

The Brothers of Charity Services

Brothers of Charity Services Merseyside Domiciliary Care

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

This was an announced inspection that took place on 2 November 2016.

Merseyside Domiciliary Care service is part of the Brothers of Charity organisation and provides personal care and support to people living in their own homes. At the time of this inspection the service was supporting nine people living in two properties within the grounds of Thingwall Hall.

A registered manager was in post. 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.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People are protected from abuse as the registered provider had developed robust procedures in relation to safeguarding people. Staff had received training in safeguarding people and knew who they needed to contact to report any concerns they had.

Systems were in place to identify, assess and plan for known risks to people. Clear guidance was available to staff as to how they assessed risk with people. Regular monitoring took place of risk associated information to ensure that it was up to date and remained effective.

Safe staff recruitment procedures were in place. The process involved obtaining references and carrying out checks to help ensure that only staff suitable to work with vulnerable people were employed.

Robust training was available to staff. This helped ensure that people were supported by staff who knew current best practice in delivering care and support safely.

People's healthcare needs were assessed and planned for. This meant that people received the appropriate medical support when they needed it.

People were involved in shopping for food and planning their meals with the support of staff who knew and understood their likes, dislikes and personal preferences.

The registered manager and staff had a detailed knowledge of people's rights to decision making under the Mental Capacity Act 2005.

People had access to a robust complaints procedure. People knew who to speak to if they were not happy.

People's differing communication needs had been considered by the service. Documents relating to people's care and support, along with meeting minutes and procedures had been published in large print with the use of symbols and pictures.

People had detailed care and support plans in place that were available to staff. This helped ensure that staff were aware of how people wanted to be supported.

Procedures were in place for the safe management of people's medicines. This helped to ensure that people received the support they required with their medicines.

Positive relationships had been formed between people and staff. It was evident that they knew each other well. This helped ensure that people received the care and support how they wished.

People were asked for their opinions of the service during regular meeting and by completing survey forms. This demonstrated that people's views were considered when planning changes to the service.

Robust systems were in place to regularly check on the quality of the service delivered to people and that when required, improvements were made. These checks included daily, weekly and monthly audits.

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.

Systems were in place to enable people to receive their medicines safely.

Safeguarding procedures were in place to protect people from harm. Staff were confident in the action they needed to take if they had a concern.

People were protected by the safe recruitment of staff.

Effective systems were in place to identify and manage identified risks to people.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who received regular training to carry out their role safely.

Staff understood the legal process of the Mental Capacity Act 2005 in relation to people making decisions.

People received support in maintaining their health care.

Is the service caring?

Good ●

The service was caring.

People had access to local advocacy services.

Staff respected people's privacy.

People had access to information about the service they should receive.

Is the service responsive?

Good ●

The service was responsive.

People were supported by staff to make decisions.

People's needs were planned for and reviewed on a regular basis.

People had the opportunity to comment on the service they received.

People had access to a complaints procedure and knew who to speak to if they were unhappy.

Is the service well-led?

Good ●

The service was well-led

A registered manager was in post.

The service was well managed and a clear line of accountability was in place.

Systems were in place to regularly monitor the quality of care that people received.

Brothers of Charity Services Merseyside Domiciliary Care

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 3 November 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service for people who are often out during the day; we needed to be sure that someone would be in.

We visited the offices of the service and spoke with four people who used the service, three care staff, the area co-ordinator for the service and the registered manager. We looked at records held at the office relating to the management of the service. In addition we looked at the care records of three people who used the service, the recruitment records of four staff and policies and procedures.

Before our inspection we reviewed the information we held about the service including any notification that the registered provider had sent to us under their legal obligations. Before the inspection, we asked the registered provider to complete a Provider Information Return (PIR). 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.

Is the service safe?

Our findings

People told us they felt safe. Their comments included "I feel very safe when I am in my home and when I go out with the staff. They look after me well" and "I'm very safe with the staff. We know each other well and they look after me".

People were protected from the risk of abuse. The registered provider had developed a detailed policy and procedures to offer guidance and direction as to what actions needed to be taken in the event of a suspicion or an act of abuse taking place. In addition to the service's procedures, a copy of the local authorities safeguarding procedures were available. Staff confirmed that they had access to these procedures and knew who they needed to contact in the event of them having a concern about a person's safety. Training records showed, and staff confirmed that they had attended training on safeguarding people from harm.

The service's 'welcome pack' that people who used the service had a copy of, informed people of how the service would protect individuals from abuse, harassment and nuisance by others. This information included how the service would assist in supporting people to consider what actions they needed to take and by the service taking reasonable steps to prevent any further situations happening.

The registered provider had a health and safety department that developed, monitored and reviewed all aspects of health and safety relating to people who used the service and staff. Monthly monitoring of health and safety systems in place took place. These procedures included checks in relation to risk assessments, control of substances hazardous to health (COSHH), medicines, food hygiene and food safety. This system helped ensure that procedures in place remained effective and if needed, changed to include current best practice.

Identified risks to individuals had been assessed and care plans were in place to minimise people experiencing any injury or harm from specific activities. These activities included moving and handling safely. A detailed generic risk assessment had been completed for each person's home in relation to health and safety. This risk assessment considered people's living environment and equipment in use to support people in their day to day life. For example, the risk assessment considered use of hot water, slips and trips, kitchen utensils, fire and the use of bed rails. The risk assessment documentation contained clear guidance to staff as to how risk assessments needed to be undertaken. In addition, there was clear guidance as to how a level of risk was to be calculated. Risk assessments were reviewed every six months or sooner if there were any changes to people's needs or wishes. Having effective risk assessment systems in place helps to protect people from unnecessary risk of harm.

People told us that there were always staff available to meet their needs. Each house had their own individual group of staff. The staff rota was planned around people's individual care and support needs. Staff told us that they always had sufficient time to support people with their care and activities. People spoke positively about the staff that supported them and told us that they enjoyed having the continuity of the same staff team.

A robust recruitment policy and procedure was in place and appropriate checks had been carried out prior to a member of staff commencing employment. An application form had been completed and written references had been applied for and received. In addition, a Disclosure and Barring Service (DBS) had been carried out. Carrying out these checks minimised the risk of people being employed who are not suitable to work with vulnerable people.

Procedures were in place for the safe management of people's medicines and clear guidance was available to staff as to what actual support they were able to provide to people. For example, assisting with the ordering of and collection of prescriptions, administering medicines and provide advice and assistance in the disposal of medicines. Staff involved in supporting people with their medicines had received training in this role. In addition to this training staff had to complete a 'medication administration assessment' to demonstrate that they were competent in supporting people with their medicines. Wherever possible, people were encouraged and supported to manage their own medicines. Information was available in people's care planning documents as to what support they required with their medicines.

Procedures were in place to support people in the event of an emergency. People's care plans contained a personal emergency evacuation plan (PEEP). This document recorded the support and any equipment a person would require in the event of having to leave their home in an emergency. Staff had access to an out of hours on-call system detailing the name and telephone contact details of senior staff to contact to gain advice and support in the event of an emergency.

Is the service effective?

Our findings

People told us that they always had meals that were of their choice and that staff "Always asked us what we wanted to eat each day". People told us that they were always given choices and felt they were encouraged to make their own decisions at all times. Their comments included "Staff always ask me what I want to do".

Newly recruited staff received induction training for their role. A competency assessment and observation record booklet had been developed to record staff progress through the induction process. This induction process included the care certificate. The care certificate is a nationally recognised set of learning outcomes, competencies and standards of behaviour expected by staff working within the health and social care sector. In addition, staff were introduced to the policies, procedures, vision and values within the service. One member of staff told us that their recent induction had given them enough knowledge to carry out their role safely.

Staff received regular training and refresher training for their role to help ensure that they continued to provide people with safe, effective care and support. Training records demonstrated that staff had undertaken training which included health and safety, fire, medicines and safeguarding people. To help ensure that people received a person centred approach staff had also received training in communication and proactive approach to conflict and person centred planning and risk management awareness. Staff told us that they enjoyed the training they received and that it kept them up to date with best practice.

Staff had regular opportunities to meet with their line manager for one to one supervision every eight weeks. The registered manager monitored staff one to one sessions to ensure that they were planned in advance. One to one supervision gave staff the opportunity to discuss their personal objectives, delivering a quality service, personal issues and any identified training needs. Each year staff undertook an annual performance review with their manager to reflect on outcomes and achievements of the past year and to set new development objectives for the following year. Staff told us that in addition to their planned one to one meetings they could always approach their line manager to discuss their role. Staff felt supported to carry out their role.

The Mental Capacity Act 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 made their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found that systems were in place to ensure that appropriate assessments and decisions were properly taken.

Staff received training in relation to the Mental Capacity Act 2005. In addition, clear guidance was available to staff in relation to the Act and gaining people consent. Staff demonstrated a good awareness of the principles of the Act and were clear that as soon as it was apparent that a person may have difficulty in making a specific decision a multi-disciplinary team meeting was arranged. The purpose of these meetings were for relevant people and health care professionals to discuss the best interest of the individual and

agree a decision that was the least restrictive as possible for the person.

People told us that they were encouraged to make everyday decisions themselves. They told us that staff would always explain things if needed and offer any support they needed. One person told us "I do what I want" and another person told us "Staff always ask me what I want and will always explain if I am not sure about something".

When required, staff supported people with their meals and drinks. People were seen actively discussing different food options with staff and planning their evening meals. Staff knew people's food preferences, likes and dislikes. People told us that staff enabled them to go to the shops to buy their food and drinks. One person told us "We go to different supermarkets for a change and to buy different food". People's care plans contained information as to their dietary needs and wishes.

People's healthcare needs were assessed, planned for and monitored. People were registered with a local GP. They told us that if they were ever feeling unwell staff would make an appointment for them to see a GP. People told us that staff always supported them when they visited the hospital to attend appointments. Staff had a good understanding of community health services people could be referred to in the event of their needs changing. For example, physiotherapy, dieticians and speech and language therapists. People told us that their weight was monitored. Further monitoring systems were available if a person needed closer monitoring due to changing health needs. For example, monitoring charts were available to assess people's food and fluid intake if required.

People had a healthcare passport for use if they went into hospital. A healthcare passport records people's physical and psychological needs and wishes along with personal information relating to their chosen faith and people that are important to them. Information that is useful in explaining people's needs and preferences whilst in hospital.

Is the service caring?

Our findings

People told us that they felt staff were caring. Their comments included "She's [Staff] a very kind person" and "Staff treat me very well". One person told us that they always felt well cared for and "Loved being tucked up in bed at night". Another person told that that staff were "Friendly and nice" and that they always supported them in with their interests. For example, fund raising for charity which included baking cakes, car washing and sponsored walks.

The ethos of the service was to deliver person centred care by enabling people to have as much control as possible in making choices and lifestyle decisions. People's care plans detailed information important to the individual in order to maintain as much independence as possible.

The registered provider had considered effective ways of communicating with people. For example, care planning documents, policies, procedures and newsletters were written in plain English, large print and contained symbols and pictures to aid people's understanding of the information.

People were extremely comfortable with the staff supporting them. For example, one person often reached out to touch and hold staff hands whilst they were talking. Staff responded to this in a warm gentle manner. Staff spoke with people in a calm, supportive manner, giving individual time to respond.

Staff respected people's privacy. People told us that staff always knocked on their door and waited before they entered. One person said "They [Staff] always knock on their door and shout can I come in before entering".

Positive, effective relationships had been formed between people and the staff supporting them. It was evident that staff had got to know people well and were aware of their likes, dislikes and preferred routines. For example, one person was supported by one member of staff throughout the day. During discussion the member of staff was seen to assist the person in centring their attention so that they could contribute to the conversation. The member of staff knew when the person was becoming tired due to how they communicated.

People were supported to keep in touch and maintain relationships with family members. One person told us that they kept in regular touch with their family who lived in another part of the country. They told us that they had planned to meet up with three of their siblings for a holiday.

Information was available to people on how to access local citizen advocacy services. A citizen advocate is an independent person who develops a long term relationship with an individual who will speak up on behalf of them with regards to their choices and decisions. People can access citizen advocates when they feel that their voice alone may not be heard.

The registered provider had systems in place to help people plan for the future. For example, easy read guidance was available in relation to people planning their funeral. The information gave people to

opportunity to discuss and record their preferences in relation to their funeral; who they would like to be there, what type of funeral they wanted and their choice of music and flowers. This information was important for people to ensure that their choices were planned for when required.

People had access to a 'welcome book' that detailed the services and standards of care they should expect whilst using the service. The book was in large print and used photographs to explain key information about the service. For example, the kind of support the service can provide, people's rights to be consulted, contact with family and friends, information relating to tenancies, medicines and health and safety. Having access to this book gave people and their family members clear information about the service.

Is the service responsive?

Our findings

People told us that they were happy with the care they received. Their comment included "[Staff] talk to me nice", "Very happy" and "Good having [Staff] around". People told us that they knew who to speak to if they were unhappy about something or wanted to make a complaint.

Prior to a person using the service an admission and allocation assessment was completed by a senior member of staff. The purpose of this assessment was to establish the person's individual needs and wishes and to ensure that the service is able to meet the person's needs. Information gained during this assessment process contributed to the planning of the person's care and support.

When a decision is made that a person is going to use the service people are supplied with a support agreement, written in an easy read format. People, or others acting on their behalf within the legal framework were required to sign the agreement to confirm they gave consent to their planned care and support.

Each person had a detailed care and support plan that contained information relating to all aspects of their lives including daily living, work and education, important relationships and spiritual and cultural needs. Information was also recorded of people's preferences as to how their health and communication needs were to be met. This information informed staff of how they needed to enable a person to live their life as they wished. Reviews of people's care plans took place on a regular basis. People told us that they were always included in the reviews of their care and support plans. Care planning documents and their reviews were person centred in that they focussed on outcome for people. One person told us that at their next review they wanted to discuss and plan their next holiday.

Staff were knowledgeable about people's needs and wishes. For example, one staff member supported one person to access the local community on a regular basis. Staff knew the person favourite places to visit, for example, a local community garden centre to feed the fish. One person told us that a member of staff was supporting them to explore their interest in historic buildings. They told us that staff knew what they liked to do and helped them plan.

Staff were aware of people's preferred daily routines. For example, one member of staff explained that if one person's bathroom window is shut they were in the shower. When the window was open it meant that they were out of the shower and staff would then go and offer support.

People were supported by staff to complete a weekly planner. The planner gave people the opportunity to plan their time to ensure that they continued to be involved in their social and recreational interests and around the local community; in addition to planning their housekeeping and shopping. People told us that they spent a lot of time out and about. For example, one person told us that they visited the pub and often visited Liverpool city centre.

An annual survey took place to gather people's views on the service that they received. This years survey was

being prepared to be sent to people in December 2016. The survey asked for people's views in relation to their home, how they were supported, friendships and relationships, making choices, being healthy and keeping well and holidays. Following the survey an easy read report of the results would be shared and an action plan developed for any changes or improvements people had identified to be discussed and implemented.

People were invited to attend a 'pleased to meet you' group meeting which took place on a regular basis. The meetings were supported by staff and chaired by a person who used a Brothers of Charity service. Prior to each meeting people were provided with an agenda. These meetings gave people the opportunity to put forward their views about the service, and discuss any forthcoming events and activities within the community they maybe interested in attending. The most recent meeting had taken place in October 2016 and subjects discussed at the meeting had included a new Merseyside tenants forum, the registered providers magazine, planned parties, discos and coach trips and mens and womans groups available for people to attend.

A detailed complaints and compliments procedure was in place. The procedure was written an easy read format using pictures and symbols and large print. People knew how to make a complaint about the service and were clear of who they would speak within the service if they were unhappy or feeling sad about something. No formal complaints had been made about the service.

The registered provider maintained a log of all complaints and compliments received by the service. The log gave the opportunity to record the date and nature of the complaint or compliment, any investigation information and the outcome. In October 2016 four compliments had been received from family members of people using the service. The compliments related to people's appearance, improvements in their relatives mood and in the support that people received at the service. Records showed that these compliments had been relayed to the staff team.

Is the service well-led?

Our findings

A registered manager was in post who had worked from Brothers of Charity for many years. People told us that they knew who the registered manager was and that they were happy with the service they received.

The service was managed in a way that promoted people's independence, health and wellbeing. Staff spoke positively about the registered manager describing them as approachable and supportive.

There was a clear management structure and line of accountability with the service. The registered manager had the support of heads of service, an area co-coordinator, senior support workers, support workers, a human resource and health and safety department to plan and deliver a safe service to people. Staff understood their roles and responsibilities.

Staff were invited to take part in an annual survey which enabled the registered provider to obtain their views and experiences as an employee. The survey was organisation wide and was sent to all employees of Brothers of Charity. The results of the survey were broken down into different geographical areas. The results for this service were reported along with other services within the same geographical area. The most recent survey was completed in July 2016 and the responses of staff were mostly positive. For example, 91% said that the training they received enabled them to do their job, 94% of staff stated that they followed a person centred support plan focussing on personalised outcomes when supporting people and that they felt supported by their immediate line manager.

In addition to the annual staff survey a health and wellbeing survey had been developed and was in the process of being sent out to staff. The survey was aimed to gather staff views on the registered providers current stress management policy and stress risk assessment process. The registered manager explained that this survey was for the registered provider to measure the effectiveness.

Detailed policies and procedures were in place and available to all staff. These documents offered advice and guidance on current best practice within their role. These procedures contained a whistleblowing procedure. Whistleblowing occurs when an employee raises a concern about dangerous or poor practice that they become aware of. Staff were aware of the procedures and would have no hesitation in raising any concerns they had with the registered manager as they felt they would be listened to. One member of staff told us that sometime ago they had raised a safeguarding concern with their manager which was investigated and dealt with appropriately

The registered provider had a structured system in place for assessing and monitoring the quality of services people received. For example, daily checks were carried out by staff on duty in relation to maintaining care records, checks on people's medicines and money. Staff signed to confirm that these check had taken place during staff handovers. Weekly monitoring checks carried out by staff. These checks included checking care records, people's medicines and finances, health and safety policies and procedures. Once completed these checks were assessed and monitored by the registered manager. These daily and weekly checks gave the opportunity to identify any errors or changes needed to the support people required quickly.

A monthly quality monitoring check was carried out by the services operations director. These audits gave the registered provider the opportunity to check on the service that people were receiving. For example, the audit considered people's living environments, person centred care planning documents, health and safety, daily and weekly reviews completed by staff and people's happiness and health.

A system for recording and monitoring accidents and incidents that occurred took place. All reports of accidents and incidents, once complete were assessed by the registered providers health and safety department,. We queried one report relating to an incident that had occurred. The registered manager responded to the query quickly and sent us detailed further information about the situation. This demonstrated that effective recording monitoring and recording of incidents and accidents took place

Monthly service manager briefing took place. The purpose of these briefing were to keep senior managers informed of any legal or best practice changes needed throughout the organisation. In the event of a change, a senior management briefing was released to inform staff of the change. For example, we saw that a senior management brief was in place in relation to duty of candour.

The registered provider had previously achieved the Investors in People gold standard award. Prior to this inspection a Investors in People had visited the service in relation to its accreditation. Following their visits the registered provider had received confirmation that the service remains compliant with the standards of the gold standard award. This demonstrated that continual developments were being maintained within the service.

The registered provider is required by law to notify the CQC of specific events that occur within the service. The service was meeting this requirement. The registered manager demonstrated a detailed knowledge of their responsibilities under the Health and Social Care Act.