervisions took place every two months. The manager told us annual appraisals were conducted of care workers performance once they had worked at the service for one year and we saw evidence of these in the files of staff members who had worked at the service for this length of time. We were told by the manager and care workers that they used supervisions to discuss individual people's needs as well as their training and development needs. One care worker told us "I don't wait for a supervision meeting to discuss anything though. I can talk to the manager or anyone whenever I need to."

People were encouraged to eat a healthy and balanced diet. People's care records included information about their dietary requirements as well as their likes and dislikes in relation to food. For example, one care record included detailed instructions from the community dietitian and care workers were aware of the specific requirements for this person and ensured they provided this support.

Care records contained information about people's health needs. The provider had up to date information from healthcare practitioners involved in people's care, and senior staff told us they were in regular contact with people's families to ensure all parties were well informed about their health needs. Care workers demonstrated they understood people's health needs. For example, one care worker and another member of staff gave detailed information about one person's physical health needs when they joined the service. They explained how they worked with this person and external healthcare professionals to improve this person's physical health throughout their time at the service.

Good

Is the service caring?

Our findings

People gave good feedback about the care workers. One person told us, "The carers are very kind and caring" and "They're very kind. They help me whenever I ask."

Staff demonstrated a good understanding of people's life histories. They told us that they asked questions about people's life histories and people important to them when they first joined the service and we saw these details recorded in their care records. For example, the manager and care workers told us about the circumstances which led to one person using the service and this included important information which was relevant to their care and we saw these details recorded in a document described as the person's 'journey'. Care staff were well acquainted with people's habits and daily routines. For example, staff were able to tell us about people's likes and dislikes in relation to activities as well as things that could affect people's moods.

People we spoke with told us they were able to make choices about the care and support provided and staff helped them to achieve their goals. One person said "It's up to me how I live my life, but they help me whenever I ask them." Care workers told us people made their own choices and lived their lives how they wanted. One care worker told us, "I give people choices, but they make their own decisions."

Care workers explained how they promoted people's privacy and dignity. For example, one care worker said "I am very careful when I give people personal care. I make sure they are covered up and only expose the part I need to." Another care worker told us "I always knock on people's doors and would never touch their things or do anything without their permission." People we spoke with also confirmed their privacy was respected. One person told us, "They respect me and treat me well. I am grateful."

Care records demonstrated that people's cultural and religious requirements were considered when people first started using the service. Fradel Lodge is a supported living service for people within the orthodox Jewish community. Therefore staff followed the requirements of Judaism in providing services to people on the Sabbath and having access to a Rabi and other religious services. People at Fradel Lodge had many different cultural backgrounds and we saw care staff helped people to observe these cultural differences by helping people to cook traditional foods from the country of their origin.

Good

Is the service responsive?

Our findings

People told us they were involved in making decisions about their care. One person told us, "They know my likes and dislikes and do what I ask them."

People were encouraged to express their views about their care. People were given information when first joining the service in the form of a 'service user guide' which included details about how to make a complaint, specific details about the service and contact details for who to contact in an emergency. 'Tenants meetings' were held every two months. We saw minutes from the meetings held in 2017, which included details of the matters discussed, updates on previous action points and future actions to be taken. Matters discussed included issues such as housekeeping matters, the food and activities available. Action points demonstrated that changes were made in accordance with feedback received.

People's needs were assessed before they began using the service and care was planned in response to these. Assessments were completed of people's mental and physical health. The care records we looked at included a support plan which had been developed from the assessment of people's individual needs. Care records showed staff prioritised people's views in the assessment of their needs and planning of their care. Care plans included details about people's preferred routines.

People were encouraged to participate in activities they enjoyed and people's feedback was obtained to determine whether they found activities or events enjoyable or useful. We saw from people's care records that there was specific advice for care workers to encourage people to participate in activities they had enjoyed in the past. Care workers demonstrated a good knowledge of which activities people enjoyed and confirmed that they encouraged people to participate regularly. There was a varied activities programme which included religious activities, readings and games. People commented positively on the activities and were particularly grateful for the religious events calendar. One person told us "I moved here because I am Jewish and practising my faith is very important to me. They help me to do that here."

The provider had a complaints policy which outlined how formal complaints were to be dealt with. The people using the service and relative we spoke with confirmed they would speak with the manager if they had reason to complain. Their comments included "I would talk to [the manager] if there were any problems" and "I can talk to any staff if there's something wrong- they always do what I ask." We saw records of complaints and saw these were dealt with in line with the provider's policy. Care workers we spoke with confirmed that they discussed people's care needs with their manager and knew how to report any concerns.

Good

Is the service well-led?

Our findings

At our previous inspection we found the provider did not have a consistently open culture as information was not reported to the Care Quality Commission (CQC) as required. We reviewed records of safeguarding concerns and saw records of five safeguarding concerns which had been reported to the local authority but had not been reported to CQC. At this inspection we found safeguarding concerns were reported to CQC as required.

We spoke with a member of the local authority and they did not have any concerns about the service.

At our previous inspection we found there was no consistent evidence of investigations taking place to determine the causes of individual accidents and incidents. At this inspection we saw records of complaints, and accident and incident records. There was a clear process for reporting and managing these. Specific investigations were conducted to determine the causes of accidents, incidents and complaints and further actions were taken as a result to mitigate the risks of further occurrences. The manager told us they reviewed complaints, accidents and incidents to monitor for trends or identify further action required and we saw evidence of this.

The provider had systems to monitor the quality of the care and support people received. We saw evidence of audits covering a range of issues such as infection control and the treatment and support provided. Care records were reviewed every month. Where issues were identified, targets for improvement were put in place with timeframes.

The service had an open culture that encouraged people's involvement in decisions that affected them. We saw evidence that feedback was obtained from people using the service at 'residents' meetings which took place every six months. People told us they found these meetings helpful and felt comfortable speaking in them. The manager told us that if issues were identified, these would be dealt with individually and we saw a record of previous actions taken in the meeting minutes.

Staff told us they felt able to raise any issues or concerns with the manager. One member of staff told us, "She is very good. I can talk to her about anything at any time" and another staff member told us "She works very hard". The manager told us monthly staff meetings were held to discuss the running of the service. Staff told us they felt able to contribute to these meetings and found the topics discussed were useful to their role. We read the minutes from the most recent staff meeting. These showed that numerous discussions were held with actions and identified timeframes for completion.

Staff demonstrated that they were aware of their roles and responsibilities in relation to people using the service and their position within the organisation in general. They explained that their responsibilities were made clear to them when they were first employed. Staff provided us with detailed explanations of what their roles involved and what they were expected to achieve as a result.

The provider worked with other organisations to ensure they followed best practice. We saw evidence in

care records that showed close working with local multi-disciplinary teams, which included community psychiatric nurses, the GP and local social services teams.