

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

The inspection took place on 21 November 2018 and was unannounced.

Francis House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates nine people who are living with a learning disability or autism spectrum disorder. At the time of our inspection there were nine people living in the home.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection on 25 February 2016 we rated the service 'good.' At this inspection we found the evidence continued to support the rating of 'good' overall. There was no evidence or information from our inspection and ongoing monitoring which demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to receive a safe service. Medicine administration records were completed by staff when they had administered the medicines safely. Risks associated with people's needs had been assessed and measures were in place to reduce risks. There were sufficient staff to meet people's needs and safe recruitment procedures for staff were in place. Accidents and incidents were monitored to identify any trends and measures were put in place to reduce the likelihood of these happening again.

The service remained effective. Staff received the training and support they required including specialist training to meet people's individual needs.

People were supported with their nutritional needs. The staff worked well with external health care professionals, people were supported with their needs and accessed health services when required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The principles of the Mental Capacity Act (MCA) were followed.

People received care from staff who were kind, compassionate and treated them with dignity. People were comfortable in the presence of staff and the manager. Staff had developed positive relationships with the people they supported, they understood people's needs, preferences, and what was important to them. Staff knew how to support people when they were distressed and made sure emotional support was provided. People were supported to cope with the loss of loved ones. Their independence was promoted.

People continued to receive a responsive service. Their needs were assessed and their support was planned with them and or their relative where required. Staff knew and understood people's needs well. People received opportunities to pursue their interests and hobbies, and social activities were offered. There was a complaints procedure available if this was needed.

The service remained well-led. The monitoring of service provision was effective because shortfalls had been identified and resolved. There was an open and transparent and person-centred culture with adequate leadership. People were asked to share their feedback about the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains safe.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remained caring.	Good ●
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? The service remains well-led.	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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 21 November 2018 and was unannounced.

The inspection team consisted of one inspector. Prior to this inspection, we reviewed information we held about the service such as notifications and the information the provider had told us in their provider information return. Notifications are events that happen in the service the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We contacted commissioners who had a contract with the service.

During the inspection, we spoke with five people who used the service for their views about the service they received. We spoke with the registered manager and two care staff.

We looked at the care records of two people who used the service. The management of medicines, staff training records, staff files, as well as a range of records relating to the running of the service. This included audits and checks, the management of fire risks, policies and procedures, complaints and meeting records.

Is the service safe?

Our findings

People told us they felt safe living at Francis House. One person said, "I am happy here. The staff are nice."

People received their medicines safely. Medicines administration records were completed by staff when they had supported the person to take their medicines. These had been completed correctly and were reviewed to reduce the likelihood of errors. If people took medicine on an as required basis there was guidance for staff on when this could be given. Staff had received training about managing medicines safely and had their competency assessed. Staff were knowledgeable about people's medicines. Audits were carried out monthly to check that medicines were being managed in the right way.

People were protected from the risk of harm because there were processes in place to minimise the risk of abuse and incidents. People told us they would speak with the staff or registered manager if they were worried about anything. Staff understood potential signs of abuse and what to do if they suspected someone was at risk. They had received training in relation to safeguarding people from abuse. Information was available for people and staff if they felt they needed someone to talk to.

Risk assessments were in place and staff were knowledgeable about what action to take to reduce risk. One person had a risk assessment in place as they were at risk of their health deteriorating. Staff understood the signs for this and what steps should be taken to support the person. Staff knew how to support people with their behaviour if they showed behaviour which challenged. Positive behaviour plans were in place.

People were supported by sufficient numbers of staff who had the right mix of experience and skills. Staff communicated effectively with each other, people who used the service and external professionals. Staff had a calm approach and responded to people's needs in a timely manner. The provider had safe staff recruitment checks in place. This meant checks were carried out before employment to make sure staff had the right character and experience for the role. One staff member said, "I have had my police check done and it is re-checked."

Accidents and incidents were recorded and analysed for themes and patterns to consider if lessons could be learnt and these were shared with staff. There were plans in place for emergency situations. For example, if there was a fire, staff knew what to do, and each person had a personal emergency evacuation plan.

The environment was clean and tidy and staff knew how to prevent the spread of infection. Staff had access to equipment to maintain good food hygiene practices, such as different coloured chopping boards. Cleaning responsibilities were allocated to staff and people who used the service each day and checks were carried out to make sure these had been completed.

Is the service effective?

Our findings

People had their needs assessed before they began using the service to make sure these could be met. People told us staff 'were nice' and 'helped them'. One person commented, "The staff help me. I like them." Staff had received the training they required to do their jobs and they also received regular supervision and appraisal. A staff member said, "I have supervision every month. I can always talk to [registered manager] if I need to." This meant staff had opportunity to discuss their learning and development needs and their performance.

Staff had an induction period and were supported to understand each person's needs. New staff were supported to complete the Care Certificate. The care certificate is an agreed set of standards which sets out the knowledge, skills and behaviours expected of job roles in the health and social care sector. Additional training had been arranged to help staff understand each person's specific needs, for example, supporting people who were living with dementia and supporting people with problems with swallowing.

People were supported to eat and drink enough and maintain a balanced diet. One person told us they enjoyed the food. They said, "I like the food here. My favourite is chicken. We are having that tonight." The menu was agreed based on foods people liked and healthier options were encouraged. Some people required specialised diets. Guidance on how to provide these and food to avoid was available. Staff could explain people's individual needs and how they provided meals to ensure these were met. The choice of meals was varied and people could choose an alternative. There was fresh fruit and snacks available throughout the day for people to eat as they wished. People were supported to make their own food and drinks.

People had access to the healthcare services they required. Staff were knowledgeable about people's healthcare needs, they knew how to recognise when a person was unwell even when the person had difficulty communicating this. Staff requested healthcare support when this was needed and followed the advice given. There was good communication between staff and healthcare professionals such as speech and language therapists. People had health action plans which detailed their health needs and how they were supported to meet these. This included regular appointments including the dentist, optician and doctor.

The premises and environment met the needs of people who used the service. People had their own private room and there was a communal dining room, living room, kitchen, games room and relaxation room. One person showed us the relaxation room and commented, "It is nice to come in here and relax." People had chosen the colours their rooms were decorated in and their furniture. The hallway had recently been decorated and people had been involved in choosing the new carpet and decoration for this. They were proud and excited to show us the new carpet.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Consent was sought before care and support was provided. We checked

whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Staff told us people were supported to make their own decisions. This included where a person found it harder to make choices and objects or pictures were used to help them understand the choice they were making. The registered manager had made applications to request authorisation where people's liberty may have been restricted.

Is the service caring?

Our findings

People were treated with kindness and compassion. One person said, "The staff are lovely. They help me," and another person commented, "I have the same staff. They are nice and help me." A social care professional told us, "The staff and management are a caring team and promote good outcomes." Staff knew about the people and things that were important to them. They knew about people's preferences and how to get the best out of people. Staff had supported people to identify what they wanted to achieve at monthly key worker meetings. A social care professional told us, "The staff have good knowledge and information about the people. They promote good outcomes."

People had plans of goals they wanted to achieve and the steps they needed to take to reach these which had been reviewed on a regular basis. People had completed many goals. People had visited places they wanted to such as Coronation Street as well as being supported to make a personalised Christmas card for their family.

Staff supported people in ways which they wanted to be supported. On the day of our inspection one person was supported to go shopping and purchase a colouring book. They came back and showed us the colouring book. They told us they liked to sing in the car and had been singing Christmas songs. Staff interacted with people in a warm and friendly manner. They showed an interest in what people had been doing and what they wanted to do. One person told us about their family. Staff knew the details of all the family members, including a new baby and prompted the person to remind them of names.

Staff supported people to maintain contact with their relatives. One person told us, "My family visit me here. Sometimes I visit them as well." Families and friends were encouraged to visit and be involved in the service. The registered manager told us how families had all purchased presents for people who lived in the service who didn't have family support. They explained how staff had also brought presents so people did not feel left out. The registered manager also told us how family members had supported the service by bringing cooked food when the oven was replaced. Alternative measures had been put in place to ensure people had their meals however family had wanted to work together to provide home cooked meals people were used to.

People had been involved in reviews of their care at monthly key worker meetings and at annual reviews. Family members were encouraged to be involved in these and were asked for their feedback. All care plans and reviews were written using pictures to make them easier to understand. People were asked to make decisions about their care such as what activities they wanted to do and who they wanted to support them. One person told us they were interviewing for new staff the next day. They said, "It is my first time doing it. I am excited. I have questions to ask."

People with limited verbal communication were supported to be involved in making decisions using objects and pictures. Staff explained to people what the choices were and offered people time to consider their decision. One staff member told us, "People can always be involved. I break things down for [person] and give them time. I use pictures or the item if this helps."

People were supported to express their views at their key worker meetings, tenants' meetings and throughout each day and their choices were respected. People had been asked for their feedback about the activities, health and safety, and which jobs they wanted to complete. They were supported to make informed choices. People had been involved in fire training to support them to understand the importance of not having too many possessions in their room due to the risks this presented. The person had received a certificate for attending the training and was supported to reduce the number of things they stored in their room. Other people had been supported to make choices about their holidays. The registered manager explained this started early in the year so people had time to think about what they wanted to do and decide where they wanted to go.

People were given information in accessible formats including information such as what to do in case of fire and who to contact if people were not happy. When necessary, people had access to advocacy services if they required support making decisions. This meant people were supported to make decisions in their best interests and which upheld their rights. Staff said they had time to spend with people so care and support could be provided in a meaningful way by listening to people and involving them.

People had their privacy, dignity and independence promoted. One person told us, "Staff help me. I can make myself drinks and help with the cooking, the staff help with the oven. It is very hot." A member of staff commented, "It is important for people to do what they can." People were asked if staff could enter their rooms and staff knocked on people's doors before entering. Staff addressed people in a respectful, kind and caring way. Staff were sensitive when supporting people.

Is the service responsive?

Our findings

People received support based on their individual needs. One person's health had deteriorated recently. Their care plan had been updated and staff were aware of their changed needs and how to support them with this.

People were involved in the care planning process and their preferences about the way they preferred to receive care and support were recorded. For example, how people preferred to communicate was recorded and staff respected this and were knowledgeable about how best to communicate with each person. Staff could tell us about people's likes and dislikes including with their food and activities and people were supported to follow these. People met with their key worker every month to review their care and if any needs, likes, goals or preferences had changed these were updated. They were involved in their review and had the opportunity to record their comments in any way they wanted to, including drawings. The registered manager explained if there were changes between the reviews the care plans were updated to reflect these.

People were supported to follow their interests and take part in activities that were socially and culturally relevant. They were supported to attend places of worship, and events which were based on their culture. They were supported to attend activities of their choosing and colleges, clubs and meetings with friends. A member of staff explained how they had taken a person to the hairdressers. This was the first time they had done this and routine was very important to the person. The member of staff explained how they had supported the person to the hairdressers, where the hairdresser welcomed them, and knew exactly how they liked their hair cutting. The member of staff said it made them realise how important the local community was to the people who used the service. Another member of staff explained how people were supported to a local community café. They went there regularly to build relationships and the previous week the person had not been able to go so another person visited. Staff were asked where the person was. They reflected on how the person had developed friendships at the café and the importance of this to them. A social care professional told us, "They promote independent living."

Personal goals were agreed based on what people said they wanted to do and they were supported to achieve these. This included short term or long-term goals, for example, one person had been supported to go Christmas shopping with their key worker, and another person had been supported to go on holiday.

Information was provided in accessible formats. The registered manager knew about and was meeting the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. The complaints procedure and what to do in case of a fire was available in an 'easy read format'. All documentation was available in a picture format. There were photographs of staff to help people understand who was working on shift and identify people.

The provider had a complaints procedure which they followed. Three complaints had been received since the last inspection. These had been responded to following the procedure and within the agreed timeframes.

People's preferences and choices for their end of life care were recorded in their care plan. People had been asked about their preferences and wishes. People's families had been involved in developing these where appropriate to ensure people's wishes were supported.

Is the service well-led?

Our findings

There was a registered manager. 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. The registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service.

The management team carried out a number of audits to check the service being provided was of a good quality and staff were working in the right way to meet people's needs and keep them safe. The audits had identified where action was needed to improve the environment and these had been carried out.

There was a clear vision and culture shared by managers and staff. The culture was based on helping people to develop from the security of a stable home, to achieve their full potential, taking a valued place as respected members of the local community. Staff recognised the importance of this and told us how important it was for people to be part of their community. Staff said, "We are like a big family. We make sure people develop good relationships with people." A social care professional told us, "The team are transparent and honest with the delivery of their care and support."

People who used the service knew who the registered manager was and enjoyed talking to them. Throughout our inspection people spent time with the registered manager and staff and seemed comfortable with them. One person commented, "[Registered manager] is great. I can talk to them." Staff provided feedback about the management team which suggested they could approach them and felt supported. One member of staff commented, "[Registered manager] is outstanding. It is a great company. I choose to work here. It is brilliant." Staff had regular team meetings and understood the importance of sharing information with each other. One member of staff told us, "We are told what is happening. We get memo's and are told what is happening."

People who used the service and their relatives were asked for their feedback and encouraged to participate in the development of the service. People were sent surveys to complete. Feedback from these was positive. The registered manager had provided feedback to people in an accessible format and discussed this at the tenant's meetings.

Staff worked in partnership with other agencies. Information was shared appropriately so people got the support they required from other agencies and staff followed any professional guidance provided.

The latest CQC inspection report rating was available at the service and on the website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.