Bedfordshire Supported Housing Limited

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

Overall summary

This inspection took place on 3 & 4 December 2015 and was unannounced.

Francis House is registered to provide accommodation with personal care for up to six people who are living with a mental illness some of whom may also have a physical disability. There were six people living at the service when we visited. The service was also supporting a further 43 people who were living with mental health illness in their own homes.

The service has 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.

Staff had been trained to recognise signs of potential abuse and how to report them. People reported feeling safe in the company of staff.

There were processes in place to manage identifiable risks. People had risk assessments in place to enable them to maintain their independence.

Summary of findings

The provider carried out recruitment checks on new staff to make sure they were fit to work at the service.

There were suitable and sufficient staff with the appropriate skill mix available to support people with their needs.

Systems were in place to ensure people were supported to take their medicines safely and at the appropriate times.

Staff had been provided with induction and ongoing essential training to keep their skills up to date. They were also provided with regular supervision.

Staff ensured that people's consent was gained before providing them with support.

People were supported to make decisions about their care and support needs; and this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of the guidance and followed the correct processes to protect people.

People were supported to maintain a balanced diet and were able to make choices on what they wished to eat and drink.

If required, people were supported by staff to access other healthcare facilities and were registered with a GP.

Positive and caring relationships had been developed between people and staff.

There were processes in place to ensure that people's views were acted on; and staff provided care and support to people in a meaningful way.

Where possible people were encouraged to maintain their independence and staff ensured their privacy and dignity were promoted.

To ensure people's identified needs would be adequately met; pre-admission assessments were undertaken before they moved into the service or provided with care and support.

A complaints procedure had been developed to enable people to raise concerns if they needed to.

There was a positive, open and inclusive culture at the service; and the leadership was transparent and visible, which inspired staff to provide a quality service.

Effective quality assurance systems were in place to monitor the quality of the service provided and to drive continuous improvements.

Summary of findings

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 was safe

There were arrangements in place to keep people safe from avoidable harm and abuse.

Risk management plans were in place to protect and promote people's safety.

There were sufficient numbers of suitable staff employed to meet people's needs.

Systems were in place to manage people's medicines safely.

Good

Is the service effective?
The service was effective

Staff understood their roles and responsibilities and were appropriately trained.

People's consent to care and support was sought in line with current legislation.

Arrangements were in place to ensure people received a balanced diet.

People were supported to access other healthcare facilities if required.

Good

Is the service caring?
The service was caring

Positive and caring relationships had been developed between people and staff.

Arrangements were in place to ensure people's views were acted on.

Information about people was shared on a need to know basis.

Good

Is the service responsive?
The service was responsive

People's needs were assessed prior to a service being provided.

Regular meetings were held with people to discuss their care and support needs.

Information on how to raise a complaint was available to people.

Good

Is the service well-led?
The service was well-led

There was an open and inclusive culture at the service.

The leadership and management at the service inspired staff to deliver a quality service.

There were quality systems in place which were used to good effect.

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.

The inspection was unannounced and was carried out on 3 & 4 December 2015 by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We checked the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. In addition, we asked for feedback from the local authority that has a quality monitoring and commissioning role with the service.

During the inspection we observed how staff interacted with people who used the service.

We spoke with six people who used the service, two health care professionals and visited a person in their home. We also spoke with one senior support worker, four support workers, the deputy manager and the registered manager.

We looked at seven people's care records to see if they were up to date. We also looked at five staff recruitment files and other records relating to the management of the service including quality audit records.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel safe living here because there are staff 24 hours a day." Another person said, "I feel safe here because I am looked after by the staff. The person commented further and said, "I want to live here for ever." All the people we spoke with said that they knew how to raise concerns and safeguarding was regularly discussed with them at residents' meetings. We saw minutes of meetings to confirm this.

Staff had a good understanding of the different types of abuse and how they would report it. One staff member said, "If I witness abuse I would report it to the manager." Another staff member said, "We always ask people how they are feeling and what is going on for them inside and outside the home to find out if they have any worries or concerns." All the staff we spoke with told us they had been provided with safeguarding training. They were aware of the organisation's policies and were confident that they would be supported to follow them. Training records seen confirmed that staff had been provided with safeguarding training.

Staff told us they were aware of the provider's whistleblowing policy. One staff member said, "The whistleblowing policy is regularly discussed at staff meetings." Another staff member said, "If I witnessed bad practice I would not hesitate to report it. If I don't I would be as guilty as the perpetrator."

Risks to people's safety had been assessed and risk management plans were in people's care plans. These included risks associated with medicines, hearing voices, being out in the community, mobility and the environment. Staff told us that people were involved in the development of their risk management plans. We found risk assessments were used to enable people to take risks safely and to maintain their independence. We saw evidence that people's risk assessments were regularly updated.

There was an emergency procedure file that was accessible to staff. It contained contact numbers for staff, the registered manager, the crisis intervention team and utility suppliers. Staff told us that senior managers were contactable for advice and support throughout the day and night. One staff member said, "You can call them anytime."

We found that accidents and incidents were recorded and monitored. Records seen had been completed appropriately and in line with the provider's policies.

People told us there were enough staff to meet their needs safely. One person said, "There are enough staff and they help me a lot." Another person said, "There are always staff here and you can depend on them for support." Staff told us that the staffing numbers were based on people's needs and there was always an experienced member of staff on shift to provide advice and support. Rotas reflected there were usually two staff on duty. Staff confirmed if additional cover was needed to support people with healthcare appointments or social activities this would be provided. The rotas seen reflected that there was a minimum of two staff on duty throughout the day. The number was reduced to one staff sleeping on the premises at night. We also found that the staffing numbers for people living in the community was adequate. This was based on their identified needs and as and when they wished staff to support them.

Safe recruitment practices were being followed. Staff told us they had gone through a robust recruitment process. This included having a face to face interview; supplying references, proof of identity and Disclosure and Barring Service (DBS) checks. Staff told us they did not take up employment until the appropriate documentation was in place. Records seen confirmed that checks had taken place.

The provider had a disciplinary procedure. We discussed the process with the registered manager who confirmed when staff were responsible for unsafe practice the procedure would be implemented. We saw evidence to confirm this.

People told us that staff supported them with their medicines. One person said, "The staff give me my medicines or I would forget to take them." "Another person said, "I don't remember to take my medicines therefore, the staff come three times a day to give them to me." Staff told us they were only allowed to administer medicines if they had completed training and assessed as competent to do so. The registered manager told us that the Medication Administration Record (MAR) sheets were checked daily. She said, "We identified that there were instances when unexplained gaps were noted on the MAR sheets. Corrective measures were put in place to address the shortfall. Staff are held to account and if errors are made

Good

Is the service safe?

they are not allowed to administer medicines until they are re-trained." A staff member spoken with confirmed this and said, "I made a medicine error once and had to do a competency assessment." We saw evidence to confirm this and found that the new system was still work in progress. We observed some tea-time medicine administration. This was completed in line with best practice. For example, staff gained people's permission before administering their medicines. We found medicines were stored correctly and were audited at every administration to minimise the risk of errors.

Good

Is the service effective?

Our findings

People told us the staff were appropriately trained to carry out their roles and responsibilities. One person said, "They are always doing courses."

Staff told us they were required to complete an induction programme. One staff member said, "I had an in-depth induction." The deputy manager told us that new staff had to complete a five day induction training and familiarise themselves with the service's policies and procedures. They were also expected to shadow experienced staff members until they felt confident. In addition staff were provided with essential training either face to face or electronically. The training covered topics such as, mental health awareness, safeguarding of vulnerable adults, conflict resolution, fire awareness, lone working, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty safeguards (DoLS), manual handling, Control or Substances Hazardous to Health (COSHH), food safety and diabetes awareness. We saw evidence that some staff had acquired nationally recognised qualifications in health and social care in level 2, 3 and 5.

There was a supervision and appraisal framework in place. Staff told us they received regular supervision. One staff member said, "We are able to discuss our training needs as well as the service users." Another staff member said, "We have yearly appraisals and we discuss our strengths and weaknesses and any support we need to perform our roles effectively."

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 in 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. Staff we spoke with told us they had attended training and showed a good understanding of MCA and DoLS.

People told us that staff always gained their consent before providing support. One person said, "The staff always ask my permission to support me." Another person said, "They always ask can I come and speak to you?" Staff told us that people signed consent forms to agree to be supported with their needs. We saw signed agreement forms in the support plans we looked at.

People told us they had access to food and drinks and staff supported them to maintain a balanced diet. One person said, "I make myself drinks whenever I like." Another person said, "We make our own breakfast and snacks and choose what we want to eat." Staff told us that people had their main meal in the evening and that the menu was devised with their input. Staff were responsible for cooking people's meals. Staff told us that some people chose to help with the meal preparation sometimes. They told us if people did not like what was on the menu an alternative would be provided. We observed people helping themselves to food, drinks and snacks throughout the day. There were fresh fruits available which people helped themselves to. Staff confirmed they encouraged some people who were diabetics not to have excessive amounts of sugary foods and carbohydrates and to choose healthy options.

People told us that staff supported them to maintain good health and to access healthcare services if required. One person said, "I like when the staff accompany me to hospital appointments as they ask all the questions that I don't think of asking." Staff told us that if required people had access to specialists such as, the psychiatrist, dietician and psychologist. They were also registered with a GP who they visited if they had a problem; and had regular dental and optical checks.

We found that people had links with the community psychiatric nurse who visited them as and when required to ensure their health and well-being. We saw a letter that had been written to the registered manager from a health care professional to thank her and the staff team for the care and support they had provided to a particular person. We also spoke with two health care professionals during

Good

Is the service effective?

our inspection. They told us that staff were quick to report changes in people's conditions and liaised with them to ensure that people's mental health needs were closely monitored.

Good

Is the service caring?

Our findings

People told us they had developed positive and caring relationships with staff. One person said, "The staff treat you with kindness and speak to you in a nice manner." Another person said, "The staff are really kind and caring."

We observed positive interactions between staff and people who used the service. For example, when speaking with people staff kept eye contact. People looked comfortable and at ease in the company of staff. During conversations with people staff ensured that everyone was included.

We found that staff were able to meet people's diverse needs. For example, during our inspection one person became low in mood. A staff member spent time speaking with them and provided reassurance which lifted their mood. The person told us, "I like when the staff spend time with me. I know that someone is listening to me."

Staff were able to demonstrate how they ensured people felt that they mattered. They told us that regular group and one to one meetings were held with people. At these meetings people were able to raise issues or make suggestions. One staff member said, "At a recent meeting one of the service users requested to have hot dog sausages as a snack and their request was granted. Another person suggested that we went to the sea-side on a day trip and this was arranged."

People's preferences and personal histories were known by staff. One staff member said, "We sit and talk with the service users to find out about their likes and dislikes and how they like things to be done. We also read their care plans." We found that staff knew people really well and the contents in their care plan.

Staff responded to people's concerns and well-being in a caring manner. For example, during our inspection we observed staff had responded to a person's request and made contact with a health care professional on their behalf. In another instance we observed a person was refusing to have a particular treatment from a health care professional who was visiting them. A staff member was able to explain to them why it was important for them to have the treatment.

People told us they were able to express their views and were listened to. One person said, "We have meetings every Sunday and are able to voice our opinions or grievances that we may have." Staff confirmed that weekly one to one meetings took place and people were enabled to express their views. One staff member said, "The service users requested to have a laptop and one was purchased." Another staff member said, "Some of the service users requested to have training in food hygiene and this was provided."

People told us they were aware of the advocacy service available. One person said, "I have an advocate he helped me to leave hospital." Staff told us that people were given information on how to access the services of an advocate.

People were assured that information about them was treated confidentially. Staff told us they made people aware that information about them was shared on a need to know basis. If information had to be shared with other health care professionals people's agreement was sought and they were usually present. We found that staff had been provided with training on confidentiality and data protection. We observed that records relating to people's care and support were locked in filing cabinets and the computers were password protected.

People told us their privacy and dignity was respected by staff. One person said, "Staff always knock and wait for a reply before entering my bedroom." The person commented further and said, "You can confide in them. If you tell them anything they keep it to themselves unless they have to share it with other members of staff." Another person said, "The staff make sure I am decent before entering my room and they speak to me in a nice manner." Staff told us people were given the privacy and dignity they needed. For example, bedrooms were single occupancy with en suite facilities. People were able to personalise their bedrooms; and spend time on their own if they wished.

People told us that friends and family were able to visit them. One person said, "My brother visits me regularly." Staff confirmed that people's visitors were made to feel welcome; however, not all visitors were allowed in people's bedrooms.

Good

Is the service responsive?

Our findings

People told us that their care plans were developed with their involvement and they met with their key worker on a weekly basis to discuss their progress. One person said, “My care plan is discussed with me on a weekly basis. I sometimes request for changes to be made which staff agree to.”

Staff told us that prior to people moving in to live at the service their needs had been assessed. Information was obtained from people, their relatives and healthcare professionals involved in their care. One staff member said, “We get as much information as possible during the assessment to inform the care plan.”

We found that people’s care plans were signed by them to confirm their involvement. They were comprehensive and written in a personalised way. They contained clear guidance for staff to follow when providing care and support. They also included information on people’s varying level of needs, their preferences, histories, goals and how they wished to be supported. Progress on their identified needs was evaluated in the daily notes.

People told us they were supported by staff to follow their interests and to take part in social activities that they wished to participate in. One person said, “I attend a day centre twice a week. I also go swimming and for walks.” We observed people going to different activities. We saw documentation that people had met with support staff to decide what activities they wanted to do as a group. We found that trips to the cinema, leisure centres, museums, picnics in the park and the seaside had been arranged.

People told us they were aware of the complaints procedure. One person said, “I Know how to make a complaint but I have never had the need to make one.” Another person said, “We have meetings and the staff always ask us if we have any concerns to raise.” We saw documentation that demonstrated complaints had been dealt with in line with the provider’s policy and to the complainant’s satisfaction.

The registered manager told us that arrangements were in place to enable people, relatives and staff to provide feedback on the quality of the care provided. We found that surveys were regularly sent out and they were analysed. Where areas were identified as requiring attention action plans had been put in place with timescales when they would be achieved.

Good

Is the service well-led?

Our findings

People and staff told us there was a positive, open and inclusive culture at the service. One person said, "The manager makes herself available to talk to us and is always around." Staff told us that regular meetings were held and the manager updated them with any changes that were occurring in the service. One staff member said, "The manager sends us emails to let us know what is going on." Another staff member said, "You can call her anytime of the day or night for advice." Staff described the registered manager as 'passionate' and 'organised'.

We found there were strong links with the community. We found that people were given the support they needed to shop and access social and leisure activities local to them.

Staff told us that regular staff meetings were held. One staff member said, "We are able to make suggestions on how to improve the quality of the care provided." Another staff member commented, "She involves us and ask for our views. When providing us with feedback this is done in a positive way so we know what needs to be done."

Staff told us they understood the service's values and vision and we saw that these values underpinned staff practice. For example, one of the service's values was promoting independence. We found that staff supported people to clean their bedrooms and do their personal laundry.

Staff told us they were clear about their roles and responsibilities and felt valued by the registered manager.

One staff member said, "I get lots of praise from the manager." Another staff member said, "I enjoy my job it is so rewarding." During the inspection we observed that staff communicated with each other in a respectful manner.

Staff told us there was good leadership and management demonstrated at the service. One staff member said, "The management staff lead by example and works shifts. This inspires us to deliver a quality service." The deputy manager told us by working shifts they were able to observe staff practice to ensure they were delivering care in line with best practice and with people's support plans.

Systems were in place to ensure legally notifiable incidents were reported to the Care Quality Commission (CQC) as required. Our records showed that the registered manager reported incidents. We also saw evidence that accidents and incidents were recorded and analysed for identified trends. Where trends were identified measures had been put in place to minimise further occurrence.

The provider was committed to providing a quality service. For example, the service had been awarded a number five Food Standards Agency (FSA) hygiene rating. This demonstrated that good hygiene standards were promoted at the service.

There were systems in place to monitor the quality of the care provided. The registered manager told us that monthly health and safety audits were carried out as well as medication, care plans and infection control. We saw where areas had been identified as requiring attention action plans had been put in place to address areas that required attention.