

Joseph Cox Charity

Mary and Joseph House

Inspection Report

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Summary of findings

Overall summary

Mary and Joseph House is a residential service providing care and support to adult men with enduring mental health needs and alcohol dependency. The property comprises of 11 self-contained flats and 30 single bedrooms. The home was fully occupied on the day of our inspection. People living at Mary & Joseph House have access to a wide range of facilities including; a games room, small lounge areas, an art therapy room, a workshop, a chapel and well maintained gardens. There is parking available for visitors. There is good access to all parts of the property.

The manager had worked at the service for 10 years and was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards. While no applications have been submitted, proper policies and procedures were in place. Relevant staff have been trained to understand when an application should be made, and in how to submit one. People's human rights were therefore properly recognised, respected and promoted.

People were involved and consulted with about their needs and wishes. Care records provided good information to direct staff in the safe delivery of people's care and support. Records were kept under review so information reflected the current and changing needs of people. Information was stored securely ensuring confidentiality was maintained.

People were offered a wide range of activities both in and away from the home. These ranged from social and leisure activities to housekeeping and laundry. This offered people some structure to their day and helped those people intending to move to more independent living so they had the skills to manage.

Staff worked closely with healthcare agencies so that people received the care and treatment they needed. Information was shared with other services so that people continued to receive safe and effective care.

Records showed people who had applied to work at the service had been robustly recruited so only those applicants suitable for employment were offered work at the home.

Staff received on-going training and development in the areas of care and support people required. This helped to ensure staff had the knowledge and skills needed to meet the specific needs of people.

Sufficient numbers of staff were available to support people in meeting their emotional, social and physical needs so their health and well-being was maintained.

Systems to monitor and review the quality of service provided were in place to check that people received a quality service. People were offered a good standard of accommodation. Checks were made to the premises and servicing of equipment ensuring people were kept safe.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards. Policies and procedures were in place and training had been provided to guide staff in relation to the Mental Capacity Act 2005 and deprivation of liberty safeguards. Relevant staff have been trained to understand when an application should be made, and in how to submit one. People's human rights were therefore properly recognised, respected and promoted.

People we spoke with told us they felt safe living at Mary & Joseph House. Staff spoken with had a clear understanding of the types and signs of abuse as well as the reporting procedures in place. According to the staff training records all staff had received annual training on these issues. This meant staff knew how to recognise and respond if they witnessed or suspected any abusive practice.

We found individual risks had been assessed and identified as part of the care planning process. Control measures had been put in place to manage any risks in a safe and consistent manner.

We saw that safe and effective recruitment systems were now in place. Relevant checks were being completed and references taken before new staff were allowed to work with people. People living at Mary & Joseph also took part in the interviewing process so they too could comment on the suitability of people who had applied to work at the service.

Are services effective?

People were encouraged and supported to express their views about their needs and wishes. This ensured the assessment and care plan documentation fully reflected their needs. Plans were kept under review so that information reflected the current and changing needs of people. The service worked closely with mental health and alcohol teams so that people were appropriately supported in meeting their current and changing needs.

Where necessary, arrangements were made for people to access independent advice so that their needs and wishes were taken into consideration when making important decisions about their care and support.

Staff had access to on-going training in line with the needs of people who used the service. This ensured staff had the appropriate skills

Summary of findings

and knowledge to carry out their role effectively. People living at the service were also able to join the training provided. This provided people with the opportunity to learn new skills as well as grow in confidence.

Are services caring?

We spent time observing how staff interacted and supported people. We saw privacy and dignity was respected. Interactions were polite and staff were patient. Staff had a good understanding of the individual needs of people and offered encouragement and support where necessary.

The service worked effectively with healthcare agencies ensuring the needs of people were appropriately met. People told us they had access to any health care support they needed ensuring their health and well-being was maintained. Following our inspection we spoke a GP and a nurse from the Community Alcohol Team who regularly visited the service. They told us; “The staff are very respectful, they have an holistic approach to supporting people” and “Staff are very approachable and drop things to spend time with people, they are a compassionate team”.

Individual care records were in place for people living at Mary & Joseph. These provided staff with information about how to support people. People were involved in reviewing their support plans so information about the current and changing needs of people were reflected. This helped to ensure people received safe and effective care and support.

Are services responsive to people’s needs?

The service was responsive to people’s social, emotional and development needs, particularly for those people looking to move on into more independent living accommodation ensuring they had the skills and coping strategies to manage. Staff consulted with people about their routines to see what they would like to do, offering a range of activities both in and away from the home.

Where people needed help to make important decisions, the service worked closely with the person, their relatives and relevant health and social care professionals. Independent advocates were also involved where necessary to help people express their views and wishes.

Information was available about the service and what people could expect should they choose to live at Mary & Joseph House.

Summary of findings

Assessments were carried out prior to people being admitted to the home. We were told that by the manager that people were only offered accommodation at the service if they felt they would be about to safely and effectively meet their individual needs.

The home had a complaints procedure in place advising people and visitors how they could raise any concerns and the action that would be taken by the provider. We saw the manager responded to any issues or concerns brought to their attention. People living at Mary & Joseph told us they could speak with staff if they had any issues or concerns.

Are services well-led?

Systems were in place to regularly monitor and review the quality of the service and facilities provided. The management team was clear about how they wished to develop and improve service which was detailed in a business plan. People told us they were able to give their views about the conduct of the service and in making any decision about events that took place in the home. This was done in during the regular resident meetings and during their individual meetings with their keyworker.

Any issues or concerns brought to the manager's attention were recorded and responded to in line with the homes procedures. Where necessary appropriate action was taken to reduce the risk of issues reoccurring.

The manager notified the Care Quality Commission (CQC) as required by legislation of any accidents or incidents, which occur at the home.

Arrangements were in place to review staffing levels, roles and responsibilities. This meant people received the appropriate level of support to meet their needs.

Summary of findings

What people who use the service and those that matter to them say

During our inspection we spoke with eight people who lived at Mary & Joseph House. We asked them about their experiences and of the support they received.

One person told us; "When I first came here initially to visit, it ticked all the right boxes for me, now I'm here it was definitely the right choice. We have care plans that are reviewed monthly and we have a residents meeting once a month". Another person said "I consider this my home, I like it here".

Further comments included; "I am really happy now in this community, I assist the chef to cook the breakfast and evening meal", "I moved in about eight months ago, in this time I have moved into one of the flats, I am more than impressed with everything about the home". This person told us that whilst living at the service they had started on a managed alcohol programme however had since stopped. They said "I had decided I didn't want to drink anymore. I decided by myself".

One person told us when asked about making a complaint or expressing any concerns said "We can discuss it at the monthly meeting or talk to the staff any time". Another person said; "The staff are brilliant if you need a Doctor's appointment they will arrange it, or sometimes the Dr comes here, they take you to appointments in the mini bus".

We saw a new feedback questionnaire had been developed. This had been distributed to visitors. Some people had responded. We saw that some of the comments included; "Residents are extremely well cared for", "The best care home I've visited" and "I'm impressed with the way in which staff demonstrate such an active interest in residents".

Prior to our inspection we spoke with the local authority who commissioned placements at the home and carried out quality reviews of the service. They told us, "No issues at Mary and Joseph. Very well run home, excellent staff and admin procedures". This was supported by other people who regularly visit the home, including a GP and the Community Alcohol Team. Their comments included; "Excellent well run project" and "Management and conduct are excellent", "Impressed any issues investigated thoroughly and there's good documentation, people are definitely safe", "The staff are very respectful, they have an holistic approach to supporting people" and "Staff are very approachable and drop things to spend time with people, they are a compassionate team".

Mary and Joseph House

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 of the Health and Social Care Act 2008. It was also part of the first testing phase of the new inspection process CQC is introducing for adult social care services.

On this inspection the Inspector was supported by an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of care service

Before our inspection, we reviewed all the information we held about the home as well as contacting the local authority commissioning team to seek their views about the service.

The last inspection was carried out in November 2013. There were no concerns identified at that inspection and the home was assessed as meeting all the standards we reviewed at that time.

During the inspection we spoke with eight people who used the service and five staff. We looked at people's care records as well as information about the management and conduct of the service. Following our visit we also contacted two health care professionals who supported people at Mary & Joseph to gather feedback about their experience when visiting the service and the support provided.

Are services safe?

Our findings

Policies and procedures were in place to guide staff in areas such as; safeguarding adults, complaints, recruitment and whistle blowing. At the time of the inspection the service did not have a written policy in place with regards to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This was drawn up immediately following our visit and a copy sent to us.

We spoke with one of the assistant managers who took responsibility for training. They told us a range of training topics were provided for staff so people received safe and effective care and support. The training programme we looked at included safeguarding children and adults, MCA, DoLS, risk management and positive risk taking. This was confirmed by staff we spoke with and the records we examined. Staff spoken with confirmed they had completed training in areas of protection and this was updated on a regular basis. Staff were able to demonstrate they understood what action they would take if they suspected abuse or there were concerns about people's safety.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards. While no applications have been submitted, proper policies and procedures are in place but none had been necessary. Relevant staff have been trained to understand when an application should be made, and in how to submit one. People's human rights were therefore properly recognised, respected and promoted.

Assessments were completed where areas of risk or potential relapse had been identified. Management plans were drawn up to show how support would be offered, for example, the use of alcohol, mental health needs, management of personal finances or access to cigarettes. Additional records were completed where advice and support had been provided by external healthcare professionals, for example, district nurses and community alcohol team. This helped to minimise the risks to people so that their health and well-being was maintained.

All of the people living at the home were able to express their needs and wishes, therefore where agreements were in place this was done with their involvement and consent. Records were completed and signed by both parties to

show what agreements had been made. These were kept under review so information reflected the current and changing needs and wishes of people so that the appropriate levels of support was provided.

One person told us; "When I first moved in I was on the Alcohol Programme, after some time I decided there was no point in having 4 cans a day, so I saved up my cans until I had 12 in my room and then told the staff to come and take them out as I had decided I didn't want to drink anymore. I decided by myself".

Following our inspection we spoke with a GP and the Community Alcohol Team to seek their views about the service. They told us staff supported people, where necessary, during the 'clinics' held at the service and that they were "good at following instructions" where advice had been provided. One person told us, "They [the staff] balance really well people's rights and risks whilst taking into account their wishes and needs".

Whilst the main entrance was kept secure, we were told those people able to come and go independently were able to do so. This was seen during our inspection and some of the people we spoke with told they were able to maintain their independence, visiting family or taking part in activities away from the home.

Further records were also completed of all financial transactions. These clearly showed what money was held on people's behalf by the service and when they had received money for personal use. The administrator showed us electronic records which were maintained detailing any financial transactions. These were audited by an external accountant to check finances were managed properly and records were accurate. Where people were supported with finances, this was detailed in the support plan and agreed with the person concerned.

We looked at the personnel files for two staff who had recently been employed to work at the home. Relevant information and checks were completed as part of the process. These included an application form, written references, identification, health declarations, interview records and a criminal record check carried out by the Disclosure and Barring Service (DBS). Applicants were invited to the home to meet with people as part of the recruitment process. We saw records to show where people had given their views about the suitability of applicants.

Are services safe?

We looked at the staffing levels provided at the service. People were supported by a large team of staff, some of whom had worked for the provider for a considerable number of years. In addition to the manager, the team comprised of three assistant managers, support staff, care staff, project workers, kitchen and housekeeping staff, an

administrator and receptionist. We saw a good staff presence throughout the home. Where people were being supported on a 1 to 1 basis, we were told and saw records to show that additional staff were rostered to work so this did not impact on other people and the support they needed.

Are services effective?

(for example, treatment is effective)

Our findings

People living at Mary & Joseph House were able to make decisions about their day lives. People needs, wishes and aspirations were discussed as part of the support planning process using the 'STAR recovery programme'. This explored areas such as managing their mental health and addictive behaviour, self-care, social networks and relationships, work and daily living skills. The purpose of the programme was to measures and support people's progress towards self-reliance.

During the inspection we saw one person sat with their keyworker in a private room reviewing their plan. Records looked at were focused on the individual needs of people. We saw plans were discussed with people and then signed to evidence their involvement and agreement with the information recorded.

People were encouraged to be as independent as possible. A range of support was offered from all members of the team. This included administration staff helping with budgeting skills or domestic staff assisting people to keep their room or flat clean and take care of their laundry. This encouraged people to regain their independent living skills in a safe environment before moving on to more independent living, where possible. One person we spoke with said "I moved in about eight months ago, in this time I have moved into one of the flats, I am more than impressed with everything about the home".

One of the housekeepers we spoke with said, "I have seen a lot of changes in the time I have been here. Its great now going into the rooms or flats (of the residents) and asking if they need a hand with anything. Sometimes I have to say just think of me as a neighbour that has just popped round to see if you need any help with anything, I think this makes them feel more comfortable in me helping them make the bed or clean around their room or flat".

We were told when specific decisions needed to be made about people's care and welfare, additional advice and support would be sought. People were also able to access independent advisory services should they need too and information was available for people in the reception area.

The service readily accessed the support from GP's, mental health and alcohol services where people needed support in maintain their health and wellbeing. A GP as well as district nurses and community nurses from the alcohol

team regularly visited the service. This meant people's current and changing needs were monitored and reviewed regularly so that timely intervention could be made where necessary. One person told us, "The staff are brilliant if you need a Dr's appointment they will arrange it, or sometimes the Dr comes here, they take you to appointments in the mini bus".

We spoke with two healthcare professionals who had visited the service on a regular basis. They told us; "Staff seek advice and support where necessary so that people's needs were met" and they were aware the service was using the 'STAR' recovery programme, adding "This appears to be working well and giving people some focus".

During the inspection we looked at the training and development opportunities offered to staff. We were shown the training programme in place for the first 6 months of the year. Training was provided using various methods including practical training by in-house staff, external providers as well as accredited e-learning courses. In addition to health and safety subjects training incorporated specific subjects; such as, The Star Recovery Programme, risk management, alcohol related conditions, understanding mental health conditions and crisis planning. This helped to ensure staff had the knowledge and skills needed to support people effectively.

Staff spoken with confirmed they received on-going training and felt supported in their role. We were told; "There's always training planned or we can ask if we feel there is something we would like to do". From our observations and discussion with staff we found they had the appropriate skills, knowledge and understanding of the needs of people they supported.

We were told and saw evidence to show a comprehensive induction programme was completed by all new members of staff on commencement of their employment. This incorporated the completion of workbook so staff were aware of the policies and procedures within the service and what was expected of them. New staff were monitored over a period of 6 months and assessments of competency were completed ensuring they understood their role and responsibilities and felt confident in supporting people. This was confirmed by staff spoken with.

Systems were in place with regards to staff supervisions. Supervisions were held on a 6 to 8 weekly basis. These

Are services effective?

(for example, treatment is effective)

provided staff with an opportunity to discuss events within the home as well as their own training and development needs. Staff were also actively involved in contributing to the development of the service business plan.

We also saw staff handover record completed so that information could be passed on during shift changes so that staff were aware of any issues or changes in need of people.

Are services caring?

Our findings

People were able to express their needs and wishes and make decisions about their daily lives. From our observations staff interacted well with people. Staff were sensitive to people's needs and offered reassurance and encouragement where necessary. Staff spoken with were aware of how people were to be supported in meeting their individual needs.

We spoke with a number of people about their experiences. One person told us, "When I first came here initially to visit, it ticked all the right boxes for me, now I'm here it was definitely the right choice. We have care plans that are reviewed monthly and we have a residents meeting once a month". Another, "I consider this my home, I like it here". Other comments included, "They [the staff] have been fantastic".

During the inspection we noticed all staff knocked and called to people before entering their room or flat. Contact between people and staff was relaxed. We saw people were offered help and support where necessary. One person told us they enjoyed doing '1 to 1' activities in the project room due to the support they required.

We saw comments made by visitors on the feedback surveys sent out by the home in 2014. Visitors commented; "They [people living at the service] are treated with dignity and respect", "Staff are helpful and polite", "My relative is safe, clean and lives in a stimulating environment" and "My relative is a different person since he arrived here".

Individual records were in place with regards to people living at Mary & Joseph House. Records were easily accessible for staff to refer to. People were allocated a key worker who assisted them in developing and reviewing their support plans. People were encouraged to contribute to their plans, so their individual needs, wishes and preferences could be incorporated.

We saw people had access to health care staff, where necessary. A GP held regular 'clinics' at the service so people's healthcare needs could be monitored. The district nurse team and the community alcohol team also visited the service on a regular basis. Referrals were made to other services where necessary so people received the care and support needed. Healthcare professionals we spoke with told us; "The staff are very respectful, they have an holistic approach to supporting people" and "Staff are very approachable and drop things to spend time with people, they are a compassionate team".

Suitable arrangements were in place when people needed support to attend appointments or in the event of an emergency. We were told staff would provide an escort, where necessary or requested. Relevant information about people's medication and specific health needs would be shared with people so that they received continuity in their care.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Prior to admission people were provided with information about what to expect at Mary & Joseph House. Information was available in an easy read format and included details about the accommodation and services provided, such as, the type of support offered, range of activities, the recovery programme, financial management and medication.

The service was also responsive to people's social, emotional and development needs, particularly for those people looking to move on into more independent living accommodation ensuring they had the skills and coping strategies to manage. One person who was looking to move to more independent living told us about the support they had been offered. This included help with managing finances, attending some of the training sessions held as well as having a job in the home. They told us; "I am really happy now in this community, I assist the chef to cook the breakfast and evening meal".

Another person was very active with the local Alcoholics Anonymous (AA) group and was looking forward to attending an AA conference in Greece. We were told that staff were encouraging the person to do this.

Whilst some of the people living at Mary & Joseph House abstained from alcohol, others were supported with a daily alcohol programme. Agreements were drawn up in partnership with each person and kept under review. Advice was sought from the visiting healthcare team in relation to safe alcohol levels.

As part of the programme of support provided at Mary & Joseph House, people took part in the group work and activities offered at the service. These were discussed

within the resident meetings where people could put their ideas and suggestions forward. These included arts and crafts and woodwork and a programme of activities inside as well as outside activities, such as, football sessions, shopping, bike rides and visits to the library. A group of people had also taken part in the Tatton Flower Show. The home has a choir, which regularly meets to rehearse. Within the property this is a chapel and weekly faith discussions are held so that people's religious and spiritual needs are also met. Those people from other faiths would be supported in meeting their religious and cultural needs should they wish to.

One person spoken with in the art therapy room told us they "enjoyed the peace and quiet whilst painting" and "it helped them to relax and think about things whilst they were there". Some people were also involved in developing the allotment in the large well maintained gardens. Where able, people were encouraged to seek employment and training opportunities.

We spoke with the manager about any complaints or concerns raised about the service. We saw evidence to show what action had been taken where necessary along with any correspondence sent to people to tell them about the outcome. This showed issues were taken seriously and people were listened too. We saw a complaints procedure was displayed close to communal areas for people and visitors to refer to. Information explained how a complaint could be raised and would be dealt with. Any issues brought to the manager attention were recorded and responded to.

One person we spoke with about making a complaint or expressing any concerns said "We can discuss it at the monthly meeting or talk to the staff any time".

Are services well-led?

Our findings

People living at the service were aware of the management structure in place and the role and responsibilities of individual staff members. From our discussions with people we heard how their care and support was planned in a way which met their individual needs and wishes. People were given the opportunity to give their views about the conduct of the service and in decision making about any events that took place in the home.

The manager had worked at the service for 10 years and was registered with the Care Quality Commission (CQC). They were supported by large team of support and ancillary staff. The team was stable with a number of staff having worked at for the service for a number of years.

We found the service was well managed and well led, with clear lines of responsibility and accountability. All the staff we spoke with were knowledgeable and dedicated to providing a high standard of care and support to people who lived at Mary & Joseph House.

Systems were in place to monitor and review the service provided. This involved the management team having oversight of all areas of the service. Monitoring was undertaken of areas, such as, the effectiveness of the support programme, staff training and development, health and safety and infection control. Information gathered was used to develop the service business plan. We were told that this was currently under review.

The service had recently been inspected by the local authority infection control lead. The service had achieved compliance of 97% pass in relation to the standards required. Mary & Joseph House had been awarded the Investor in People award in 2012, this reviewed every three years, and the Dignity in Care Award, awarded by the Local Authority in 2011.

Prior to our inspection we spoke with the local authority who commissioned placements at the home and carried out quality reviews of the service. They told us, "No issues at Mary and Joseph. Very well run home, excellent staff and admin procedures". This was supported by healthcare professionals we contacted following our visit. They said; "Excellent well run project" and "Management and conduct are excellent", "Impressed any issues investigated thoroughly and there's good documentation, people are definitely safe".

Staff worked collaboratively with people living at the service and encouraged their involvement and feedback about their experiences and any improvements they felt could be made. We were told and saw evidence to show monthly meetings were held with staff and people living at the service. Minutes of meetings detailed discussion in specific topics, such as, the 'star recovery programme', complaints and concerns, activities and menus.

In addition, annual feedback surveys were also distributed to people and visitors so that further comments could be sought. A newsletter had also been provided following the completion of questionnaires by people living at the service. Eighty per cent of people living at Mary & Joseph House at that time took part in the survey. Information showed all participants were happy with the housekeeping arrangements, over 90% of people were happy with the support and opportunities made available to them. Information included both positive and negative comments from people about their experience; these would be looked at by the management team.

We saw a new questionnaire, which had recently been developed, had been distributed to visitors. Some recent responses had been received. Comments included; "Residents are extremely well cared for", "The best care home I've visited" and "I'm impressed with the way in which staff demonstrate such an active interest in residents".

Where incidents or concerns were raised about the service, these were reported to the CQC as required. We saw that detailed records were maintained with regards to any safeguarding issues or complaints, which had been brought to the manager's attention. These evidenced what action had been taken ensuring people were kept safe. We were told that action would be taken where it was found improvements were needed so that the risk of issues or concerns reoccurring were minimised.

We were told the staff turnover was very low with some staff having worked at the service for some considerable time. Where vacancies had arisen, recruitment had taken place. We were told and saw records to evidence people living at the service had been actively involved in the recruitment of new staff. We found sufficient numbers of staff were available to support people. Suitable arrangements were also in place with regards to out of hours support should staff require any advice or support.

Are services well-led?

The home employed maintenance staff who took responsibility for maintaining and carrying out checks of the property. We saw a random sample of maintenance

certificates and checks to mains services and equipment. These were carried out by contractors or the landlord ensuring people living at the home, staff and visitors were kept safe.