

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Brothers of Charity Services Merseyside Domiciliary Care is a domiciliary care agency. It provides personal care to people living in their own homes and provides care and support to people living in supported living settings, so that they can live as independently as possible.

The service provides support to adults living with a learning disability or an autistic spectrum disorder.

At the time of the inspection 200 people were using the service. Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's experience of using this service and what we found

The service approach to planning and delivering care and support to people was extremely person centred. People were fully involved in the development of their care plans and without exception people were consistently supported and encouraged to plan and achieve their goals and aspirations. The service was very responsive to people's needs, wishes and preferences which they agreed to, and this was evidenced in excellent outcomes for people. People's quality of life had improved significantly, and they developed in their self-confidence independence and their self-esteem.

People were protected from the risk of abuse and harm. People were supported to take positive risks as part of an independent lifestyle. The recruitment of staff was safe, and people were involved in the recruitment process. People supported by the right amount of suitably skilled and experienced staff. Medicines were used safely, and people were supported to be as independent as possible with managing their own medicines. Accidents and incidents were reported in an open and transparent way and lessons were learnt to help reduce further occurrences.

People's needs had been thoroughly assessed and detailed support plans were developed with clear guidance for staff on how to meet people's need and choices. Staff received the training and support they needed to meet people's needs and carry out their role effectively. People received good support with their dietary and healthcare needs and they were supported to lead active and healthy lifestyles.

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

People were treated with kindness and respect and their independence was encouraged and promoted. People's right to privacy was respected, they told us staff were respectful of their homes. People were given many opportunities to express their views and opinions and they felt listened to.

The leadership of the service promoted a positive culture that was person-centred and inclusive. People were supported to achieve their goals and aspirations with positive outcomes. The registered manager was supportive and approachable and led by example. The service worked well with other professionals and organisations in meeting people's needs. Effective systems were in place to check on the quality and safety of the service and for making improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 01 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Brothers of Charity Services Merseyside Domiciliary Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in their own homes, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection and we wanted to be sure there would be people available to speak with us.

Inspection activity started on 04 September 2019 and ended on 27 September 2019. We visited the office location on 04 and 05 September 2019.

What we did before the inspection

Before the inspection, we looked at the information we held about the service. This information included statutory notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We also contacted local authority commissioners and asked them for their views about the service. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

During the inspection, we visited the registered office and spoke with the registered manager and a member of the senior management team. We also attended two meetings for people who used the service during which time we spoke with a total of 30 people who used the service and eight staff.

We visited 11 people in their homes and spoke with 10 members of staff during the visits. We also spoke on the telephone with five people's family members about their experience of the service.

We looked at 10 people's care records and a selection of medication and medication administration (MARs). We looked at other records including quality monitoring records, recruitment and training records and other records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes to protect people from the risk of abuse. People told us they felt safe and trusted the staff. Their comments included; "I have no worries at all, I would speak up if I did" and "I trust them all [staff] and feel very safe with them."
- People were provided with information about the different types of abuse and how to report any concerns they had.
- Managers and staff completed safeguarding training. They understood their responsibilities for keeping people safe and reporting any safeguarding concerns to the relevant agencies.
- Allegations of abuse were raised with the relevant agencies in a timely way. Managers and staff worked alongside others and acted appropriately to safeguard people from further risk of harm.

Assessing risk, safety monitoring and management

- Risks people faced were assessed and plans were in place to keep people safe from avoidable harm.
- People were supported to take positive risks enabling them to experience maximum independence, choice and control over their lives.

Staffing and recruitment

- Safe recruitment and selection processes were followed. A series of pre-employment checks were carried out on applicants to check their suitability before they were offered a job.
- People told us they were involved in the interview and selection process.
- People were supported by the right amount of suitably skilled and qualified staff. Staffing levels were based around people's needs and lifestyles. People received one to one staff support where this was required to keep them safe.

Using medicines safely

- Medicines were safely managed. They were safely stored and administered to people at the right times.
- Medicines management policies and procedures and other best practice guidance was available to staff. Staff with responsibilities for the management of medicines were trained in this area and underwent regular checks of their practice.
- Medication administration records (MARs) detailed people's prescribed medicines and instructions for use and staff completed them correctly. People were supported to attend regular medication reviews with their GP.
- Staff supported people to be as independent as possible with taking their medicines and monitoring was in place regarding this.

Preventing and controlling infection

- Staff had completed training in the prevention and controlling of infection and had access to policies and procedures and other guidance to help support their practice.
- Staff followed good practice guidance when supporting people with their personal hygiene and with daily tasks such as cleaning their homes and the preparation of meals.

Learning lessons when things go wrong

- Accidents, incidents and near misses were recorded and reported in a timely way in line with the providers procedures. Immediate action was taken at the time of occurrences as a way of mitigating risk to people and others.
- The registered manager carried out an analysis of these occurrences to determine what lessons could be learnt to prevent further occurrences. Information was shared with managers and staff across the service as part of their learning and development.
- People and relevant others were informed if any mistakes were made and the lessons learnt.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed in detail to make sure the service could meet them.
- Assessments took account of people's protected characteristics, such as sexuality, religion or belief.
- Assessments from health and social care professionals were obtained and used to help plan effective care and support for people. Staff followed professional guidance and worked within the law to achieve good outcomes for people.
- Positive Behaviour Support (PBS) plans were developed for people who needed them. The plans were developed in line with best practice to improve people's quality of life and to ensure good and safe outcomes for them.

Staff support: induction, training, skills and experience

- Staff received the training and support they needed to carry out their role effectively. People and family members told us they thought the staff were well trained and competent to do their job. Their comments included; "They [staff] are very good at what they do" and "I have a lot of confidence in their [staff] ability. They all seem to be very well trained."
- New staff were inducted into their role and there was an ongoing programme of training for all staff relevant to their role and people's needs. Managers monitored staff training to ensure it was completed in a timely manner.
- Staff received a good level of support through regular supervisions with their line manager and annual appraisals. Staff told us they were well supported. We heard examples of how managers supported staff to work flexibly to fit in with personal circumstances. One member of staff told us; "The support I've had has been absolutely brilliant."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to eat and drink enough to maintain a balanced diet in line with their needs and choices.
- Where it was required staff followed relevant professional guidance such as monitoring people's food and fluid intake and weight.
- People were involved in shopping for food and the planning and preparation of meals. Staff encouraged people to select healthy options. People's comments included; "I go shopping with their [staff] and they help me to cook healthy food which I really like" and "I have a good choice of food which I enjoy."

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- Staff worked closely with other social care and healthcare professionals as well as other organisations to ensure people received the services they needed. A family member told us; "[Relative] was ill and they [staff] got her all the help she needed. [Relative] is very well now."
- People were provided with information about healthy living and staff encouraged and supported people to live healthy lifestyles. People's comments included; "They [staff] have helped me with a healthy eating plan and I feel much better being on it" and "I keep fit riding my bike and climbing."
- Information was shared with other agencies where this was appropriate so that people received consistent care and support to meet their needs.

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff had completed MCA training and had access to information and guidance to help support their practice. They understood people's right to make decisions unless assessed as otherwise.
- Managers and staff worked with people and relevant others such as family members and social workers to ensure people's best interests were maintained under the MCA. People's capacity to make decisions was recorded. Where it was needed best interest meetings had been held to ensure people's rights were protected.
- Staff obtained people's consent and supported them to make choices and decisions, so they had maximum choice and control over their lives.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity;

- People told us staff supported them well and treated them as equals. Their comments included; "They [staff] are all fantastic, they treat me like I'm part of their family," "I couldn't ask to be treated any better" and "They [staff] are very caring and always show me a lot of kindness."
- Staff had developed positive and trusting relationships with people and their family members. People and family members told us staff were open and honest with them. Their comments included; "We get on very well and I trust them [staff] a lot," "They are fantastic" and "I am a great supporter of all the staff. They are second to none. They are always honest with me, I trust them 100 percent."
- Staff were very knowledgeable about people's likes, dislikes and preferences and provided people with the right support to enable them to live their chosen lifestyles. A family member told us; "I can't believe how well they know [relative] and how well they support her."
- We heard many examples where staff had supported people to achieve their goals and aspirations. One person told us; "The staff have helped me to do lots of things I never thought I'd get to do" and another person told us; "I am always learning new things." A family member told us; "[Relative] always wanted to go to church every Sunday and they [staff] take her every week, they even take her to the cathedral."
- Staff respected people's equality, diversity and human rights. We saw examples of how staff had sensitively supported people with their diverse needs.

Respecting and promoting people's privacy, dignity and independence

- Staff placed a lot of emphasis on ensuring people's privacy dignity and independence was fully promoted and respected. People's comments included; "They give me time alone. I do most things for myself with their help and that's how I like it" and "I've learnt that I can do lots more for myself."
- Staff were respectful of people's homes and people's right to make choices about how they lived and how they spent their time.
- People told us they had front door keys to their homes and that staff always knocked and waited for them to invite them in.
- People's personal records were kept confidential and only accessed by those on a need to know basis. Staff ensured discussions of a personal nature with and about people took place in private.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and involved in making decisions about all aspects of their lives. This was done through discussions, care reviews and a variety of meetings and forums which took place regularly.

- People received the help they needed to express their views in a meaningful way. This included providing people with information in formats they could easily access and understand.
- People made every day decisions about their care and support and they felt their views were taken seriously and listened to. Their comments included; "I decide what I want and need," "They [staff] always listen to what I've got to say" and "I feel in control of my life."
- People were provided with information about advocacy services should they need independent advice from someone other than staff, friends or family members.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's individual needs and preferences were central to the planning and delivery of care and support. Without exception people were fully involved in the development of their support plans which gave them maximum choice and control over their lives. Staff used individual ways to involve people in planning their care and support. This included the use of pictorial aids, signs and symbols to help people communicate their needs, wishes and preferences.
- Staff invested a great deal of time supporting people to plan and achieve their goals and aspirations leading to extremely positive outcomes for people which made a difference to their lives. For instance, one person achieved their goal to move out of a shared house to a house of their own. The person told us; "I'm now in my own little place because of them [staff] and I love it." Another person was concerned they would have to move out of their home where they had lived for many years, due to difficulties climbing stairs. Over a period of time staff worked with the person to have the garage converted into a ground floor bedroom and private bathroom. The person told us; "I can't thank the staff enough, they never gave up, to make sure I could stay in my home. I love my bedroom and bathroom and that I'm still living with my friends."
- A family member explained they had initial concerns about their relative being supported by the service. They told us they had concerns that their relative would not settle in their new home after losing their mother who he had lived with all his life. The family member told us staff had provided their relative with 'fantastic' support and commented; "He [relative] lived with mum all his life I never thought for one minute he would settle anywhere else. They [staff] were so extremely welcoming and supportive, they're brilliant. [Relative] is so happy, it's like he's won the lottery."
- We heard many examples of how with staff support people's physical abilities, social skills, independence and confidence had improved significantly. For example, one person had been supported to attend weight loss classes and had lost four stone in weight which helped to improve their physical health and boost their confidence.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff enriched people's lives through meaningful activities that enhanced their quality of life. Staff considered people's lifestyle opportunities and supported them to carry out activities they had never been given the opportunity to experience. For example; One person told us about their interest in Elvis and their wish to visit Memphis. They told us; "Staff have helped me save up and book a holiday to Memphis next

year." Another person told us it was their dream to fly in a helicopter and that staff had helped to arrange this. There were many other examples where people told us they had been on holiday to places they had only ever dreamed of including holidays abroad and on cruises.

- Family members told us staff were exceptional when supporting their relatives to avoid social isolation and improve their wellbeing. Their comments included; "Since going to live there [relative] is never home, they have a much better social life than me. They do far more than they have ever done," "[Relative] does so many new things which they love" and "[Relative] now visits the zoo regularly which is very therapeutic for him as he loves animals and helping with them. He is far less stressed and anxious. His life has changed completely."
- Staff used innovative ways to support people to increase their confidence and independence through other opportunities such as education and volunteering, so they could live as full a life as possible. Examples included people working as volunteers for local businesses in the community, attending colleges and working with the provider to plan and take part in community events, including charity events. One person successfully completed a college course and had progressed onto a higher-level course, which had had a positive impact on their confidence and self-esteem.
- Staff really understood the importance of supporting people to maintain contact with their friends and family. Family members told us staff regularly went above and beyond in their role by working in their own time to support people to maintain contact with those close to them.
- We heard an example where staff supported a person to search for family who they had lost touch with many years ago. The person found their family and they formed a close relationship. Staff supported the person to move house so they could be closer to their family.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Managers and staff understood the Accessible Information Standard. People's communication needs were identified and recorded in their support plans and shared appropriately with others. Information was available in a variety of formats and in a way, people could understand.
- Management and staff had taken innovative steps to support people to communicate and maximise their involvement and independence. We saw many examples where staff communicated with people using signs, gestures, pictures and symbols.

Improving care quality in response to complaints or concerns

- People had access to a personalised complaint guide explaining how to make a complaint if they needed to.
- People, family members and staff felt extremely confident that any complaints they made would be taken seriously and dealt with in a timely way. Their comments included, "I'm not afraid at all to complain and I know they'd sort it," "I have no doubt whatsoever they would listen and make things better" and "I've nothing at all to complain about but if I did I would without any worries" and "Whenever I have had any 'niggles' they have always sorted things out right away."
- The registered manager maintained a detailed record of complaints made. The records showed complaints were promptly acknowledged and thoroughly investigated. Responses to complaints were made as soon as possible and included actions taken to make improvements.
- People and relevant others were encouraged through regular reviews and meetings to put forward any suggestions for improvement. Improvements were made as a result of learning from reviews and feedback.

End of life care and support

- No one was receiving end of life care at the time of inspection. However, staff had received end of life care training and explained with confidence how they would ensure people received the highest standard of care when they reached the end stages of their lives.
- People were given the opportunity to discuss and plan for their end of life wishes including their funeral plans. Other people were not able to express their end of life wishes and family members or advocates were involved to make best interest decisions on their behalf. Where people had expressed their end of life wishes they were clearly recorded.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager promoted a positive culture which was person centred and inclusive. People were central to the planning and delivery of their care and support and intended outcomes were achieved.
- Staff were encouraged to express their views and they felt valued. They were well supported and recognised and rewarded for their work.
- Managers and staff supported people to enhance their lives through new experiences. Links had been developed within the community and people were supported to get involved which had a positive impact on their lives.
- The registered manager and staff empowered people to make decisions about their lives. We heard many examples where people had achieved their goals and aspirations and had become more skilled, confident and independent through those experiences.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, family members and staff knew who the registered was and described her as approachable, supportive and caring. They told us she kept in contact with them and always made herself available at their request.
- Throughout the inspection we saw how people were engaged and involved and how their equality characteristics were respected. This was done through meetings and events, many of which were led by people who used the service.
- People, family members and staff were kept updated on the development of the service by one to one discussions, meetings and newsletters.
- The registered manager consistently encouraged people to voice their opinions through different forums to ensure their voice was heard. We attended two meetings throughout the course of the inspection and it was clear people were empowered to express their views and that they were listened to.
- Management and staff saw the service as an important part of the community. Community links were developed to enhance people's lives. Links had been developed with local community groups, churches, colleges and social clubs.

Continuous learning and improving care; Working in partnership with others

- The registered manager worked well with other agencies including commissioners of the service and safeguarding teams.

- The management team and staff had signed up to local initiatives and worked in partnership with external agencies where they could learn and share valuable knowledge and information; this supported the continued development of the service.
- The registered manager attended meetings and forums to keep up to date and to develop her skills and knowledge.
- Staff meetings were regular and used to promote continuous learning.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had a good understanding of regulatory requirements including their legal responsibilities for notifying CQC about incidents and events which occur at the service. The ratings of the last inspection were clearly displayed at the service.
- There was a comprehensive system in place for monitoring the quality and safety of the service and it was used effectively. Audits were completed in good detail and actions with realistic timescales were set to make improvements where this was required
- There were clear lines of accountability and responsibility across the service and good line of communication. Managers and staff understood their roles and responsibilities and they had good knowledge of people's needs.
- Records required by law were maintained, kept up to date and stored in line with data protection laws.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood and acted on their duty of candour responsibilities. They promoted and encouraged candour through openness. Positive and open relationships had been developed between management, staff, people using the service and their family members.
- The registered manager informed people and relevant others when things went wrong. Incidents and lessons learnt were discussed with staff during meetings.