

Federation of Jewish Services

# Project Smile & Care At Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Project Smile and Care at Home provide personal care and support to children and adults who live in their own homes within the local community. This was the first inspection of this service.

Project Smile is an established service providing care and support for children and young people. Care at Home is a new and developing service for adults. The service was less than a year old at the time of our visit and provides services to older people and continuity for young people transitioning from children to adult services.

This report relates only to children, young people and adults who receive personal care from both services. At the time of our visit Project Care was providing personal care to 11 children and young people and Care at Home was providing personal care to five adults.

The services had a manager who was registered with us. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered provider they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager for the service was available at the time of our visit.

Staff we spoke with told us about the importance of keeping people safe and they were in no doubt that the registered manager would take the right action to deal with any safeguarding or whistleblowing allegations.

We saw there were recruitment and selection procedures in place to help protect people who used the service from coming into contact with staff who were unsuitable to work with vulnerable people.

The organisations code of conduct made it clear what behaviours the organisation expected from staff and what behaviours they did not expect. This included the prevention of abuse of people who use the service, staff appearing unapproachable; imposing personal beliefs, ignoring something they know is wrong, bullying and criticising colleagues.

We found that people received support from regular staff who knew them well. Photographs were available on care files so people using the service could recognise staff providing support to them. Feedback on documents we saw and from people we visited were highly complementary about the support they received from staff.

We saw that there were risk assessments in place and staff had received training in administration of medicines and infection prevention and control.

Staff confirmed that they had completed an induction when they started to work for the service and received regular supervision from their line manager. They also commented that they would recommend

the care agency to a member of their own family. The staff undertook a wide range of training.

We saw that staff received training in Jewish awareness so that they understood people's cultural needs, which included kosher arrangements. We saw that staff received training in food hygiene as well as nutrition and diet. A hydration risk assessment was carried out to help ensure people received plenty of fluids to keep well.

People who used the services commented that, "Project Smile has provided outstanding care for my child. My child is looked after with compassion and a consideration of their needs. The service they are providing is outstanding in comparison to other care providers we have used." and "The service is very thorough, there is a lot of paperwork involved. The staff are amazing and the managers are very helpful. I have known them for a long time and they always have time for me. They always show an interest and what is best for us."

We were given examples of staff going, 'the extra mile' for people such as temporarily moving into a person's home to enable the rest of family to go away and attend a family event. This gave the person continuity of care and support whilst they were away and reduced the impact of disruption to their daily life.

We saw that there were clear values throughout the organisation such as, person centred care, dignity and respect, excellence and working together. Values included taking a person centred approach by focusing on the person and their needs.

One staff member commented in a returned questionnaire that, "I feel that our organisation are giving a much needed service to the local community that we support and I am proud to be part of the organisation."

People who used the service and staff told us the registered manager and team leaders were very approachable and supportive. The registered manager was described by one parent whose child used the service as having, "Attention to detail." The registered manager told us, "I love what I do. We are broad minded, creative and flexible. I believe we truly make a difference to people who use our services, their families and wider community."

Apart from feedback from our questionnaires we saw other compliments received recently from the service from parent carers which included, "Project Smile is so amazing not only for myself, having a little break, but for [my child] to have that special one to one time with someone they are really fond of. I love that I can leave [the child] and [the child] is so happy." "Thank you for always being there for us at the more challenging times of the week. We're very grateful to you!"

## 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.

People we spoke with said that they felt safe with the staff who supported them. People received support from regular staff who knew them well.

We saw that there were recruitment and selection procedures in place to help protect people who used the service from coming into contact with staff who were unsuitable to work with vulnerable people.

We saw that there were risk assessments in place. Staff had received training in administration of medicines and infection prevention and control.

### Is the service effective?

Good ●

The service was effective

Staff had received the training they needed to support people safely and effectively.

We saw that staff received training in Jewish awareness so that they understood people's cultural needs which included kosher arrangements in people's kitchens.

Where there were many health and social care professionals providing support to a person, the service was involved in meetings or if appropriate supporting people to attend appointments.

### Is the service caring?

Good ●

The service was caring.

People were complimentary about the staff supporting them. We saw good relationships between people and their families and the staff member supporting them.

The organisation had a clear value base, which covered ensuring that there was a person centred approach by focusing on the

person and their needs.

**Is the service responsive?**

**Good** ●

The service was responsive.

People who used the service were involved in the planning of their care, which was kept under review.

The service was able to access services based on the Heathlands site and responded to the needs of the wider community.

**Is the service well-led?**

**Good** ●

The service was well led.

People who used the service and staff reported the registered manager and team leaders were very approachable and supportive.

Before our inspection visit, we contacted the local authority children and adult safeguarding and commissioning teams. They informed us that they had no safeguarding concerns and had not received any complaints about the service provided at Project Smile or Care at Home.

# Project Smile & Care At Home

## **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.

This inspection took place on, 4 and 9 November 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available. The inspection was carried out by an adult social care inspector.

Before our inspection visit we reviewed information held about the service, which included notifications about any incidents that may have occurred and feedback from questionnaires that had been returned to us from six people who used the service, one relative, five staff and four community based professionals.

We had received a Provider Information Request (PIR) from the service, which gave us information about the service and what plans were in place to make continuous improvements. We also contacted the local children and adults commissioning and safeguarding teams who informed us they had no concerns about the service.

This report relates only to children, young people and adults who received personal care. At the time of our inspection visit, 11 children and young people were receiving personal care from Project Smile and five adults were receiving personal care from Care at Home.

During our inspection, we visited two people who used the service and their relatives and looked at their care records. We talked with the registered manager and two team leaders. We also looked at a range of records which included recruitment files for two members of staff and audits carried out by the registered manager.

# Is the service safe?

## Our findings

Before our inspection we sent out questionnaires to people who used the service and received six responses from them and also from one relative. When asked if they felt safe from harm and abuse from care and support workers they confirmed that they did. We also received returned questionnaires from five staff who told us they knew what to do if they suspected a person was being abused or was at risk of harm. Four community based professionals also confirmed that they thought that people were safe.

The term safeguarding is used to describe the processes that are in place in each local authority that people can use to help ensure people are protected from abuse, neglect or exploitation. The training record showed that all staff had received safeguarding adults and children training. The organisation also had a person designated in the role of safeguarding lead. Staff we spoke with told us about the importance of keeping people safe and they were in no doubt, that the registered manager would take the right action to deal with any safeguarding or whistleblowing allegations.

We checked the recruitment files for two new employees. We found that a criminal records check had been carried out and references sought to help ensure that the employee was suitable to work with children and vulnerable adults.

We were told by the registered manager that changes had been made to improve the recruitment process and staff contracts to help the service attract a better quality of candidates and enable the service to retain staff. All staff completed a six month probationary period to help ensure that they were suitable to carry out their role and responsibility.

The organisations code of conduct makes clear what behaviours the organisation expects from staff and what behaviours they do not expect. This included abuse of people who use the service, appearing unapproachable, imposing personal beliefs, ignoring something you know is wrong, bullying and criticising colleagues. Staff received an employee's handbook which contained a lot of useful information to advise staff about health and safety. We also saw information for staff by staff that gives information about, 'What makes The Fed a great employer'.

We talked with team leaders about the arrangements in place for supporting people who used the service. We also talked to people we visited and looked at the staff rotas. We found that people received support from regular support workers who knew them well. Photographs of the staff supporting the person were available on their care files to help them identify staff.

In returned questionnaires most people informed us that they received care and support from familiar and consistent staff. All said their care and support workers arrived on time and stayed for the agreed length of time. We were told that staff covered each other's absences and that no outside agency staff members or volunteers were not used by either service to provide personal care.

On the care records we saw there was a home working hazard check in place as well as individual risk

assessment covering, for example, mobility and safety in the bathroom. In returned questionnaires staff told us that they felt safe to work alone.

The information on the PIR that we received from the provider showed that plans were in place to improve systems in relation to medication. A new 'when required' (PRN) form and a medication competency document was being developed with plans to introduce them for use by the end of the year. Medicines training for all staff had been arranged for 29 October 2015.

The responsibility of administering medicines was usually undertaken by either the person themselves or a relative. We were told that where ever possible people were encouraged to maintain responsibility for the medicines to help promote their independence. Staff received medication Level 2 training, if it was appropriate to their role.

Before our inspection we sent out questionnaires to people who used the service and received six responses from them and also from one relative. When asked if they thought that care and support worker did all they could to prevent and control infection, they confirmed that they did. We saw on our visits to people's homes that staff had disposable gloves and aprons available and other equipment to prevent and control the spread of infection. We saw that a monthly infection control audit was carried out.



# Is the service effective?

## Our findings

The team training record showed all members of the staff team had received any training in the Mental Capacity Act (MCA) 2005. This training would help provide staff with guidance about their responsibilities under this legislation, which safeguards the rights of people who may lack the capacity to make their own decisions. In returned questionnaires staff told that they were aware of people's needs and preferences.

Staff confirmed that they had completed an induction and received regular supervision from their line manager. They also commented that they would recommend the care agency to a member of their own family. We were told by the registered manager that staff would undertake some shadowing as part of their induction to help them get to know the person, particularly if the person's needs were complex. They also told us that supervision took place on a monthly basis and was carried out by the person's line manager. A new staff member that we met told us that they were, "impressed" with the service and were enjoying the role. They told us they had completed a week's induction and shadowing and had been encouraged to speak up if they were not happy with anything.

We saw a copy of the staff team training records. Training was carried out in four blocks and included a wide range of topics such as health and safety, person centred care, equality and diversity, challenging behaviour and dementia. Training was undertaken by e-learning and in the classroom depending on the topic. Where people had complex needs person specific training was also planned.

All staff had received training to National Vocational Qualification (NVQ) Level 2 in health and social care unless they had a higher qualification. At the end of probation all staff automatically were appropriate would undertake a diploma in health and social care. We saw that audits were carried out on staff files to ensure all the necessary training and other records were kept up to date.

The provision of food was usually the responsibility of the person themselves or a relative. We saw that where a person had complex needs and was highly sensitive to food the staff worked closely with the relative. We saw that staff also received training in Jewish awareness so that they understood people's cultural needs, which included kosher arrangements in people's own kitchens. We saw that staff received training in food hygiene as well as nutrition and diet. A hydration risk assessment was carried out for people who used the service to help ensure they received plenty of fluids to keep well.

Where there were many health and social care professionals providing support to a person, the service was involved in meetings or if appropriate supporting people to attend appointments.

## Is the service caring?

### Our findings

People who used the services commented that, "Project Smile has provided outstanding care for my child. My child is looked after with compassion and a consideration of their needs. The service they are providing is outstanding in comparison to other care providers we have used" and "The service is very thorough, there is a lot of paperwork involved. The staff are amazing and the managers are very helpful. I have known them for a long time and they always have time for me. They always show an interest and what is best for us."

Most of the children, young people and adults who use the service are Jewish and some people follow orthodox traditions. Staff received training in Jewish awareness and were able to guide us on our visits to people's homes, as to the appropriate action we should take to respect people's culture.

Matching children, young people and adults with staff was seen to be important by the organisation. We were given examples of where changes had been made to staff where relationships were not as good as they could be and people were happy with the changes made. One person told us, "[Staff member] is gorgeous and kind. I look forward to [staff members] visits." We saw that people who used the service and their relatives got on well with the staff supporting them. Whilst out in the community we met a carer whose child received a service from Project Smile. They told us "They are my lifeline and I could not have coped without them."

We saw during a visit to a person's home and from documentation that the staff member supporting a young person knew them very well and were able to respond to any rapid changes in presenting behaviours. They also had detailed knowledge of the person's non-verbal communication skills which they were able to interpret to good effect and enabled them to distract the person away from potential challenges, which could happen quickly. The staff member kept the young person fully informed about what was going to happen next to help reduce the young person's anxiety.

We were given examples of staff going, 'the extra mile' for people such as moving into a person's home to enable the rest of family to go away and attend a family event. This gave the person continuity of care and reduced the impact of disruption to their daily life. A short term contingency budget was also available to help families in special circumstances.

We saw that the organisation's values were reinforced repeated throughout the documentation we saw. We saw that there was a clear code of conduct available for staff to follow which covered the values of the organisation, person centred, dignity and respect, excellence and working together. Values included taking a person centred approach by focusing on the person and their needs. Embracing people's right to individuality and choice. Always asking is this the best we can do and engaging with everyone to provide the best care and support.

## Is the service responsive?

### Our findings

We saw that before the service offered personal care to a person, a social worker carried out an initial assessment to ensure the person's needs could be met. A team leader of the appropriate service then visited the person at home to discuss the care and support arrangements and to seek agreement from people to start providing a service.

We talked to both team leaders about the needs of people who used the service before our visits to people in their own homes. The team leaders were able to demonstrate that they knew a lot about the people concerned and about what was important to them.

The two people who we visited had care and support plans and risk assessments in place. The care plans detailed people's individual needs and were signed by the person or relative concerned; this indicated they were in agreement with the care to be provided.

An audit of people's care records was carried out. This was to check that there was an assessment in place which was sufficiently detailed to create a picture of the whole person to enable a care plan and risk assessments to be produced. There was also an electronic records system which produced a reminder report that detailed when care plans and risk assessments needed to be reviewed. Reviews were carried out annually or if people's needs changed.

We saw during our visits to people's homes that they were encouraged to maintain their independence at a pace that suited them. We were told by a team leader that staff were involved in supporting people to undertake activities within the community in line with the person's care plan, for example at the weekend and during school holidays.

People who use the service also had access to the facilities available at Heathlands, for example, special equipment to have a bath, playgroups as well as the onsite café to meet with other people and carers. Activities were also arranged across the age groups so that children were able to spend time with older adults doing activities that were fun. One staff member commented in a returned questionnaire that, "I feel that our organisation are giving a much needed service to the local community that we support and I am proud to be part of the organisation."

'Have Your Say' comments and feedback forms were also available for people to complete, which covered comments, compliments and complaints. These forms could be sent to the quality assurance and development manager of the organisation so that people could give their views and opinions about the service. The service had a complaints policy and procedure. We were informed that there had been no complaints about the service.

## Is the service well-led?

### Our findings

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager held a qualification in management and had worked for the organisation for over 30 years.

The registered manager told us, "I love what I do. We are broad minded, creative and flexible. I believe we truly make a difference to people who use our services, their families and wider community." We saw documents that showed there were clear expectations of managers at The Fed to lead, manage, develop and support staff through their knowledge, skills and behaviours and by demonstrating the values of the organisation.

In responses from questionnaires one person commented, "The care agency has asked me what I think of the service and I know who to contact if I need to." Staff commented, "I would feel confident about reporting any concerns or poor practice to my managers." "They ask me what I think about the service." "The [managers] give me important information as soon as I need it." A compliment from a commissioner was also seen which stated, "If only all services were as efficient as the Jewish Fed."

Services which, are registered are required to notify the Care Quality Commission incidents that happen, for example, safeguarding and serious injury. We checked our records and saw that the registered manager for this service had done this appropriately when required.

Prior to our visit we asked the provider to complete a Provider Inspection Return (PIR) form and this was returned to us. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before our inspection we contacted the local authority commissioning and safeguarding teams. They informed us they had no concerns about the service. A recent quality assurance review had been carried out on behalf of the local authority. We saw that an action plan was in place and that the service was responding to a small number of minor issues raised during the review.

The registered manager told us they were involved in attending local partnership meetings. This helped them keep up to date with changing legislation and guidance and also share ideas. We saw that the service had been involved in an assessment undertaken by 'Investors In People' in June 2015. The report quotes that the assessor was 'satisfied beyond any doubt that The Fed meet the requirement of the 'Investors In People' Standard.

We saw a copy of the team action plan for Project Smile which covered four key objective areas for the organisation, customers, sustainability, communication and community. The action plan identified tasks required to be undertaken to achieve the targets set. This information and the monthly project report fed

into the overall management strategy for the organisation.

We saw that there was a copy of The Fed's Vision and Strategy for 2015. The key objective areas for the service were repeated throughout the document. The long term strategy was to place people who used the service first. Ensure that services were essential, effective and financially strong and people know who they are and what they do as well as working with the community to develop service for the future.

We saw that people who used service and staff and volunteers were kept informed about what was happening within the organisation through 'The Fed Express' newsletter. There was also a 'Staff and Volunteer' newsletter, as well as monthly staff forum meetings. The staff forum meetings gave staff the opportunity to raise any concerns they had about the organisation with senior managers. We saw the minutes of the meeting held on 27 August 2015. Minutes showed a range of issues were discussed which included discussion topics that covered dignity and respect and also staff recognition and reward.

The service sends out quarterly client satisfaction questionnaires to people who use the service. The questionnaires ask a range of questions which included the initial assessment, the care received from the support worker and general questions about flexibility and communication.

Apart from feedback from our questionnaires we saw other compliments received recently from the service from parent carers which included, "Project Smile is so amazing not only for myself, having a little break, but for [my child] to have that special one to one time with someone they are really find of. I love that I can leave [the child] and [the child] is so happy." "Thank you for always being there for us at the more challenging times of the week. We're very grateful to you" and "Some glasses are too fragile or heavy to carry alone. You help us carry our special glass [child]. We would never be able to carry [child] alone every day, if not for all the special people giving our arms a rest."