

Lisieux Trust Limited

Lisieux House

Inspection report

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22 February 2022

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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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Lisieux House is a residential care home providing accommodation and personal care for up to 12 people with a learning disability and autistic people. At the time of the inspection, 12 people were living at the home.

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

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right Support

Lisieux House does not fully meet the current guidance on small, ordinary homes forming part of a local community. The provider told us about their plans to address this and discussions were taking place with people and families when we inspected. People regularly accessed local facilities and were supported by staff to pursue their interests. People told us they felt safe at Lisieux House. One person told us, "I do things that I like to do, the staff help me." Staff knew people well and knew how to manage any risks and report any concerns. There were sufficient numbers of staff to meet people's needs. Medicines were managed in a safe way.

Right Care

People were supported by a caring and kind staff. Staff knew people very well and knew their likes and dislikes. People were supported and encouraged to become more independent, where possible. A relative told us, "I have to say it is the best home [person's name] has lived in, they have blossomed, we could not have wished for anything better."

Right Culture

The registered manager promoted a positive culture and led by example. Staff told us they received the support they needed to carry out their role. A staff member told us, "It has been a tough time with the pandemic but I feel there is so much support and energy to get things right for people. I think there is such a commitment from the organisation and I see improvements all the time, it's a really positive place to work." Relatives spoke highly of the staff team and the care of their family members. Systems were in place, so the home remained safe and effective. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture. We also inspected because Lisieux Trust Limited has applied to change the name of their legal entity and register as a company from that of a registered charity. This means they are registered now as a new service and we needed to inspect and rate the service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by one Inspector.

Service and service type

Lisieux House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 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

This inspection was unannounced.

We visited the home on 21 and 22 February 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all this information to plan our inspection.

During the inspection

We communicated with nine people who used the service about their experience of the care provided.

We spoke with six members of staff including the registered manager, the deputy manager, support workers and the providers representative.

We reviewed a range of records. This included three people's care records and a variety of records relating to the management of the service, including health and safety records and some policies and procedures.

After the inspection

We spoke with three relatives. We continued to seek clarification from the provider to validate evidence found and reviewed quality monitoring records and survey feedback records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they would talk to staff if they were worried about something. One person said, "I feel safe living here."
- Staff knew people well and knew how to protect people from abuse.
- Staff told us they were confident that any concerns they had would be dealt with appropriately by the management team. A staff member told us, "I would let the manager know if I had any concerns and I know they would report the concerns and would do what was needed to make sure people were safe."
- The registered manager showed good oversight of safeguarding processes and had raised concerns appropriately with the local authority and CQC.

Assessing risk, safety monitoring and management

- Risks to people were identified with assessments and care plans in place to inform staff on how to support people to stay safe.
- Staff knew people well and had completed training, so they had the skills and knowledge to support people safely. They knew potential early warning signs of distress and how to distract a person and how to keep them safe. A staff member told us, "We know people very well and we know what may make a person unsettled so we try and avoid this happening."
- Staff supported people with positive risk taking and supported people to progress and develop. For example, people told us they were supported to do activities they enjoyed in the local community, take part in household tasks and learn new skills.
- Following a discussion during the inspection the registered manager revised fire safety measures in place on a fire exit door. They advised going forward, further fire safety improvements were being considered and the fire risk assessment was updated to reflect this.
- People had personal evacuation plans in place (PEEP) detailing how they would be supported safely in the event of a fire.

Staffing and recruitment

- There were enough staff to support people in the home, and to take part in things they liked to do. For example, we saw people supported to do both planned and spontaneous activities and visits out of the home.
- The provider carried out checks on new staff before they were employed to work in the home. New staff were checked against records held by the Disclosure and Barring Service. This checked they had not been barred from working in a care service and did not have criminal convictions which had the potential to make them unsuitable to work in the home. The provider also requested references to confirm applicants' good character and conduct in previous employment in a care setting.

- Staff had a very good knowledge of the people they supported and were able to tell us about people's individual needs, wishes and goals.

Using medicines safely

- Protocols for medication taken on an 'as required basis' needed some additional information added and this was actioned by the registered manager during the inspection.
- People received their medicines on time and in a safe way. Records were maintained to document the administration of medications.
- Staff received medication training and checks of their competency to administer medicines safely had been completed.
- Staff had the appropriate training and competency to support people with their medicines.
- Protocols for medication taken on an 'as required basis' needed some additional information added and this was actioned by the registered manager during the inspection.

Preventing and controlling infection

- The provider had effective infection prevention and control measures to keep people safe.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The providers own audits had identified that ventilation in one shower room needed improvement to prevent the build-up of mould. Plans were in place to address this.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency.

- The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Learning lessons when things go wrong

- The management team monitored and analysed accidents and incidents and showed that learning from these were shared with the staff team.
- Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the person's outcomes were consistently good, and relative and staff feedback confirmed this.

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

- There had been no admissions to the service for a few years. The registered manager talked through the admission process they followed and this involved completing a comprehensive assessment prior to and upon admission.
- People's care plans were personalised. They reflected people's needs and wishes and included their physical and mental health needs. People were involved in reviews of their needs with staff and relatives.
- People's care plans included short- and longer-term goals and wishes and promoted strategies to enhance independence.
- A relative told us, "I have to say it is the best home [person's name] has lived in, they have blossomed, we could not have wished for anything better."

Staff support: induction, training, skills and experience

- People received support from staff who had received relevant training, including around learning disability, autism and mental health needs. A staff member told us, "The training we get is very good. If there is anything we need to know about, the managers provide the information we need and arrange training for the staff team."
- Staff had regular supervision and appraisal. A staff member told us, "I feel supported in my role and the managers are very approachable and are here to help and support us."
- Staff had completed an induction in line with the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Relatives spoke highly of the staff team. A relative said, "I really have nothing but praise for all the staff."

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

- People were able to input into choosing their food and planning their meals.
- Staff supported people to be involved in preparing and cooking their meals. People could access drinks and snacks.
- Some people required their meal to be prepared in specific way to minimise any risks of choking. Staff knew how to prepare the meals and specialist advice had been sought and was being followed. For example, referrals had been made to speech and language therapist (SALT) and their advice was followed.

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

- The home was comfortable, clean, safe and well maintained.
- Seven people invited us to see their bedroom and all bedrooms were individual and personalised. For

example, one person had some sensory lights and equipment which they told us they liked. We saw people had pictures, photographs and personal items that were important to them. Some people liked to spend periods of time in their own bedroom and this was supported by staff.

- The registered manager told us about future plans for the service which were well under way and discussions were taking place with people at the service and other relevant parties. The provider told us in their Provider Information Return (PIR) the following, 'We are currently in consultation with our residents and their families to ensure that they are fully involved with long term suitability to meet their individual needs and requests. In the interim we have looked at our current properties that are an eight bedroom house over three floors and a four bedroom bungalow, both have accessibility restrictions, in the past 12 months we have put in place access ramps at the front and rear of the bungalow and have referred to Occupational health for adaptations and recommendations.'

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

- People had good access to physical healthcare and were supported to live healthier lives.
- People were supported with routine medical appointments and annual health checks, so any early warning signs of ill health were detected.
- People had a Health Action Plan [HAP] and hospital passport. The HAP detailed what was needed to promote the person's good physical and mental health and their likes and dislikes.
- People were encouraged to achieve health related goals. They were supported by staff to take part in an active role in maintaining their own health and wellbeing. For example, people were encouraged to walk and access local parks and take part in organised bike rides and some were members of a local gym.
- A visiting healthcare professional told us they had no concerns about the service.
- The registered manager had made appropriate referrals for specialist support for people. For example, referrals had been made to specialist learning disability, speech and language and psychology teams.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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 , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Systems were in place to ensure where people were being deprived of their liberty, the appropriate parties were involved.
- Staff had received training in MCA and Deprivation of Liberty Safeguarding (DoLS) and told us about the core principles of the MCA and how this was used when supporting people. A staff member told us, "We always explain what we are doing and make sure we have people's consent first."

- Staff were able to tell us about when they had supported people and worked with other professionals regarding decisions made in people's best interest. For example, decisions in relation to healthcare treatment.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the person was 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

- Staff engaged with people in a respectful and kind manner. Staff sat and spoke with people and supported people at a pace that suited them.
- One person told us, "I like the staff, they help me."
- A relative told us, "I can only give them full marks for everything. [Person's name] and the people they live with have been supported so well and so selflessly by staff throughout the pandemic."
- Staff knew people's needs very well. People's care records included details of life histories, wishes and preferences. This provided staff with the information they needed to ensure they supported people with a personalised care approach.
- Relatives spoke highly of the staff and particularly of the support provided through COVID-19. A relative said, "They have gone out of their way to give them [people living at the home] something to look forward to every single day. They have been quite simply phenomenal." An example of this is we saw a recorded performance by all the people living at Lisieux House of the song 'We'll meet again' filmed in the garden and this was sent to people's family and friends.
- Staff respected and understood the importance of people's family and friends and supported people to maintain these links. Where people had experienced illness and loss of their loved one's staff had provided comfort and support and people talked to us about this.

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

- People, and those important to them, took part in making decisions and planning of their care. People were empowered to feedback on their care and support. They had regular key worker meetings to discuss their short- and long-term plans. People told us that staff listened to them. One person told us, "I talk to my keyworker about what I want to do."
- The registered manager had made referrals to advocacy services so people were provided with the additional and independent support they needed.
- People's care plans and a range of other information was available to people in a style that was easy to read and understand.
- A relative told us, "I can't recommend their key worker [staff members name] highly enough they have personally ensured I'm always aware of what is going on."

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. Staff told us how they worked with people to build their confidence and independence. One person told us, "I have put a clean cover on my bed, hoovered the floor and dusted

my room."

- Staff were enthusiastic about their role and wanted to support and help people in the best way they could. A staff member told us, "I really enjoy my job and I love to see the people we support learn new skills and grow and develop."
- Staff received equality and diversity training. They knew people's needs very well and their likes and dislikes.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the person's needs were met through good organisation and delivery.

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

- People's care plans detailed their preferences, life history, and people who were important to them. This meant staff had up to date information about people's individual preferences and what was important to them.
- People told us they made decisions about what they do and how they spent their time. One person told us, "I do things that I like to do, the staff help me."
- Relatives told us they were involved in reviewing their family members care.
- People were involved in all aspects of the day to day running of the home including choice of meals, how they spent their time at home, activities they wanted to do and places of interest they wanted to visit.
- A social worker who had carried out assessments of people wrote formally to the service and praised the staff team for how they supported people. The letter said, 'It was great to see the staff promote, encourage and support people to access universal services and groups within the community instead of traditional services.' It went onto say, 'and the service supports people to have choice and control around their day to day life.'

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

- People told us some of the regular things they enjoyed doing were affected by government restrictions related to COVID-19. However, things were gradually improving. The provider told us in their PIR about how they dealt with these difficult times, they told us the following; 'We put in place activities both in house and in the local parks to looking at physical and mental stimulation, we set up I-pads and electronic devices for family integration and communication, we also kept communication with external placements and social clubs and the residents enjoys activities through Teams and social streaming, we also put in place a few internal social media events for our residents and their family and friends to get involved with.' people and relatives we spoke with confirmed this.
- People had regular keyworker meetings where they discussed their support and care and what they wanted to do.
- People were encouraged and motivated by staff to reach their goals and aspirations. For example, one person wanted to go to a music concert. The event was planned meticulously from start to finish from who they wanted to see in concert through to planning the actual day and enjoying the event. Another person told us about a forthcoming party to celebrate a birthday, again lots of planning and thought had gone into the event so it was everything the person wanted it to be.
- People told us about a range of things they enjoyed doing and were encouraged to engage in a meaningful way in the local community. For example, people enjoyed meals out, walks, visiting local places of interests

and seeing their family.

- People told us about a recent art workshop they were involved in with a local community art group. The artwork was displayed at a local gallery and friends, family and members of the community attended the event.
- The registered manager and staff worked with people's families to ensure relationships were maintained during the pandemic, despite the challenges which Covid-19 restrictions brought.

Meeting people's communication needs

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

- The Registered manager understood their responsibility to comply with the Accessible Information Standard (AIS). Information was available to people in different formats including easy read documents.
- There was a range of information available for people to access in an easy read format including information about COVID-19, safeguarding, fire safety and complaints.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. Staff used pictures, photographs and calendars to support people's communication.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure which was accessible.
- People told us they could speak with staff if they were not happy about something.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them. For example, people were asked during house meetings and key worker meetings if they had any concerns.
- People were provided with a postcard with a stamp on that could be sent to the provider or care quality commission, to alert them to a concern, if they were unable to speak with someone at the home.

End of life care and support

- No one was receiving end of life care at the time of the inspection. People's choices and preferences for end of life care had been sought and 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.

This is the first inspection for this newly registered service. This key question has been rated as good. This meant the promotion of a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for the person.

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

- The registered manager instilled a culture where staff valued and promoted people's individuality.
- People were supported in an individual and person-centred way. People's care plans were individualised and focused on their strengths, abilities and goals.
- Relatives were very happy with their loved one's care. A relative told us, "I really couldn't ask for any better."
- Management and staff put people's needs and wishes at the heart of everything they did.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had the skills, knowledge and experience to carry out their role. They were visible in the service and led by example.
- Staff understood their responsibilities. "The managers are really good and we work well as a team."
- Systems were in place to review people's care and support on an ongoing basis as people's needs and wishes changed over time. For example, regular review meetings took place.
- Regular checks and audits were carried out by the management team and provider in order to oversee the quality of the service. Actions identified were followed up in a timely way.
- The registered manager was clear about events they were required to notify CQC of, this was in line with their legal responsibilities.
- Duty of candour is about acting in an open and transparent way when things go wrong. The registered manager was open and honest throughout the inspection.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time. For example, the registered manager had requested commissioners carry out reassessment of people's needs, so the care and support in place reflected people's current needs.

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

- The provider sought feedback from people and those important to them and used the feedback to develop the service. Feedback was sought through questionnaires and meetings regarding people's needs and development.
- Staff felt respected, supported and valued. The registered manager promoted equality and diversity in its

work.

- Staff received the support they needed to do their job. A staff member told us, "I feel very well supported as a staff member, the manager knows how to bring out the best in each and every one of us and supports us and helps us to do a good job." Another staff member told us, "It's been a tough time with the pandemic but I feel there is so much support and energy to get things right for people. I think there is such a commitment from the organisation and I see improvements all the time, it's a really positive place to work."

Continuous learning and improving care; working in partnership with others

- The registered manager was responsive to the inspection process, things we found and discussed were actioned immediately. For example, Some records required some minor improvements, and these were actioned during the inspection.
- The registered manager and provider had a vision for the future plans of the service and how it could better meet the needs of people and demonstrate how they were meeting the underpinning principles of right support, right care, right culture. Discussion were taking place with people and their family members about these plans.
- The provider told us in their PIR they are always looking to improve the service. They told us they acted on feedback received from the quality assurance questionnaire and made changes to service delivery. They also introduced a "You said, We did" document to capture where people have requested specific things and this has been actioned, For example, requests for specific days out, and activities had been requested and followed through.