

The Lisieux Trust

Lisieux House

Inspection report

50 Birmingham Road
Sutton Coldfield
West Midlands
B72 1QJ

Tel: 01213551474

Website: www.lisieuxtrust.org.uk

Date of inspection visit:
03 June 2019

Date of publication:
24 June 2019

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

About the service: Lisieux House is a residential care home which was providing support and accommodation for 12 people with learning disabilities at the time of our inspection.

People's experience of using this service: People were relaxed and comfortable in Lisieux House. There were enough staff available to meet people's needs and staffing levels were increased at weekends to enable people to access the community when they wished. People were confident requesting support and staff responded promptly to meet people's needs.

Staff had received safeguarding training and understood how to protect people from all forms of abuse or discrimination. Risks were well managed and staff understood how to meet people's care and support needs.

Staff were recruited safely and had received induction training in line with current best practice. Staff training was regularly updated to ensure staff had the skills necessary to meet people needs.

Care plans were accurate and informative. They provided staff with detailed guidance on people's individual needs and communication preferences. These records had been regularly updated and included information about people's backgrounds to help staff understand their individual needs.

The service was developed and designed before the introduction of Registering the Right Support and other best practice guidance. The principles of Registering the Right Support reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

The service supports up to 12 people which is significantly more than current best practice guidance. However, the service consists of two buildings, the main house which supports eight people and the bungalow in which a further four people live. People received individualised support in each building and staff were allocated separately to each building each day.

People were encouraged to be as independent as possible and supported to engage with a variety of activities, tasks and chores within the service.

Staff were well motivated and told us their managers were supportive and approachable. Quality assurance systems were appropriate and people's feedback was valued and acted upon.

Rating at last inspection: At our previous inspection the service was rated Good overall but requires improvement in well led. This was because of issues with record keeping and the service's quality assurance systems. (Report published 2 December 2016.)

Why we inspected: This was a planned inspection based on the previous rating.

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

The full details can be found on our website at www.cqc.org.uk

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Lisieux House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one adult social care inspector and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service.

Service and service type:

Lisieux 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. Lisieux House accommodates up to 12 people in to adjacent buildings. The main house is a three story building where 8 people live while four people live in the bungalow which can be accessed Via the main building's garden.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

The inspection was unannounced.

What we did:

We reviewed information that we held about the service such as notifications. These are events that happen in the service that 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 looked at the Provider Information Return (PIR). We reviewed three people's detailed care records, three staff records, Medicine Administration Records, records of accidents, incidents and complaints and audits and quality assurance reports.

We spoke with five people using the service, two relatives, six members of staff, the registered manager in the week following the inspection and one visiting health professional. Following the inspection, the registered manager sent us further information about how the service was organised including meeting minutes and details of the service quality assurance processes.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were relaxed and comfortable at Lisieux House and told us they felt safe. Their comments included, "I'm safe. It's a nice home where I live" and "I would tell someone if I didn't feel safe. I would talk."
- People were protected from potential abuse and avoidable harm by staff that had completed safeguarding training and knew about the different types of abuse. Staff told us, "People are safe", "Safeguarding is paramount" and that they felt able to report concerns to managers without fear of repercussions.
- The services safeguarding systems were effective and managers had appropriately reported concerns to the local authority.
- The service supported some people to manage aspects of their finances. There were appropriate procedures and systems in place to protect these individuals from financial abuse.

Assessing risk, safety monitoring and management

- Risks were identified and assessed. Care plans included guidance for staff on how to protect people from known risks while maintaining their independence.
- Where people experienced periods of distress or anxiety staff knew how to provide assistance. Care plans included information for staff on how to identify when a person was becoming upset and guidance on how to provide reassurance and support.
- Two people did not get on well and a number of incidents had occurred between these individuals. We discussed this situation and the appropriateness of these ongoing placements with the deputy manager. We were advised that a review involving commissioners was planned to identify any changes that could be made to address this situation.
- Personal Emergency Evacuation Plans were in place to inform staff and first responders of the support people would need during an emergency. The service's evacuation policy was reviewed and updated following our inspection with support from the fire and rescue service.
- Utilities and equipment were regularly checked and serviced to make sure they were safe to use.

Staffing and recruitment

- There were enough staff available in both buildings to support people's needs. Staff responded quickly to people's requests for help and told us, "There are enough staff."
- Records showed that planned staffing levels were routinely achieved and that staffing levels increased at the weekend to enable people not attending day centres to access the community if they wished. Staff comments included, "We have two extra staff on at the weekends so people can go out if they want to."
- Pre-employment checks were completed to ensure prospective staff were suitable for employment in the

care sector.

Using medicines safely

- People were supported to take their medicines as prescribed. Some people were prescribed as required medicines to help them to manage anxiety. When these medicines were used appropriate records were maintained detailing each occasion these medicines were given.
- Medicines were safely obtained, stored, recorded, administered and disposed of. Systems were in place for medicines that required cool storage and additional security.
- The medicine administration records (MARs) had been appropriately completed and regularly audited.
- Staff who supported people with medicines had completed appropriate training and understood how to respond if a medication error occurred. Where errors had occurred, these had been fully investigated and procedures changed to prevent reoccurrence.

Preventing and controlling infection

- Staff followed infection control policies and used personal protective equipment appropriately to help prevent the spread of healthcare related infections.
- The premises were clean. There were appropriate cleaning arrangements in place and staff supported people to participate in cleaning tasks throughout the service.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted and risks reduced.

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

Good: 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
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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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.

- People's mental capacity had been appropriately assessed. Where decisions were made on behalf of people who lacked capacity these had been made in the person's best interest.
- Managers had correctly identified that some people who lacked capacity had potentially restrictive care plans. Necessary and appropriate applications had been made to the local authority for the authorisation of these restrictions.
- People were involved in making decisions about their care and staff respected people's choices. During our inspection one person told staff they did not want to attend the planned day centre on the following day. Staff responded, "That's ok, don't go tomorrow then."
- People's needs were assessed before they started using the service to help ensure their needs and expectations could be met.
- Care plans were then developed by combining information gathered during the assessments process, with information provided by care commissioners and initial feedback from staff on people's specific needs and preferences.

Staff support: induction, training, skills and experience

- New staff were required to complete an induction process before working independently. This included formal training and a period of shadowing experienced staff. Staff told us, "I shadowed for about two weeks" and reported they had not worked on their own until they felt confident to do so.
- In addition, staff new to the care sector were supported to complete a nationally recognised programme of induction training.
- Training was updated regularly and covered a wide range of relevant topic areas. Staff told us, "The

training is really good here" and "I get lots of training." Records showed staff had been provided with additional training in areas not currently required to ensure people's changing support needs could be met.

- Records showed staff had received supervision and annual performance appraisals. Staff told us, "I have had supervision and an appraisal" and reported their managers were supportive and approachable.

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

- People were offered a choice of meals and staff had a good knowledge of people's likes and preferences in relation to meals. If people did not want anything on the planned menu staff provided or supported people to prepare alternate options. For example, staff in the bungalow prepared a different evening meal for one person as they would prefer this.
- People were involved in the development and planning for meals and were able to choose to have favoured meals on specific days. Staff told us they encouraged people to choose healthy options, "without imposing restrictions on foods or lifestyle choices".
- Staff supported people to make and prepare meals at times of their choosing. In the morning, one person, who was a late riser, was supported to have breakfast at 11:00 while another person chose to have an early lunch at 11:30.
- People were frequently offered hot and cold drinks throughout the day and supported to be as independent as possible in the service's kitchens.

Adapting service, design, decoration to meet people's needs

- The interiors of both the main house and the bungalow were well maintained and decorated to a high standard. Bedrooms were individually decorated and had been personalised.
- The main house's garden was well maintained, easily accessible and people were enjoying the fresh air and sunshine in this area during our inspection.
- The bungalow's garden, however was untidy and accessed via a number of stairs. This meant it was difficult for people to use this area independently. Staff commented, "The garden does not get used much but people like to sit on the bench at the front."
- Laundry facilities were provided in each building to enable people to complete these tasks as independently as possible.

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

- Staff were alert to changes in people's health needs and had made prompt and appropriate referrals to health professionals for support when changes in people's needs were identified.
- Where professionals had provided advice or guidance this had been incorporated in people's care plans.
- Hospital passports had been developed. These documents included information about people's communication styles and any specific support they would require in hospital.

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

Good: 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

- The atmosphere of the service was relaxed, and people told us they enjoyed spending time with their support staff. People's comments included, "[The staff are] very, very kind" and "I like all the staff."
- People were confident approaching staff for support and did so without hesitation. Staff responded promptly to people's needs and requests. They told us, "I really love it here. It's so rewarding to work here. Being able to help is the best bit about the job. It is a cliché, but it is true", "I really enjoy working with the clients and facing different challenges" and "Everybody is supportive of each other; residents, families and staff."
- People's care plans included detailed information about their life history and background. This helped new staff to understand people's current support needs and included details of their likes, interests and aspirations.
- Staff treated people as equals, valued their contributions and recognised and celebrated individual's achievements. The importance of people's routines was recognised. Where routines were disrupted staff supported people to overcome any resultant anxiety
- Where religious beliefs and practices were important to people these were respected, and staff supported people to attend religious services when they wished.

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

- People were in charge of their own daily routines and were able to decline planned activities. People told us they choose what time to get up in the morning and when to go to bed.
- When staff offered help, they explained their intentions and sought people's permission before assisting.
- People and where appropriate their relatives were involved in the process of reviewing and updating care records.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and ensured their dignity was always protected. Where people required support in communal areas this was provided discreetly and respectfully.
- Staff always knocked on doors and sought people's permission before entering their bedrooms. Where permission was declined those decisions were respected and people were able to spend time alone in their rooms if they wished.
- Records were stored appropriately, and staff told us, "[The manager is] hot on confidentiality, we don't discuss stuff unless we need to know. Nothing's discussed unless it needs to be."
- People were supported to be as independent as possible and to do things for themselves. During our inspection we observed people preparing meals and making hot drinks with guidance and where

appropriate support from staff. Staff told us, "[Person's name] makes the most amazing pasta dish."

- People were able to visit friends and family when they wished. Visitors were encouraged and made to feel welcome.

Is the service responsive?

Our findings

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

Good: □ People's needs were met through good organisation and delivery.

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

- □ Care plans were focused on people's individual needs and were detailed and informative. Staff told us, "We are in the middle of updating the care plans", "There is loads of information in [the care plans]" and "[The care plans] tell you how to look after people."
- □ Records showed that care plans had been regularly updated with the involvement of people and their relatives. Relatives felt involved in the care planning process and told us, "I can speak to her key worker at any time, and I email too."
- □ There was a handover meeting between staff at the beginning of each shift and staff told us systems in place to keep them up to date with any changes in people's needs worked well.
- □ Daily records were kept detailing the supported staff had provided along with information about the person's mood and how they had chosen to spend their time.
- □ Staff had a detailed understanding of people's individual communication styles and preferences. This information was recorded within people's care plans and social stories had been used appropriately to help people to understand complex issues.
- □ There were individual programmes of activities planned for people to engage with, which included events in the evenings. Most people choose to go to day centres during the week and additional staff were available at weekends so people to access the community when they wished. Staff told us, "There is enough for people to do."
- □ People choose how to spend their time in the service and staff supported people to engage with activities and hobbies when requested. One person told us, "My hobby is knitting. Blankets for people with no Mummy or Daddy in South Africa" and another person said, "I've been gardening. Potting up today with [staff members name]."
- □ Some people were independently able to access the community to visits local shops and friends and relatives. In addition, the service had a minibus to enable people to access community events and visit local attractions.
- □ People were able to decline planned activities when they wished. One person told staff they did not want to do a planned activity and staff responded, "If you don't want to go to [day centre's name] tomorrow you don't have to."

Improving care quality in response to complaints or concerns

- □ The service had appropriate complaints procedures in place. People and their relatives know how to report any issues and were confident they would be resolved appropriately by managers.
- □ Each person had been provided with a post card in an accessible format with which to express concerns or make compliments. People had used this system effectively and their concerns had been investigated

and addressed.

End of life care and support

- People's wishes in relation to end of life care had been discussed and any preferences 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People told us they were happy and well cared for at Lisieux housed and a relative said, "It's so way ahead of anything else she's ever had. They are superlative with her care. This is her home and she feels it's her home. What better compliment can I give."
- Staff and managers recognised the importance of providing person centred care to enable people to live fulfilling lives. Their comments included, "It's great here, I love it", "I really like the ethos of the place" and "We have a really good work team and definitely make it 100% about the guys all the time."
- The service's policies had been regularly reviewed and updated to ensure they reflected best practice and the service's current systems and procedures.
- On the day of the inspection some records were inaccessible as the registered manager was not on duty. The required information was subsequently provided, and additional systems were planned to ensure in future all records would be available when required.
- The managers responsibilities under the Duty of Candour were well understood and the service communicated openly with people and their relatives when things went wrong.

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

- The service management structure was well defined and understood by people and staff. There were appropriate procedures in place to enable staff to access management support whenever necessary.
- Staff told us they were well supported by the service managers and their comments included, "The manager are nice" "I feel I can talk to them about any issue I have" "The registered manager is always there for you and the deputy manager is the same. They are both really nice people." Relatives told us, "[The registered manager] is an excellent manager. She listens, she's easy to communicate with."
- There was a key worker system in place. People and relatives' knew who their designated key worker was and these staff had extensive knowledge of people's individual support and communication needs.
- The staff team were well motivated and dedicated. People told us everything was good at Lisieux House while staff commented, "The residents are fantastic. The organisation is going in the right direction. They've got the residents' best interest at heart."
- There were appropriate quality assurance and auditing systems in place designed to drive improvements in the service's performance. The registered manager provided a monthly written report to the provider on the service's performance. The deputy manager regularly worked alongside staff as part of these processes and staff said, "The deputy manager does sleeps and shifts in the bungalow regularly."
- We found that the service's system for the recording of incidents was unnecessarily complex. We raised

this with the deputy manager who had already identified this issue and was in the process of developing a more user-friendly recording system.

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

- Feedback from people, relatives and health professionals was valued and acted upon. Annual surveys were completed, and responses were complimentary.
- Staff meetings were held regularly and provided opportunities for working practices and people's individual care need to be discussed.
- Staff had a good understanding of equality issues and valued and respected people's diversity. Where staff made requests for reasonable adjustments to their employment conditions these had been looked on favourably.

Continuous learning and improving care

- People were asked how their experiences could be improved at residents' meetings which were held regularly. Staff told us, "We do a residents meeting each month."
- All incident and accidents that occurred had been appropriately investigated to identify any learning or areas in which improvements to the service's performance could be made.

Working in partnership with others

- The service worked collaboratively with professionals and commissioners to ensure people's needs were met.
- Where changes in people's needs or conditions were identified prompt and appropriate referrals for professional's support were made.