The Brothers of Charity Services

The Brothers of Charity Services - Greater Manchester Services

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 inspection was unannounced and took place on 1 and 2 March 2017. This was the first inspection of this service.

The Brothers of Charity Services – Greater Manchester Services provides support to people in their own homes who needed additional support due to learning difficulties, physical disability, mental health needs, drug and alcohol addiction and hoarding. In the Stockport area, six people who had autism or Asperger's syndrome were supported by the service but not with personal care.

At the time of our inspection, the service was supporting 52 people and of that number 18 people with personal care in the Bury area and one person in Rochdale.

A registered manager for the service was present during our inspection. '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 told us they felt safe using the service. Staff were clear about their reporting responsibilities in relation to any safeguarding or and the poor practice of colleagues.

Staff had been safely recruited. Although there had been a high turnover of staff at the service, there was now a stable staff team in place. There were enough staff to meet people's assessed support needs in a reliable, consistent and flexible way. Systems were in place to help ensure the safe handling of medicines and to reduce the risk of cross infection in the service.

People who used the service had the capacity to make decisions about what they did and the choices they made.

People were supported to shop for and prepare food and to attend healthcare appointments as needed.

We received very positive feedback from the people we visited about the flexible and personalised support they received from staff.

People told us that they got on with their support workers and were well matched. Staff spoken with knew people well

People told us there independence and social inclusion was promoted.

Written information about people was positively written. Information was seen to be in easy read formats, for example, complaints and compliments, the statement of purpose and the welcome book.

The registered manager had made improvements at the service in relation, to strengthening the day-to-day operations. This included the recruitment of staff with the right skills, knowledge and personal qualities and also to the planning of people's support and the development of new support plans. This had been done to enable the service to expand effectively and safely.

Improvement plans were in place for the future, which included the purchase of a new property, the introduction of a new electronic rostering system and face-to-face training for staff.

We received positive feedback from the staff we spoke with about the registered manager and the management team who were said to be approachable and supportive. Management staff said they thought that Brothers of Charity was a supportive organisation with clear values.

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.

Staff had received training in safeguarding adults and were confident that any concerns they raised with the service would be addressed.

Staff had been safely recruited and there were enough staff to meet people's needs.

Systems were in place to help ensure the safe administration of medicines, including where people who used the service took responsibility for their own medicines.

Is the service effective?

Good

The service was effective.

The majority of people who used the service had capacity to make their own decisions. People gave their signed consent to receive support from the service.

Staff received the induction and training they required to ensure they were able to carry out their roles effectively.

People were supported by staff to shop for food and prepare meals of their choice and to attend health appointments where appropriate.

Is the service caring?

Good

The service was caring

People we spoke with were very complementary about the support they received from staff.

People were clear about what they could expect from the service and there was written information in place to support this. This information was written in an easy read format to help people to be able to understand it.

Is the service responsive?

Good

The service was responsive.

People were involved in the planning of their person centred support.

Staff supported people to regain and maintain their independence and promoted social inclusion.

Systems were in place for the reporting and responding to people's complaints and concerns and records.

Is the service well-led?

Good

The service was well led.

There was a manager in place who was registered with CQC.

People and staff spoke positively about the registered manager. They told us the registered manager was approachable and supportive.

There were effective systems in place to monitor the quality of the service provided. Plans were in place to make improvements to the service to enable it to expand in the future.

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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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was undertaken by one adult social care inspector, took place on 1 and 2 March 2017 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 to support us with our inspection.

Before our inspection, we reviewed the information we held about the service including notifications the provider had sent to us. We contacted the local authority safeguarding and commissioning teams. They raised no concerns about the care and support people received from the service. We had requested the service complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. This was returned to us by the service.

During our inspection, with their permission we visited and spoke with four people who used the service. We also spoke with the registered manager, the area co-ordinator, a lead support worker, the office manager, five support workers and also had contact with a social worker.

We reviewed a range of records relating to how the service was managed; these included four people's care records and staff recruitment records.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe with the staff who visited them. Staff told us they felt safe and comfortable working alone with people. Staff who had not undertaken the role before told us that they had been concerned about working on their own before they did. However once they said they had started to work with people they had not felt vulnerable.

We saw the service had safeguarding vulnerable adult's policy and procedure. We spoke with staff about their responsibilities for safeguarding vulnerable adults. Staff told us that they had received training in their responsibilities for safeguarding adults and knew what action to take if they witnessed poor practice by colleagues under whistleblowing procedures. They knew they must report any concerns to their line manager. They were confident the management team would listen to concerns they raised and take any required action. Staff said, "The registered manager would respond quickly to concerns and maintain confidentiality," "I would always tell it's for their safety" and "It's my responsibility."

We checked to see that staff had been safely recruited. Staff told us that recruitment checks had been carried out by the service before they started working unsupervised with people. They confirmed that they had been interviewed to check they had the right qualities and understood the role before they started working with people

We reviewed three staff personnel files and saw that each file contained an application form with a full employment history with explanation for gaps, two references and confirmation of the person's identity. Checks had also been carried out with the Disclosure and Barring Service (DBS) for all applicants. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff.

When staff started work at the service, they were given a staff handbook. The staff handbook gave staff information about the service, which included a wide range of policies and procedures. These included, equal opportunities, dignity at work, professional standards of practice and behaviour, confidentiality and data protection.

People told us and the rotas that we saw confirmed regular staff supported them. The registered manager told us that when they arrived there had been a high turnover of staff and people who used the service had lacked consistent support. The registered manager was confident that consistency had improved and the staff team was now stable. There were also four bank staff available to provide support in the absence of regular support workers. No outside agency staff were being used.

The area co-ordinator told us that wherever possible a new support worker would be introduced to a person on their first visit. Staff confirmed that this was the case but on occasions when this was not possible the support worker received a personal profile about the person from the lead support worker so they had some knowledge about them.

Staff told us that they were supported from the office between 9 – 5 and there was an on-call management rota out of hours. Staff said they felt well supported by the managers.

People's length of time allocated for support varied dependent on their individual support needs. Staff told us they had enough time available to them to carry out visits. Staff said that the minimum amount of time they spent with people was half an hour, which meant they could support people without feeling rushed.

People told us, "I have a rota. I know who is coming to get me up and put me to bed. The rota stopped for a while but I am glad it's back it reduces my stress," "Sometimes they are a bit late but that is because of the traffic" and "I get regular worker. They are all good." Another person who preferred changes in staff said, "I know them all. They change but I am quite alright with that." A new electronic rostering system was being programmed and due to become operational in the weeks following our inspection. This should support consistency and the efficiency of the service.

Systems were also in place to reduce the risk of cross infection in the service; this included the use of personal protective equipment (PPE) where necessary. Staff told us that they had access to PPE. Supplies were held at the office and they never ran out.

We saw that a number of risk assessments were carried out, for example, a health and safety, an assessment of the property, which included fire safety medicines management and moving and handling. We saw that 'my emergency arrangements' formed part of the plan. We also saw that the service had a policy and guidelines for staff about positive risk taking.

We were told that most people who used the service took their own medicines or lived with someone who was able to support them with medicines. One person we visited said, "My medicine is kept in the safe. I don't go in there. I get them on time and I never run out."

Staff told us that they had received training in the administration of medicines. The lead support work had recently undertaken a four-day train the trainer's course to enable them to give face to face training in the future. The service had a medicines policy and procedure that was used to guide staff in the administration of medicines.

We saw that when the service administered or prompted people to take their medicines a risk assessment was carried out to check the person was able to manage medicines safely. We saw that there was information available on people's support plans and what support people required was identified. Staff as appropriate completed medicines administration records.

Good

Is the service effective?

Our findings

Referrals from social workers were usually made for people who needed additional support due to learning difficulties, physical disability, mental health needs, drug and alcohol addiction and hoarding. In the Stockport area, six people who had autism or Asperger's syndrome were supported by the service but not with personal care.

The registered manager told us that when they took over the service, they had concerns about the ability of the service to meet some people's complex needs and reviewed other people who no longer needed support.

When a referral was made two members of the management team went out to talk with the person about what they wanted the service to support them with for example, their medicines, getting dressed and preparing meals. Whenever possible other people involved in the persons support, for example, the person's social worker, family members or the person's advocate attend the meeting.

An assessment was carried out with them to check whether they could meet the person's needs safely and effectively. If a decision was reached to proceed to offer support then a support plan and risk assessments were put in place and a start date agreed. A community care assessment was also requested from the person's social worker. People spoke positively about their social workers and the help they had given them.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We saw the service had a mental capacity policy and practice guidance document that was available to use by staff. Staff told us that the majority of people who used the service lived independently and were able to make most day-to-day decisions about their lives.

A person said, "They are all good. They don't make me do anything I don't want to do." We saw on people's records that they signed to agree their consent to support plan being implemented and that information about them may be shared with other organisation involved in their support and on a need to know basis.

Staff we spoke with had received different styles of training depending on their length of service with the provider. Some staff had received face-to-face training at a local college or at the Liverpool or former Stockport offices, whilst new staff had received online training at the office. This training was undertaken

before staff worked in an unsupervised capacity with people.

Staff told us they had received induction training when they started work at the service. They told us they shadowed established staff before working unsupervised with people. This helped staff to get to know people and their support needs. The shadowing period was said to last one or two weeks and more if the staff member needed to build up their confidence.

Staff said, "Going out with established staff was invaluable. It helped increased my confidence," "I never feel the need to apologise for asking questions" and "I was asked if I was ready before I went out on my own."

We saw that there were plans in place to improve learning by increasing face-to-face training. The area co-ordinator, who had been a social work practice educator in a previous role, was working with the learning and development director for the provider to put this into place. Contact had been made with an external provider and plans were in place to introduce training through them.

The registered managers' report to directors on 1 March 2017 confirmed that the organisations mandatory training was up to date. Arrangements were in place for eight staff to undertake a Level 3 qualification in mental health and to enrol four staff for Qualification Credit Framework (QCF) Level 2.

We saw that the lead support worker had recently undertaken train the trainer's course in medicines administration and dates were in place for them to undertake a four-day train the trainer's course for the moving and handling of people.

Staff spoke positively about working for the service and as part of the team. Staff said, "its brilliant here. I love it. Positive changes have been made." There is a good atmosphere in the office now. We help each other and work as a team," "It is important to praise staff for what they do to maintain morale" and "I would not be here if I did not love it. There is also opportunity to make progress in my career."

We saw records that showed that staff had recently received an annual performance review and staff received regular supervisions. The management team to help ensure competence during support visits also carried out spot checks.

People told us about the support they received to shop for food of their choice and prepare meals. One person said, "I have got pictures of food to help me choose what food I want to eat. They take me shopping." During our visits we saw that were people had limited mobility drinks had been left in a position where they could reach them.

Nutritional and hydration needs formed part of the persons support plan. The support plan identified what assistance was required in relation to meal and drink preparation, eating, drinking and shopping.

On people's plans, we saw that there was information about their medical conditions as well as their physical and mental health support needs.

People told us that staff supported them if they needed them to for health appointments. One person said, "[Support worker] is a good lad. He takes me to the stroke group." Another person told us and showed us information about their rare condition and how they were supported to maintain contact with their consultant.

Good

Is the service caring?

Our findings

People spoke positively about the staff that supported them. We were told by the area co-ordinator that matching staff and people to ensure that they got on well was very important. If either person was not comfortable or confident with the arrangement then they were encouraged to say so that changes could be made. People and staff confirmed that gender was considered and some people received female only support at their request.

A person who had their own method of rating staff said, "[Support worker] gets three brews because [support worker] is the best!" Other people told us, "You can have a laugh with them" "I have regular staff now they lift your spirits. They have supported me through a difficult time. They understand me and my support needs are arranged around me" and "I am happy with all of it. I would rather they were the ones helping me rather than anyone else on the planet!"

We were given an example of where support workers had provided unpaid support to a person to help them move house. Another person said, "[Support worker] helped me with my photographs, put a border up and got the fish. [Support worker] has done loads for me. Made my flat homely. Can I put in a good word for [support worker]?" Staff said, "I love the job. I like meeting new people, with different personalities," "It doesn't feel like work. It's relaxed, really nice" and "I am genuinely fond of the people I see and I am grateful that I can help others."

When people started to use the service, they were given a Welcome Book. The Welcome Book was in an easy read format to help people understand. The statement of purpose and the complaints and compliments process was also in an easy read version.

The Welcome Book informs people who use the service that we all have the right to be protected from behaviour that could cause distress. It tells people that it was not right to be treated with bad language, shouting or bullying and who to contact if they were experience poor behaviour from others.

We saw that the service had arranged events at the office that people could attend. In December 2016, these included a Christmas Jumper day to raise money in aid of Save the Children. A collection of food donations for Manchester Central Food Bank for people in crisis and a mince pie and coffee day that all people who used the service could attend.

On 1 February 2017 a Digni – tea for Dignity Action Day was held with a music session song and dance session followed by tea and cakes. To help promote Dignity Action Day gives people an opportunity to raise awareness of the importance of dignity in care and to promote dignity in the workplace.

Staff told us that there were many benefits made available from the company once they had successfully completed their probationary period. We also saw that the service carried out with other Brothers of Charity services, health and wellbeing champions meetings that looked at ways of raising awareness and improving people's wellbeing.

Good

Is the service responsive?

Our findings

A person who used the service said, "I have got paperwork but I am not interested in it." Another person we visited supported this view.

We looked at four people's support plans during our visits and at the office. We were told that the client support plan had been changed recently to ensure that it was person centred. The plans we saw were positively written in the first person. The support plans included information about staff needed to know about them which included a brief personal and health history and the persons likes and dislikes. There was also a service plan to show what support had been agreed to be offered, a timetable of support and information about people's daily routines.

More detailed information was available around a range of issues, which included, mobility, communication, spiritual needs, personal hygiene, environment, security, social life and interests, pets, support outside the home and people's aims and objectives of the plan.

We saw that people signed their support plan to confirm their agreement with it. The area co-coordinator told us that people's support plans were reviewed every six months unless their needs changed, for example, after a stay in hospital.

We were told that one person's care plan had been printed off in green because they had dyslexia and this made it easier for them to read.

The area co-ordinator said they thought that the service had a good understanding and dealt with any issues arising effectively. Staff we spoke with said that the service was, "Growing and improving" "Things are getting dealt with more quickly since [registered manager] has been in post. Once a user-friendly property had been identified to move to plans were in place to create a drop in centre so the service could provide more community based support.

Staff said that part of their role was to support people to maintain and promote their independent. Staff said, "It is all about the client. We offer choices and try not to let people fall into the trap of not doing things for themselves." One person said, "I have cleaned the whole place today and then we have a chat" and "They help me with cleaning because I can get a bit dizzy doing it."

We were given examples of how staff had supported people to increase their independence. For example, one person who had been in a situation where they were dependent on others had moved into an extra care scheme. They had made good progress in regaining their daily living skills and continued to work towards further independent living. Another staff member told us that they had recently supported a person to regain their confidence to start to use public transport again.

Promoting social inclusion was also important for example taking people shopping, out to lunch, buying presents for family, going to play pool and darts. One person told us, "If I am well enough we go out. I have

been to Bury shopping or Burrs Country Park or for a carvery lunch. Staff said, "I really like taking people out to different places that they would not often get to like Hollingworth Lake and Rivington Barn."

People told us that if they had a worry or concern they could speak to staff about it. They were confident that they would be listened to and the problem would be sorted out. We saw that people had information about how to make a complaint in the support files in an easy read format. We saw at the office a record of complaints as well as complements was maintained.

Good

Is the service well-led?

Our findings

Before our inspection, we checked the records we held about the service. We found that the service had notified CQC of any accidents, serious incidents and safeguarding allegations, as they are required to do. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

We also contacted the local authority safeguarding and commissioning team. They raised no concerns about the care and support people received.
The service had a manager in place who was registered with the Care Quality Commission (CQC) as required under the conditions of the service provider's registration. The registered manager was present during our inspection.

The registered manager started at the service in April 2016. The registered manager had identified a number of improvements that were needed to strengthen the service before expansion of the service could begin safely. These included the introduction of an electronic rostering system, relocation to a more user-friendly office, train up a core team of train the trainers and start to deliver in house classroom based training and build relationships with all ten local authorities in the Greater Manchester area.

Staff told us that the registered manager was, "Friendly and lovely. There is a strong team in the office" and "[Registered manager] is one of the best bosses I have ever had. Takes ideas on board and listens." "We have had three changes of manager and [registered manager] is absolutely the best." "[Registered manager] is really professional but friendly too. You can talk to him. He keeps you updated."

The registered manager was supported in the day-to-day management of the operation of the service by an area co-ordinator, a lead support worker and an office manager. The area co-ordinator had previous experience of being a registered manager and the lead support worker was undertaking level 5 in leadership and management, as well as undertaking train the trainer's courses in medicines management and moving and handling. Staff told us that there had been changes in the office team. They said, "The atmosphere in the office has improved. We help each other and work as a team. We are definitely on track now there have been positive changes." The registered manager said, "I am really proud of the staff they have worked really hard.

Staff said that the registered manager was very approachable and supportive and they were confident if they had any concerns or problems they would be listened to and action taken if needed. The registered manager said, "The company is fantastic, really supportive."

The company holds a Gold Investors in People Award and was working towards a Platinum accreditation Investors in People Health and Wellbeing. The company was a member of the UKHCA and a disability confidence employer.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and

governance processes are systems that help registered providers to assess the safety and quality of their services.

We saw that the registered manager produced a monthly report on the running of the service for the provider. We saw copies of the reports for 11 January, 1 February and 1 March 2017. We saw that the reports informed the provider of staffing issues, staff development, training, recruitment, sickness, absence and retention, as well as information about complaints, compliments and safeguarding.

We saw that a range of meetings were planned for the coming year. These included monthly management meetings, JICC including health and safety, training forum, team and staff representative meetings, events committee and health and wellbeing champions meetings.

We saw a team meeting held on 11 January 2017, which discussed the new office structure, growth and expansion, training, eLearning, supervision and appraisal, new office search, the workplace wellbeing charter, staff forums and the new electronic rostering system. An annual staff survey was conducted by the service. Meetings and surveys gave staff the opportunity to give their views, opinions and share ideas they may have to make improvements to the service.

We saw a copy of the Greater Manchester Client Questionnaire Feedback and Action Plan report undertaken in August 2016. Eighteen mainly positive responses were received from people using the service. Questions included examples of good support, any incidents and special mentions of support workers. Overall 12 people thought the service was excellent and very good, five thought it was good to fair and one person did not answer the question.