

Federation of Jewish Services

Care At Home

Inspection report

Heathlands Drive
Prestwich
Manchester
Lancashire
M25 9SB

Tel: 01617724800
Website: www.thefed.org.uk

Date of inspection visit:
10 October 2018
25 October 2018

Date of publication:
07 March 2019

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 inspection was announced and took place on 9 and 25 October 2018.

There has been a change to the way the service is delivered since our last inspection. The service used to be called Project Smile and Care at Home. Since our last inspection a decision was made to stop providing support to children and adults living within the local community and the service was renamed Care at Home.

This service is a domiciliary care agency. It provides personal care to people living in their own flats. It provides a service to older and younger adults.

Care at Home staff provide personal care and support to people that live in their own homes on Moorview, which is sited within The Heathlands Village. At the time of our inspection visit 31 people were living on Moorview, 18 of whom were receiving personal care and support from the Care at Home staff team. People who used the service who received support had a wide range of diverse needs.

People were able to access all the facilities available on The Heathlands Village site and many of the systems and processes used by the Care at Home staff were the same as The Heathlands Village and are therefore shared in this report.

At our last inspection in November 2015 we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service did not have 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. At the time of this inspection a new manager had recently been appointed and their application to register was submitted after the inspection.

Staff we spoke with praised the outgoing manager for the work they had done in promoting good teamwork and raising confidence which had a positive impact on morale.

Recruitment procedures were satisfactory. However, improvements were needed to the registered providers application form to ensure a full employment history was maintained. This was addressed by the provider during our inspection.

Staff had received training in safeguarding adults. They were able to tell us of the action they would take to protect people who used the service from the risk of abuse. They told us they would also be confident to use the whistleblowing procedure in the service to report any poor practice they might observe. They told us they were certain any concerns would be taken seriously by the managers of the service.

Our observations and discussions with staff and people who lived at the home confirmed sufficient staff were available to support people.

Risk assessments had been put in place and were individual to the person assessed. This was to minimise potential risk of harm to people during the delivery of their care and support. These had been reviewed on a regular basis and were relevant to care provided.

We found medication procedures at the service were safe. People were supported to maintain good physical and mental health through regular monitoring by staff and support to attendance at external appointments.

People were supported to have maximum choice and control of their lives with staff support where necessary. People who used the service were responsible for cleaning their own flats, with support.

Staff told us they received the training and supervision they needed to be able to carry out their roles effectively. Improvements had been made in staff training and more support was being offered to staff from human resources to improve staff retention.

Most people chose to access the facilities on the Heathlands Village site such as the café and restaurant for their main meal of the day. People enjoyed the food that was offered which, were overseen by the Manchester Beth Din and the religious director for the service to ensure that religious and cultural requirements were met.

People's religious needs were met on site. We saw that Yiddishkeit (Jewish customs and way of life practices) had been further promoted with more work planned.

People told us and we saw that there were frequent and friendly interactions between People and members of the staff team.

Care plans were in place to help ensure staff provided the level of support necessary to manage identified risks. Care plans were regularly reviewed to address any changes in a person's needs.

People were encouraged to participate in the wide range of activities available on the Heathlands Village site and also separate activities provided on Moorview.

People who used the service knew how to raise a concern or to make a complaint. People had raised concerns recently about the increase in maintenance charges. People were actively encouraged to give their views and raise concerns or complaints. The registered provider saw concerns and complaints to help drive improvement and were discussed at a high level.

The service had developed a clear and visible code of practice that supported a positive culture and value base. This was expected to be followed by all people connected with the Heathlands Village.

The registered provider used a variety of methods to assess and monitor the quality of care.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

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 9 and 25 October 2018 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 and on the first day of the inspection with a specialist advisor (SpA). The specialist advisor at this inspection was a pharmacist. The second day was carried out by an adult care inspector.

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. This information was dated and covered the previous arrangements with Project Smile and when personal care was provided to adults outside of the Heathlands Village. Before our inspection we contacted the local authority safeguarding team who raised no concerns with us.

During our inspection we spoke with five people who used the service, the team leader and two members of staff. We also looked at medicines management, care records and risk assessments.

Is the service safe?

Our findings

At our last inspection we rated the safe section of the report as Good. At this inspection the service remains Good.

People told us they felt Care at Home staff supported them safely. They said, "Yes I feel safe" and "Yes. I have mobility problems and I have an alarm on my wrist in case I fall." Since our last inspection improvements had been made to the security system across The Heathlands Village site, which included people who were supported by Care at Home. Staff were aware of the safeguarding procedures and outlined to us what would constitute abuse. Safeguarding training was mandatory for all staff. Where people needed support with their finances all transactions were recorded and checked by two members of staff.

The registered providers code of conduct made clear the behaviours expected from Care at Home staff and what behaviours they did not expect. The code of conduct included information about abuse of people who use the service, appearing unapproachable, imposing personal beliefs, ignoring something staff knew was wrong, bullying and criticising colleagues. Staff signed up to the code of conduct when they started work at the service.

We checked the recruitment files for three recently employed people at The Heathlands Village. 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 vulnerable adults. We advised that the registered provider should now be taking a full employment history for people rather than 10 years. The application form was amended to reflect this.

We saw that risk assessments were completed as part of the person's tenancy and support arrangements. We saw an example where staff had raised concerns about the change in need for a person. This person's needs were reassessed and changes were made to their support.

We found that there were enough Care at Home staff to support people and meet their assessed needs. Staff told us that they could meet people's needs. They said, "We are a good team and can be honest and open with each other" and, "It's a great staff team we cover for each other."

People were supported by staff to keep their properties clean and tidy in accordance with their assessed needs. Staff had access to personal protective equipment (PPE) for personal care support.

Medicines were safely managed. Medicine administration records (MAR) were in place. Protocols were also in place where a medicine was prescribed on a when required basis to support and guide staff in the administration. MAR included information about allergies and a photo, to help ensure safe administration. Consent forms to administer medicines had been completed. Administration was recorded, this included the amount administered where a variable dose was prescribed. Where a controlled drug was being administered a more secure cabinet was being used for storage and a regular stock check was being carried out. A chart was being used to record the application and removal of the patch.

Is the service effective?

Our findings

At our last inspection we rated the effective section of the report as Good. At this inspection the service remains Good.

Improvements had been made in staff training and more support was being offered to staff from human resources to improve staff retention. Staff received a comprehensive induction followed by further training. We were told that induction training had changed and now took place in the first week a new staff member came to work at the service. One staff member told us that changing the induction programme had made an improvement as new staff now had some knowledge before they worked directly with people.

We saw a copy of the nursing and care staff training records. This showed that all staff had undertaken their induction training. We saw that new staff completed the Care Certificate. The Care Certificate is the minimum training standard that care workers are expected to achieve. The induction checklist included an assessment of the staff member's competence to carry out particular tasks.

We were informed Care at Home staff had access the same training as the Heathlands Village staff. Many members of staff we spoke with had worked at Heathlands Village for many years. New arrangements were in place for supporting staff through the first six months of their employment. We were told that since our last inspection Human Resources (HR) had been working hard to look at ways to support new starters to improve staff retention. HR carried out a six-week review with new staff members so that they could check that they were receiving appropriate support from their mentor, line manager and team. Staff retention rates were to be monitored to check that the improvements were effective.

When staff had completed the induction training they were expected to enrol on the Qualification Credit Framework (QCF) Diploma at Level 2 or 3. We saw evidence that showed applications were being made. Other staff had undertaken National Vocational Qualifications (NVQ) Level 2 in health and social care. We saw a list of training dates available between October 2018 and December 2019 which showed when training was available for staff to access.

Since our last inspection we saw that the registered provider had introduced new management training for managers. This should help ensure managers achieve continuous professional development and support improvement in team work and accountability across the whole of The Heathlands Village.

We saw Care at Home care and support training sheets that were accessible by staff about the Mental Capacity Act (MCA), The Care Act and putting people first, safeguarding including discriminatory abuse, exploitation and whistleblowing, food safety

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

For people who live in their own homes, court of protection arrangements or guardianship were used. We also saw that the service had general advice that would help people with appointee ship and deputyship referral forms if needed.

We were told that no-one who used the service permanently lacked mental capacity. However, staff were aware that for some people mental capacity could fluctuate should they become unwell. We talked to one person who had a period of ill health. They told us about the significant support they had received from the Care at Home team. Another person told us they were going out to an optician's appointment that day independently.

Doctors held a clinic on The Heathlands Village site on Monday, Wednesday and Friday each week, which people supported by Care at Home could access. We spoke briefly to a doctor who had been visiting the service for many years. They told us that they had a very good working relationship with the staff at Heathlands Village. People could access the onsite doctor or use another surgery if they wanted too.

People were seen to have access to snacks and drinks in their own flats. People also had access to the café and the restaurant areas within Heathlands Village and most people who were supported by Care at Home chose to access these facilities for main meals rather than cook their own. The main Heathlands Village kitchen was overseen by the Manchester Beth Din, to ensure it met people's cultural needs and Kosher requirements.

We were told about how the kitchen works with activities staff to ensure food is provided to celebrate religious festivals. For example, large catered events were held at Heathlands Village to which everyone, including people who lived on Moorview were invited to attend.

Is the service caring?

Our findings

At our last inspection we rated the caring section of the report as Good. At this inspection the service remains Good.

People spoke highly of the support they received from staff. We saw frequent and friendly interactions between people who used the service and the staff team. People said, "It's wonderful I am so lucky to be here. I am friends with people, there are activities and I like going out for a walk", "I am happy here", "The staff are very nice" and "The ladies here are wonderful." One person told us about how they supported a person with additional needs who visited them at the activity centre at the Heathlands Village.

Care at Home staff told us that they respected that people were tenants in their own flats. They said, "It's their home. [People] are always glad to see you and appreciate our help", "We promote people's independence and support people to maintain their emotional wellbeing", "The People are great. They are all different and I get a sense of achievement and satisfaction working here."

Heathlands Village was sensitive to people's cultural and spiritual needs, and recognised that faith and heritage was extremely important for many of the people who used the service and their visitors. People who lived in their own homes on Moorview and were supported by Care at Home were fully included in this. We talked with the religious director who oversaw people's cultural needs were being observed in relation to food and religious practices.

We saw that there was a Synagogue based at The Heathlands Village and a service was held there every morning and every evening. Thirteen people attended services regularly. There was also a library that people could use to access religious books. One person supported by Care at Home on Moorview who we spoke with told us they accessed books at the library regularly. The religious director told us about the importance of the Synagogue. They told us that the Synagogue remained modest and unchanged since Heathlands was established and accepted everyone from orthodox to non-orthodox. For one person this was a special time for remembering a loved one who had died and were remembered at the Synagogue.

At our last inspection Heathlands Village was working with synagogue committee members to develop and expand 'Yiddishkeit' (the quality of the way of life, customs and practices of being Jewish) at Heathlands Village. Since that time the deputy manager for activities had taken on the role of ensuring people with more orthodox needs were met. The service works with Chabad - Lubavitch which is a world-wide orthodox Jewish outreach organisation that caters for the spiritual needs. The organisation supplied 'hosts' for traditional Shabbos meals and help to organise special parties for Jewish holidays. A number of people who used the Care at Home service and lived on Moorview were able to access this service.

Four people who used the Care at Home service were supported by volunteers. The volunteer service would try and match a volunteer with the request if a shortfall was identified to befriend and meet a person's needs or support them with an activity.

We saw that people who used Care at Home, 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 staff forum meetings. We saw copies of the 'Staff and Volunteer' newsletters for February and June 2018. Information included changes in advertising to 'Caring for Our Community', staff awards, a celebration attend by 50 volunteers during 'Volunteers Week', new feedback boxes around the Village and updates such as gin tasting, lifesaving equipment in new defibrillators and the local Mayor choosing The Fed as one of their chosen charities.

Is the service responsive?

Our findings

At our last inspection we rated the responsive section of the report as Good. At this inspection the service remains Good.

People living at Moorview and supported by Care at Home were also able to and were seen to access all the public areas of the Heathlands Village. We saw that there were a wide range of facilities for people to use. Facilities included, Shul (synagogue), a café, Balcombe Hall (a restaurant), a function room, an activity centre, a village shop, hair and nail salons, an atrium and a medical suite. Some people from Moorview chose to spend most of their time in these areas with their friends from Heathlands Village and staff from across the site.

Activities arranged for the day were clearly advertised and displayed around the Heathlands Village and a copy of the weekly activities sheet was placed at reception and the tables in the café area. It was also noted that some people who received support accessed services and activities outside of Heathlands Village.

One person told us they regularly attended an exercise class and went to sit with friends in the communal areas of The Heathlands Village site, for example, the Sunny Lounge. Another person told us about the holiday they were going on abroad the following week. Staff had helped the person create a saving plan to enable them to save the money to go. There was a weekly Tech and Tea session held on Wednesday's on Moorview Lounge to support people to use technology to help them email family or do their shopping online. Some tenants accessed the interactive exercise bikes, which apart from being enjoyable enhances people's health and wellbeing.

We saw that where a person enjoyed singing they had been supported to attend lessons from a singing teacher to achieve their wish. Much to the delight of the person the singing teacher recorded the person singing and to their surprise gave them two compact discs of these recordings. Some tenants were also part of The Heathlands Village choir.

People who used the Care at Home service and lived in their own flats in Moorview on The Heathlands Village site were able to access all religious festivals. We saw that many activities had taken place such as the Shavuot Fayre, Rosh Hashanah Chocolate Workshop and Yom Tov social evenings. It was noted that food played an important role in these events. People from the local community have used the Heathlands Village for events and people across the site were invited too.

Assessments to access the service were carried out before agreement was reached to provide a service. Age was not seen as a barrier to independent living with a person of 99 years recently coming to live at Moorview. We looked at the care records for three people who used the service. These contained information regarding people's health and social care needs. We saw that there was a system in place to ensure people who used the service were involved in reviewing and amending their support plans as their needs changed.

No-one was receiving end of life care at the service. However, it was noted that Heathlands Village had recently been awarded the Beacon status of the Gold Standards Framework (GSF) in palliative care, which helped to ensure people who used the service received good quality care at the end of life. Staff from Care at Home could access training and support from appropriately trained staff at The Heathlands Village. Moorview tenants had access to the facilities available to meet the religious and cultural requirements following a person's death, with volunteers helping prepare the body for burial at The Heathlands Village mortuary.

The registered provider also had a 'Tenants Forum' which included afternoon tea, facilitated by a volunteer for impartiality. All tenants who received care and support attended the forum. At one meeting people discussed the increase in charges that they had received a letter about. It was clear that tenants were not happy with the changes. With the support of staff some tenants made complaints about the increases in charges so their views and opinions could be known. Tenants also held a weekly coffee afternoon (sometimes with beer, whiskey and cherry brandy) supported by members of the staff team.

People knew how to raise complaints and provide feedback about their experiences of care and the service. All open complaints were discussed at the Quality Assurance Meeting held on 4 September 2018 to see what action could be taken to resolve the matter. No complaints were closed by the quality assurance manager until they were certain that the complainant was 100% satisfied with the outcome.

Is the service well-led?

Our findings

At our last inspection we rated the well-led section of the report as Good. At this inspection the service remains Good.

The service did not have 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. At the time of this inspection a new manager had recently been appointed and their application to register was submitted after the inspection.

This inspection was undertaken with the team leader. The director of community care who was based at the Heathlands Village and accessible to the service was also present for part of this inspection to support the service. The director and the team leader clearly knew people who used the service well.

Staff we spoke with talked positively about the outgoing manager and the work that they had done to help improve confidence and teamwork. This had been achieved by holding regular team meetings and positive supervision sessions to deal with any issues raised. This had helped to make individual staff feel more involved and enhance the service and be able to speak openly. The staff we spoke with were positive about their role and said the nominated individual and team leader were approachable and offered good support.

Although the service had their own staff team, people could access staff from other operational services such as security and maintenance. We saw that spot checks were carried out by the team leader to check staff members were supporting people correctly, completed records and observe medicines administration. Care file audits were also undertaken.

Services providing regulated activities have a statutory duty to report certain incidents and accident to the Care Quality Commission (CQC). We checked our records and found that no serious incidents had been reported to us.

We saw records that showed that there were clear lines of governance, roles and responsibility throughout the organisation from the Board members through to the senior management team. We also saw there was a 'Who's Who at The Fed,' which showed a picture of all staff members and detailed their role.

We saw a copy of The Fed's Vision and Strategy for 2018 and toward 2030, which refers to embracing the past and embracing the future. Key areas of work for 2018/19 include maintain and improve facilities, relocate nursing and residential services to optimise care provision, exploring ways to improve services through new technology, improving staff recruitment and reducing social isolation and loneliness.

We saw a copy of The Federation of Jewish Services Investors In People Standard Assessment Report carried

out in August 2018. Positive aspects of the report indicate a commitment to planning, values that are embedded across the organisation, a commitment to engage with stakeholders and developing knowledge and skills within the organisation.

The staff forum meetings gave staff the opportunity to raise any concerns they had about the organisation anonymously without senior managers present. We saw the minutes of the meeting held on 8 August 2018, which also gave feedback from CEO and the registered manager about what action they would take to resolve the issue.