

The Lisieux Trust

# Francis House

## 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 took place on 25 February 2016 and was unannounced. The inspection was undertaken by one inspector. We last inspected the service 03 January 2014, all the regulations we assessed were met.

Francis House provides residential care and support for nine adults with learning disabilities in the Sutton Coldfield area of Birmingham.

There was a registered manager in post at the time of 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 received a safe service, because the provider had clear procedures in place to support staff in reducing the risks of harm to people. Staff were trained and knew the procedures to help to keep people safe. This ensured that people received a service that was safe as possible.

People were supported by sufficient numbers of staff that were trained, supported and suitably recruited to support people's needs.

People received their medicines as prescribed and staff followed the provider's procedure to ensure people's medicines were administered and managed safely.

People's rights, privacy, dignity and independence were promoted and respected at all times. People received food and drink to ensure they remained healthy and had access to health care professionals to support their health. People pursued a range of social, work and community interests to enhance their lifestyle and well-being.

People received a service which focused on their individuality and they were involved in assessing and planning their care.

People and their relatives were confident that their concerns and complaints would be listened to and acted upon.

People received a good quality service from staff that were friendly and approachable. The management of the service was stable, with robust processes in place to monitor the quality of the service and to seek the views of people using the service.

## 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.

People received a safe service because, procedures were in place to help keep people safe and staff knew the procedures.

Risks to people were assessed and managed appropriately and there were sufficient staff that were suitably recruited to provide care and support to people. People received their medication as prescribed and there were procedures in place to support staff to administer people's medicines safely.

### Is the service effective?

Good ●

The service was effective.

People said they received care and support from staff that were knowledgeable about their needs. Staff received effective support, training, supervision and development to enable them to care for people well.

People had control over what they ate and drank and staff supported them to maintain a healthy diet, lifestyle and health. People's rights to give consent to care and support was maintained.

### Is the service caring?

Good ●

The service was caring.

People were treated well by staff, and their individuality, independence, privacy and dignity respected and promoted.

People made decisions about their care with support and guidance from staff and they were supported to maintain contact with relatives and significant people in their lives.

### Is the service responsive?

Good ●

The service was responsive.

People received individualised care and support, because staff

ensured they were involved in planning and agreeing their care.

People were confident that their concerns would be listened to and acted upon.

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**Is the service well-led?**

The service was well led.

People said they received a good quality service.

The service was monitored to ensure it was managed well. The management of the service was stable open and receptive to continual improvement.

**Good** ●

# Francis 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 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.

This inspection took place on 25 February 2016 and was unannounced. The inspection was undertaken by one inspector.

As part of our inspection we looked at the information we held about the service. This included, the last inspection report, notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We reviewed reports sent to us by the local authority that purchased the care on behalf of people.

During our inspection we spoke with five people that lived at the home, two relatives, the registered manager, deputy manager and three care staff. We looked at the care records of two people and the recruitment records for two staff. Other records looked at included staff supervision and training records, audits and monitoring records completed by the manager, safety certificates, monthly reports completed by the provider, analysis of questionnaires, compliments, complaints and safeguarding records.

## Is the service safe?

### Our findings

People told us they were safe living at the home, all said if they felt unsafe they could speak to anyone of the staff. One person told us, "Would speak to any staff if I didn't feel safe." Another person said, "Yes, safe in all ways." We saw that information was available to people that lived at the home on how to contact the provider in an emergency if they felt they needed help. This was in a format that was accessible to everyone that lived at the home. This meant that people felt safe and the provider ensured that they could contact someone senior within the organisation if they felt unsafe.

There were clear procedures in place to help staff to keep people safe from abuse and harm. Staff spoken with and records looked at confirmed that staff had received training on how to keep people safe from harm. All staff knew the procedures for reporting any concerns about people's safety, including contacting external agencies if necessary.

People told us and we saw staff discussing different aspects of people's care with them, including any risk factors. Records looked at showed that risk assessments and risk management plans were in place to support staff to manage risks to people's care, we saw that these were regularly reviewed. Staff told us about identified risk to supporting people and how these were managed. For example staff talked about someone that was at risk of choking and explained the action they took to support the person, so that this risk was reduced.

People said they felt that the home was safely maintained. We saw that the home was well maintained and all staff spoken with and records looked at confirmed that all safety checks of the premises and equipment used had been completed and were up to date. All staff spoken with and records seen showed that risk assessments were in place for all safety aspects of the home, regular checks were undertaken for water, gas and electrical safety. Water temperatures were monitored to ensure water was dispensed at a safe temperature and fire safety equipment was checked and maintained. Staff spoken with knew the procedures for handling any emergencies in the home such as fire and medical emergencies.

People said there were enough staff to meet people's needs. The manager told us that they were allocated hours of care based on each person's assessed needs and staff were employed in line with those hours. We saw that the home was well staffed during our inspection. Staff said there were enough staff and that cover was always available if they were sick or on annual leave

Staff spoken with said all the required recruitment checks required by law were undertaken before they started working and that they received an induction into their role. An induction is the initial training received by staff when they commence work, so that they are clear about how to offer care and support to people. Staff told us that Disclosure and Barring Service checks (DBS) were undertaken before they commenced work and updated frequently. These are checks that are undertaken to ensure that staff do not have any relevant criminal offences that would prevent them from providing care and support to people that use services. We looked at a sample of two staff records and these confirmed that all required checks had been undertaken.

People said staff always supported them with their medication where as required. One person said, "They make sure I take my tablets." Procedures were in place to ensure all medicines received into the home and administered were recorded and all staff were aware of the procedures. Staff told us and records showed that medicines were audited at shift changeovers to ensure the amounts were correct. We saw that medicines were stored safely at all times. Staff were aware of how to support people with prescribed medication that could be taken as and when necessary and we saw that individual protocols were in place to help staff to do this, we discussed with the manger how these protocols could be further developed.

# Is the service effective?

## Our findings

People that lived at the home and relatives spoken with said they thought the staff were well trained and knowledgeable about people's needs. A relative told us, "I feel staff are trained to offer support with [person's name] needs." Another relative said, "Yes, I think they are trained. They look after [person's name] well."

Staff spoken with were knowledgeable about people's needs. All said they received the necessary training, supervision, performance development and attended team meetings to support them to do their job. One staff member said, "I feel we have all the mandatory training and training is always on offer." Training records looked at confirmed that the provider had a planned approach to staff training and there was an organisational overview of all training, so that the provider can assure themselves that staff have the required training and competencies to do their job well.

We saw people and their key worker discussing and agreeing their daily care and activities. This enabled people to agree and consent to all aspect of their care and support needs. (A key worker is a member of staff that is assigned to support a person in planning their care and support). Staff demonstrated good knowledge of how they obtained consent from people on a day to day basis, when providing care and support and confirmed they had received training on this topic. Staff told us they would always discuss things with people and ensure their consent before providing care. A member of staff said, "I always ask people what they want help with and if they agree, never assume consent."

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. We saw that mental capacity assessments were in place for the people that may have limited capacity to make major decisions about their care. Staff had received training to enable them to understand how to protect people's rights.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us that applications for DoLS had been made to the local authority for some people, but authorisations had not yet been granted.

People told us they had a choice of foods and met with staff to discuss and agree what they ate during the week. Some people told us they helped with shopping for groceries and preparing meals for everyone. People said they liked the food and that they, had enough to eat and drink. One person said, "Food very good." Another person said, "Plenty of food and choices."

Staff knew how to support people that had specific dietary needs or were at risk of poor nutrition. A member

of staff told us about someone who required a specific kind of diet and they described how they liaised with the relevant health professional to ensure the person's needs.

People told us their health needs were met and records showed that people had a health assessment and plan in place, to ensure their health needs were supported. One person said, "I go to the doctor and the dentist and someone does my feet." A relative told us, "They look after his health, when he needs a doctor they get one." Staff told us that people had regular annual health checks as required.

## Is the service caring?

### Our findings

People living at the home and relatives spoken with said they were treated well by staff. One person told us, "I like it here. They [staff] are fantastic." Another person said, "The staff here are friendly and they are very good." A relative told us, "All positive experience." We saw that staff treated people with kindness and interacted well with people. We observed laughter and friendly banter between people and staff.

People were involved in discussing and agreeing their care and support needs, and we saw this happening during our inspection. We saw staff discussing people's pathway plan with them. (This was a plan where people agreed their goals and things they wanted to do to ensure they enjoyed a full and active life). We saw that these pathway plans were in pictures and symbols, so were accessible to people who needed pictures to help them understand the information.

People said their privacy, dignity and independence were respected by staff. People and their relatives told us and we saw that people lived a full and independent lives as possible. People said staff knocked their doors and waited to be invited into their rooms. A member of staff said, "I knock doors and ask if I can come in."

People said they did things around the house, such as helping with the shopping, shopping for their clothes, helping with the laundry and keeping their rooms tidy. We saw staff supporting people to go shopping. This ensured people's independence was promoted.

## Is the service responsive?

### Our findings

People using the service and relatives spoken with said people's needs were being met. One person told us, "Everything here is good." A relative said, "Very happy with how [person's name] is being cared for."

Staff spoken with and records showed that detailed needs/ risk assessment and person centred care plans were available for each person. The care plans and risk assessments gave staff detailed information of how they needed to provide care and support to meet people's individual needs. We saw that each person had a pathway plan. This consisted of people setting life goals and exceptional things they wanted to achieve. The plan was developed, agreed and reviewed with the person and their key worker.

We saw that people's care plans were individualised and provided in pictorial formats for people who needed to access this information this way. We saw that people were dressed in individual style of clothing reflecting their age, gender and the weather and people told us they chose their own clothes.

People told us that they were supported to live a full and active lifestyle, doing the social activities that they liked to do. One person told us they liked the ocean, and talked about the holidays they had been on. Another person said they liked horse riding and was supported to do this each week. We saw that some people had jobs and others attended the local college to do different courses. One person said they were doing music, cooking and floral arrangements at college. Other people talked about the leisure activities they did, such as, listening to music, going to the cinema, theatre, going on holidays and the various clubs they attended.

People maintained relationships with family and friends. People told us their families visited whenever they wished; this was confirmed by relatives spoken with. A relative told us, "They [staff] are very obliging. If I can't get out they will bring [person's name] to see me."

People said they would complain to any member of staff if they were unhappy or worried about anything. No one we spoke with had any complaints about the service they received. A relative told us, "No complaints whatsoever. "I would speak to the managers if I wasn't happy and they would sort it out." We saw there was a process in place for handling people's concerns and complaints, there were no complaints on record.

## Is the service well-led?

### Our findings

People living at the home their relatives and staff told us that the management and staff were friendly. One person told us, "Staff friendly. Everything here is good." Everyone said they could speak with the manager whenever they wished. A relative told us, "It's a good home, with good staff."

We saw that people were asked to give regular feedback on the quality of the service they received and these were analysed for trends and learning. A relative told us, "Oh yes, they do ask if I am happy with the service. "Analysis of recent questionnaires that we saw showed a high level of satisfaction with the service. We saw that meetings took place with people living at the home, so staff could discuss things that mattered to people.

The registered manager had been in post for a long period of time, so the management was consistent. The service had a history of complying with the requirements of the regulations. The provider and registered manager kept us informed about any changes or incidents within the service and were fully aware of the legal requirements upon them.

Staff said they felt valued and supported by the registered manager and the provider. Staff were of the whistleblowing policy and were confident that they could raise concerns and suggestions for improvement with the managers.

We saw that there were robust systems in place to monitor the service which ensured that it was delivered as planned. These included regular audits such as records, staff training, medication, infection control, care records and health and safety processes and procedures. The provider/ senior manager visited the home monthly and completed a report of their findings with action points for improvements. We saw that the provider ensured that any improvement suggested was followed up on their next visit.