

# The Brothers of Charity Services

# Lisieux Hall Residential

# Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This was an unannounced inspection, which took place on the 27 September and 4 October 2016. Our last inspection report was published in December 2013. Regulations reviewed at that time were found to have been met.

Lisieux Hall is run by Brothers of Charity and is part of a wider service, which also provides day care, supported employment, and domiciliary services to people with learning disabilities in the Chorley and South Ribble areas. Lisieux Hall is registered to provide nursing and personal care for up to 12 people with a learning disability. The service provides accommodation in two single storey bungalows (St Edwin's and Moorlands) with a third property providing short stay respite support for up to four people (Meadows). At the time of our inspection there were 11 people living at Lisieux Hall.

The service had not had a registered manager since August 2016. Interim arrangements had been put in place and a new manager appointment had been made. The provider was aware that the new manager would need to make application to register with the Care Quality Commission (CQC). 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.

During this inspection we identified two breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

The management and administration of people's medicines did not demonstrate people received their prescribed medicines safely and by staff competent to do so.

People's monitoring records, such as repositioning charts and food and fluid charts were not kept up to date and complete so that their current and changing needs could be easily monitored and acted upon ensuring their health and well-being was maintained.

People's relatives spoke positively about the care and support offered by staff. Interactions were seen to be polite and respectful. Social and recreational opportunities were provided to enable people to maintain their independence. Advocacy support was also provided to encourage people's involvement.

Where possible people were clearly involved in making decisions about their support. Where people lacked the mental capacity to make certain decisions appropriate arrangements had been made to ensure their rights were protected.

Information about people was person centred and focused on their individual needs and wishes. Support

plans and risk assessments were reviewed regularly with the involvement of people and their relatives.

Staff had completed training in how to safeguard people from abuse. Those staff spoken with knew what action they should take if they had any concerns.

We found that safe systems were in place with regards to the recruitment of staff, infection control and health and safety. These helped to protect people's health and well-being.

Staff received a programme of induction, supervision and on-going training to help ensure they were able to deliver safe and effective care. Staff spoken with confirmed they were supported in carrying out their role.

People were encouraged to have a balanced and nutritional diet. Where people received their nutrition through feeding tubes, appropriate assessments and training had been provided.

Systems were in place to monitor and review the quality of service provided. These were being enhanced so that a more robust system was in place. There was a commitment from the management team to improve the service so that outcomes for people were positive. Both staff and people who used the service were involved and could make comment on the service provided.

Effective systems were in place for the recording of complaints and concerns to show that people were listened to and where necessary action had been taken. Peoples' relatives said they would have no hesitation in speaking with a staff member if they needed to.

## 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 not always safe.

People's medicines were not always managed and administered safely ensuring people received their prescribed medicines safely and by staff competent to do so. Potential risks to people's health and wellbeing had been assessed to help protect them from harm or injury.

Relevant information and checks were completed when recruiting new staff. Adequate numbers of staff were available.

Staff had received training in how to protect people who used the service from the risk of abuse and understood what action to take if they had any concerns. Suitable arrangements were in place to ensure hygiene standards were maintained. The premises and equipment were adequately maintained so that people were kept safe.

**Requires Improvement** 

### Is the service effective?

The service was not always effective.

Records to monitored areas of risk were not accurately maintained so that people's changing needs were clearly monitored. Where people lacked the mental capacity, steps were taken to ensure decisions were made in their best interests and so people's rights were protected.

People were supported to have a balanced, nutritious diet. Relevant advice and support had been sought where people had been assessed as being at nutritional risk.

Opportunities for staff training and development were in place to help staff develop the knowledge and skills needed to meet the needs of people safely and effectively. Further opportunities in clinical practice were to be explored.

**Requires Improvement** 

### Is the service caring?

The service was caring.

**Good** 

People's relatives spoke positively about the support offered by staff. We were told staff were kind, caring and respectful towards them and their family member.

Staff spoken with were able to demonstrate their knowledge about the individual needs and wishes of people. Opportunities were provided to enable people to be as independent as possible.

People's records were stored securely so that people's privacy and confidentiality was maintained.

### Is the service responsive?

Good ●

The service was responsive.

People's support plans provided good information about their individual needs, wishes and preferences. Information was provided in an easy read format which helped people to understand the information recorded about them.

Daily activities were available to people to help promote people's health and mental wellbeing.

Suitable arrangements were in place for reporting and responding to any complaints or concerns. Peoples relatives were confident any issues brought to the providers attention would be dealt with.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The service did not currently have a registered manager. A new manager had been appointed however had not yet commenced employment. The provider was aware that application to register was required. A service cannot be judged as good in this domain if there is no manager registered with the CQC

Opportunities were provided for people, their relatives and staff to share their views about the service provided. Systems were in place to monitor and review the service. Electronic systems were being developed so that a more robust system of checking and responding was in place to drive improvement.

The provider had notified the CQC as required by legislation of all events, which occurred at the home with regards to the well-being of people.

# Lisieux Hall Residential Nursing Home

## 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.

Prior to the inspection we contacted the Local Authority Commissioners and safeguarding teams and Lancashire Healthwatch to seek their views about the service. We also considered information we held about the service, such as notifications received from the provider and information from the local authority adult care teams. We had been made aware of issues which had been raised as safeguarding concerns. The provider cooperated with the local authority where additional information was required.

We also asked the provider to complete a 'Provider Information Record' (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make and helps to inform some of the areas we look at during the inspection. This was provided prior to the inspection.

This inspection took place on the 27 September and 4 October 2016 and was unannounced. The inspection team comprised of two adult social care inspectors.

As some of the people living at Lisieux Hall Residential Nursing Home were not able to clearly tell us about their experiences, we spent some time observing interactions and support from staff to help us understand the experience of people who could not talk with us. We also spoke briefly with one person who used the service as well as two support staff, a team leader, the nurse on duty, the head of nursing, the operations director and the relatives of two people.

We looked at the environment and the standard of accommodation offered to people as well as three care

files, medication administration records (MARs), three staff recruitment files and training records as well as information about the management and conduct of the service.

# Is the service safe?

## Our findings

Relatives we spoke with told us they thought the service was safe. They said, "Yes absolutely safe" and "I didn't have to worry, I can sleep at night now. I went away for a month; I knew they would look after [person who used the service]."

We looked to see how the medicines were managed. We saw policy and procedures were in place to guide staff. We found the systems for the receipt and storage (including controlled drugs), of medicines were safe. We found the medicine stocks were stored securely in a locked medicine room. The system in place for the storing and recording of controlled drugs (very strong medicines that may be misused) was safe and managed in accordance with legal requirements.

We were told that people's medicines were administered by both nursing and care staff. We spoke with the operations director about nursing staff understanding their responsibilities when delegating the administration of people's medicines to care staff. Good practice guidance refers to the 'delegator' ensuring the person with the responsibility is suitably trained and competent to do so. We were told that staff completed training in the safe administration of medicines and competency assessments were undertaken to ensure practice was safe. A review of training records showed that medication training had been completed. However competency assessments for some staff had not been updated for some time. This did not reflect the homes procedure which identified assessment would be completed on an annual basis or more frequently if issues were identified. We also noted in the staff meeting minutes for 24 August 2016 that 12 medication errors had occurred within a 2 day period. This is concerning and does not demonstrate that people's medicines were being administered by staff competent to do so.

We saw that people were prescribed 'when required' medicines. Whilst protocols had been completed these did not provide sufficient information to guide staff. In light of some people not being able to verbally express their needs and the use of agency staff, information needs to provide sufficient detail so that staff understand the needs of people and when the medicine might be needed.

A review of people's medication administration records (MAR's) showed that handwritten entries were not double signed to check that information recorded was accurate. MARs and body maps provided for creams were also incomplete. Records stated that items were to be given 'as directed'. However there was no information to explain what this meant.

We were told that medicines no longer required were disposed of on a quarterly basis. We saw items were stored in a locked cupboard however they were not kept in a tamper proof container and could potentially be misused.

The management and administration of people's medicines did not demonstrate people received their prescribed medicines safely and by staff competent to do so. This was a breach of Regulation 12(1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



As part of the inspection we looked at how the service protected people from abuse. We had been made aware of four incidents which had been reported to CQC and the local authority. The service had co-operated with any investigation carried out by the local authority and appropriate action had been taken. We saw that policies and procedures were also available to guide staff in safeguarding people from abuse. This was supported by a programme of training. Those staff we spoke with told us they had received training in safeguarding and were able to tell us signs of abuse, what they would do if they suspected abuse and who they would report it to. They were confident they would be listened to and that the managers within the service would deal with any issues they raised. A review of training records confirmed what we had been told. Information showed that of the 33 staff, 28 had completed recent training. Dates had been scheduled for those staff yet to complete the course. This training is important and helps to ensure staff understand what constitutes abuse and their responsibilities in reporting and acting upon concerns so that people are protected. Staff spoken with were also aware of the company whistleblowing policy.

We found that the system for recruitment of staff was not always safe. We looked at three staff personnel files. We noted that files were well organised and contained an application form where any gaps in employment could be investigated. However we found that the application form in one of the files we looked at did not detail a full employment history, including a written explanation for any employment gaps. A check list at the front of the file indicated that this information had been obtained during the interview process. We were told that the information had been omitted in error and reasons for the gaps in employment were added to the file during our inspection. The operations director told us that an audit of all personnel files had been started to ensure all the required information was present.

The staff files we looked at contained at least two written references, copies of identification documents including a photograph and information about terms and conditions of employment. We found that the provider kept copies of interview records which provided evidence of applicants' knowledge and skills.

There was a system for checking any nurses were up to date and remained validated with the Nursing and Midwifery Council (NMC.) All of the personnel files we reviewed contained a check with the Disclosure and Barring Service (DBS); the DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. This helps to protect people from being cared for by unsuitable staff.

We asked the operations director for information to demonstrate that equivalent checks had been carried out when the service used agency nurses and support staff. We were shown individual profiles which confirmed relevant recruitment checks were in place and completion of training by agency workers. We noted that training information for agency nurses did not explore their clinical skills. Due to the complex needs of people living at Lisieux Hall it is essential staff have the knowledge and skills needed to support people safely. We discussed this with the operations director who said that this information would be requested.

We saw the service had policies and procedures to guide staff on staff recruitment, equal opportunities, sickness and disciplinary matters.

We spent some time looking at the staffing arrangements in place to support people living at Lisieux Hall. We spoke with people's visitors, staff, looked at staffing rotas as well as observing support offered during the first day of the inspection.

We were aware prior to our inspection that concerns had been raised with the local authority about staff shortages. The operations director acknowledged that there had been some issues with staff retention. This

was confirmed by staff we spoke with. Further recruitment had been undertaken to fill current vacancies. Staff we spoke with told us that vacancies and staff absence were usually covered by permanent staff or regular agency workers, who knew people well.

The relative of one person we spoke with told us, "There has never been a problem [person who used the service] always gets support, but I think they are a bit short." Staff spoken with said, "You are busy but you feel like you're helping someone", "You have time to get to know people", "We had problems with staffing, but the rota's just changed. We have more cover at weekends" and "It can be frustrating, it fluctuates."

We were told that staff comprised of a trained nurse and three support staff in each bungalow, in addition to the one to one support allocated. A review of records showed night time cover comprised of one nurse and one support worker for each bungalow. The nurse would provide support across the service, where needed. We were aware that one person living at St Edwin's required one to one support throughout the day and night. We saw this was provided throughout our inspection and nightly records evidenced that monitoring was in place. This additional support should also be clearly identified on the rota.

We looked around the home and found the communal areas, toilets and bedrooms were clean and free from offensive odours. A relative we spoke with told us the home was always clean. The bedrooms we looked at had non slip flooring and were bright and well decorated. They were spacious and contained lots of personal belongings and photographs. Furnishings were in good condition. One person's room had a projector that was used to project images on the wall and sensory lights, which we were told the person found relaxing.

We saw that the service had an infection control policy and procedures. These gave staff guidance on preventing, detecting and controlling the spread of infection. They also provided guidance for staff on effective hand washing, disposal of contaminated waste and use of personal protective equipment (PPE) such as disposable gloves and aprons. Staff we spoke with told us they had received training in infection control and that sufficient supplies of PPE were always available. We saw that staff wore appropriate PPE when carrying out personal care tasks. We also found that during the recruitment process staff signed to agree to notify the service if they became unwell with an infection such as a cold or vomiting. Records showed that staff had received training in infection control.

Laundry was completed in each of the houses. We looked at the laundry facilities and found there was sufficient equipment to keep linen and clothes clean. The service also used red alginate bags to safely wash soiled linen. Soiled linen can be placed in these bags which then dissolve when put in the washing machine. There were hand sanitising facilities in strategic areas for staff to use in order to prevent the spread of infection. This helped prevent cross contamination of bacteria.

Records we looked at showed there was a system in place for carrying out regular health and safety checks and that equipment in the home was appropriately serviced and maintained. We saw valid maintenance certificates for portable electrical appliances, electrical fittings such as plug sockets and light switches, gas safety certificate and water safety checks.

We looked to see what systems were in place in the event of an emergency or an incident that could disrupt the service or endanger people who used the service. The service had a business continuity plan in place. This informed managers and staff what to do in the event of such an emergency or incident and included circumstances such as; outbreak of disease, flood or burglary, loss of gas or electric, severe weather, loss of use of buildings and loss of computer systems. This means that systems were in place to protect the health and safety of residents in the event of an emergency situation.

People's care records contained risk assessments. We saw these included, weight loss, risk of falls, risk of choking, pressure sores, nutrition, use of bed rails and moving and handling. These were reviewed regularly and updated when changes occurred.

We saw that appropriate environmental risk assessments had been completed in order to promote the safety of people using the service and members of staff. These included fire, lone working, vehicle driving on site, medicines, and use of ladders.

This meant the provider had taken seriously any risks to people's health and well-being and put in place information to guide staff on how to reduce or eliminate identified risks.

We found that regular fire safety checks were carried out on fire alarms, emergency lighting and fire extinguishers. We saw that a fire risk assessment was in place and Personal Emergency Evacuation Plans (PEEPs) had been completed for people who used the service. PEEPs described the support people would need in the event of having to evacuate the building. The operation director told us that the service was in the process of developing a 'grab bag'. This would contain PEEPs, equipment and information that might be needed in the case of emergency such as a fire. This would enable staff to respond quickly to an emergency and provide emergency services with relevant information they may need.

The service had an incident and accident reporting policy to guide staff on the action to take following an accident or incident. Records we looked at showed that accidents and incidents were recorded. The record included a description of the incident and any injury, action taken by staff or managers and whether it had been reported had been reported to CQC or local authority safeguarding team. We found that managers of the service kept a log of all accidents and incidents so that they could look for action taken and identify any patterns or lessons that could be learned to prevent future occurrences.

We found that one of the houses had a key pad on the front door which had been fitted for security purposes. This meant that strangers could not gain entry without staff being aware. The other house did not have a secure entrance. During our visit we observed people ringing the door bell and then walking straight in. This meant that staff may not always be aware of who had entered the building. The operations director told us that arrangements had been made for a front door key pad to be fitted within two weeks of our inspection.

We saw checks were carried out to ensure food was stored at the correct temperatures. However we found that checks were not being carried out to ensure that food was being prepared at the correct temperature. We saw that a food thermometer was available; the operational manager told us that checks would be started immediately. On the second day of our inspection we found that food temperatures were being recorded.

We found the kitchen in Woodlands and Meadows were clean and tidy. The daily check completed by staff on the day of our inspection indicated that a visual check of the kitchen in St Edwin's House was found to be clean. However we found the kitchen in St Edwin's to be untidy and cluttered with items that could not be cleaned such as magazines, leaflets, carrier bags and old kitchen equipment. We noted that on two occasions it had been highlighted during checks that the kitchen was in need of a deep clean. The recordings on both occasions stated, "Not enough staff, need cleaner." At the time of our inspection this had not taken place and staff told us this deep clean would be happening sometime in October. We discussed this with the operational director who told us it would be arranged immediately. On the second day of our inspection we saw that a deep clean of the kitchen had taken place.

## Is the service effective?

### Our findings

A relative we spoke with told us the service was effective. They said "It's taken a weight off my mind. The improvements since [person who used the service] has been here."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. On each of the support plans we reviewed we saw information to show that applications to deprive people of their liberty had been made to the relevant supervisory body (local authority). We were told that applications had been made for nine of the eleven people currently living at Lisieux Hall.

We were also told that staff received training in MCA and DoLS as part of the programme of training provided. One staff member we spoke with told us they had just been to a conference about safeguarding and MCA. They told us they had found this very useful. A review of training records confirmed what we had been told and showed that 23 of the 33 staff had completed training in MCA and DoLS. Dates had been scheduled for the remaining staff to complete the course. This training is important and should help staff understand that where a person lacks the mental capacity and is deprived of their liberty, they will need special protection to make sure their rights are safeguarded. It should also help staff understand that where a person lacks the mental capacity and is deprived of their liberty, they will need special protection to make sure that they are looked after properly and are kept safe.

A review of people's records showed that where specific decisions needed to be made, for example in relation to restrictive practice, a mental capacity assessment was completed along with a record of a 'best interest' meeting. This detailed those consulted, what decision needed to be made and the agreed outcome. Staff we spoke with told us they had been involved in best interests meetings. The relatives of two people we spoke with said they were always consulted with about the care and treatment their family member needed. This helps to ensure that any decisions made are in the person's 'best interest'.

During the inspection we looked at how staff were supported to develop their knowledge and skills. We were told that all new staff completed a programme of induction, which incorporated the Care Certificate. The Care Certificate, developed by Skills for Care and Skills for Health is a set of minimum standards that social care and health workers should apply to their daily working life and must be covered as part of the induction training of new care workers. Training information showed which staff had or were currently completing the

certificate. One staff member we spoke with said the induction was thorough and also included training and opportunities to shadow existing members of the team. Staff we spoke with told us their induction had been helpful for them in understanding their roles.

Records we looked at and staff we spoke with told us they also received regular supervision and felt supported. One staff member told us, "I feel I can go and discuss things at any time." Another said, "We are allocated a mentor for supervision. I feel I can go to [mentor] with anything and she acts straight away." One of the nurses we spoke with said that following the appointment of a 'Head of Nursing' they had received clinical supervision. They spoke positively about the process, adding; "It was thorough" and said they felt supported.

In relation to staff training we were told that there was a programme of e-learning in addition to practical training courses, such as safe swallowing and PEG tubes (percutaneous endoscopic gastrostomy (PEG). Training certificates we looked at confirmed what was recorded on the training records. Staff we spoke with told us they had received training including manual handling, fire, food hygiene, safeguarding, health & safety, MCA and DoLS, first aid, infection control, medicines administration, epilepsy, peg feeds. Staff were positive about the training offered by the service. One staff member told us, "They are really good with courses, there is lots of training."

One of the nurses we spoke with was asked if additional clinical training was provided. They told us this had not routinely been offered. However added they had recently spoken with the head of nursing and areas of training were to be explored. This helps to ensure that nurses clinical practice is up to date and in line with current good practice.

We looked to see if people were provided with a choice of suitable and nutritious food.

We saw that the menu was planned four weeks in advance. People were offered a choice of breakfast, then a light lunch and a larger main meal in the evening. We saw that there was lots of choice of lunch but only one choice for evening meal. Staff told us that if people didn't like the option or wanted something else they would be given what they wanted.

Staff we spoke with and records we looked at showed staff had received training in food hygiene and staff we spoke with were aware of people's likes, dislikes, allergies and special dietary requirements.

Some people received their nutritional intake through a PEG tube (percutaneous endoscopic gastrostomy (PEG). This is a feeding tube placed through the abdominal wall and into the stomach allowing nutrition, fluids and/or medications to be put directly into the stomach. We saw clear guidance on individual care records about how this was to be provided. Staff spoken with and records seen also confirmed that training in the use of PEGs had been completed.

Care records we looked at showed that people were assessed for the risk of poor nutrition and hydration. We saw that, where required, records were kept of people's weights, personal bathing, people's food and drink intake and positional changes to prevent pressure sores. We saw these were reviewed regularly. However records we saw, of action staff had taken, were not always complete. One person required to be repositioned every two hours to prevent pressure sores. Records of when this had happened had not been fully completed. Three of the days we reviewed had six or less entries by staff, when there should have been 12. We also saw that the person had a suction machine to help keep their lungs functioning properly. The checklist form for staff said it should be cleaned daily. Staff had only indicated this had been done on 14 occasions since 24 March 2016. We were told that a 'resident of the day' was to be introduced, this would a

person being identified and involve staff reviewing their care records and charts to ensure records are accurate and up to date.

Without clear and accurate records people's current and changing needs could not be easily monitored and acted upon ensuring their health and well-being was maintained. This was a breach of Regulation 17(2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care records we looked at showed that people had access to a range of health care professionals including doctors, dietician, chiropodists, dentist, occupational therapist and physiotherapists. We saw that records were kept of any visits or appointments along with any action required. This helped to ensure people's healthcare needs were met.

## Is the service caring?

### Our findings

Relatives we spoke with told us, "I am so happy and [person who used the service] is happy", "They [staff] are caring, so friendly" and "If there is a problem they get in touch." They said, "They even know family birthdays."

Relatives also told us they were able to come and go at any time and that there were no restrictions on visiting their family member. They told us; "Its open visiting, I am made to feel welcome", "You can come anytime you want, you are made to feel welcome. They said I could stay over if I felt I needed to."

Staff also commented about the care and support provided. They told us; "It's homely" and "I have the satisfaction that I have changed someone's life a little bit."

A number of people living at Lisieux Hall were not able to verbally communicate their needs and wishes. We saw that alternative methods of communication were used, such as PECS cards (Picture Exchange Communication System). These enabled the person to express their needs and wishes helping to maintain their independence. We saw one person's family had provided staff with an album containing information and pictures about them, their life and what was important to them. This information helps staff when exploring opportunities and support for the person.

One staff member told us, "We observe people's responses. With [person who used the service] we give him two drinks he tries both and then gives you the one he doesn't want back." We saw that one person's bed could be lowered until it touched the floor. Staff told us this was to help maintain the person independence, so that the person could get themselves out of bed and into their wheelchair when they wanted, without staff support.

As part of their support people's social and recreational opportunities were also provided by the service. This included people's spiritual and religious needs. Whilst the service was now a multi faith service, those people who wished to could join the 'Saturday Space' group. This was a social gathering in the Chapel at Lisieux Hall and included discussion workshops as well as art, music and drama activities.

We were told that people were involved in an advocacy group 'Voice for All', which was led by people who used services. The group involved people across the provider services as well as people from the wider community. We were told the group met regularly and provided people with an opportunity to discuss things that were important to them. For example; people spoke about their different experiences when accessing health care. They had also produced information leaflets to help development people's understanding about safe sexual relationships and the need to have health checks. The group had also taken part in training with the CCG to tell them what it's like to have a learning disability and the difficulties people experience when they use NHS services.

We saw minutes from a recent 'Voice for All' committee meeting. This involved a number of people who use services, staff and visitors to the group. Items discussed included social events taking place across the

region such as Preston Pride; challenging discrimination towards lesbian, gay and transgender people or a Gala Dinner in Blackpool to raise funds for the North West Regional Self Advocacy Conference. A presentation was also provided from Disability Equality in relation to Hate Crimes. These meetings and events helped to promote people's involvement and take control over their lives.

Records we looked at also showed that, where necessary, people had access to Independent advocates (IMCA) to help support them when specific decisions needed to be made about their care and support. This helped to ensure that decisions made on their behalf were done so in their 'best interests'.

People's records were stored in the staff office. Information was accessible to people who used the service as well as staff when needed. This helped to ensure that information was kept secure and confidentiality was maintained.



## Is the service responsive?

### Our findings

A relative we spoke with said, "I circle TV programmes I know [person who used the service] would like to watch and the staff put them on when I'm not here. They do things people would like." Another said, "They ring if they need to know something."

We were told that prior to people starting to use the service they were offered day visits and then overnight stays at the respite service. This helped people and staff to get to know each other and helped staff to ensure the service could meet people's needs. The relative of one person we spoke with told us that the move into the home had been well organised. They said, "It's been great. It's gone really well, the staff are trying to make [person who used the service] feel at home."

A review of three people's records showed that information was available about people's needs in relation to personal care, moving and handling, medical conditions, health and nutrition, communication and capacity. They also included a nursing assessment which detailed the person's nursing support needs. We found records for one person who had moved into the home following a period of respite had not been updated. Whilst information included detailed assessments from the nursing and educational teams and a copy of the respite support plan, a more detailed plan had not been drawn up in preparation for the move. We were told that nursing staff were currently developing the support plan so that more detailed information was available to direct staff in this person's care and support. We discussed this with the operation director who advised this would be addressed without further delay.

Care records did contained good information about people's social history, personal preferences, likes and dislikes interests and hobbies in order to promote person centred care. A relative we spoke with told us they and their family had been involved in developing the care records. They told us that care records and the support provided were reviewed regularly and that they were always involved.

Care records we looked at showed that information had been reviewed regularly together with people and their relatives. We saw that changes were made to the care plans and risk assessments when people's support needs changed.

Staff we spoke with told us they were made aware of any changes in a person's support needs in their care records and at the handover which happened at the start of each shift. We saw that each house also had a communication book that was used to pass important information and planned activities for the day such as medical appointments. This helped to ensure any changes in people's health care needs were addressed in a timely manner so their well-being was maintained.

We looked at what opportunities were made available to people offering variety to their day. Staff we spoke with and records we looked at showed that some people took part in activities such as, trampoline, Jacuzzi, soft space, dance groups and horse and carriage rides, shopping. People also attended other services run by the provider such as day services, a café and social enterprise work opportunities. During our inspection two people had returned to one of the houses from day services for lunch. During our inspection we did not

observe any planned activities in St Edwin's House. During the morning in the communal area there was a film on a large television.

Records we looked at also showed that the service reviewed with people the activities they had taken part in, to see what people had enjoyed or not about the activity and how the activity might be improved for the person. We saw that where people did not use words to communicate, there were comment about people facial expressions and how they had been during the activity.

We looked at the system for managing complaints in the service. We noted a complaints procedure was in place which provided information about the process for responding to and investigating complaints. It gave contact details of people within the service who would deal with people's complaints and how long staff within the service would take to respond to complaints. It also gave contact details for other organisations that could be contacted if people were not happy with how a complaint had been dealt with. Records we saw showed that there was a system for recording complaints and any action taken. We saw one complaint had resulted in the service referring an incident to safeguarding at the local authority.

A relative told us, "I have had no complaints, but I know they would listen to me." Another said that if they raised something, "I have no doubt it would be dealt with."

## Is the service well-led?

### Our findings

The service had not had a registered manager since August 2016. Interim management arrangements had been put in place and a new manager had been appointed however had not yet commenced employment. The provider was aware that application to register with the Care Quality Commission (CQC) was required. A service cannot be judged as good in this domain if there is no manager registered with the CQC.

The provider had also recently employed new members of the senior management team. An Operations Director and Head of Nursing had been appointed. Their role was to oversee the service delivered at Lisieux Hall. Other support was provided from training and development staff and the personnel department.

As part of the inspection we sought the views of people's visitors with regards to the standard of care and support provided. One person's relative said, "I haven't got a bad word; I have never had to pull them up on anything" another said of the service, "it's good." Adding about a staff member; "She's been really supportive."

Staff spoken with commented about senior staff; "Nurses and managers are very good" and "Nurses are very approachable. Good at their jobs." They also told us that they enjoyed working at the service. Their comments include; "I like it, it's fulfilling and person centred", "I wouldn't like to work anywhere else, I have been other places and they weren't as good as this" and "It's a great place to work."

We looked at what opportunities were made available for people who used the service and their visitors to comment on the service provided. We were told that resident and relative meetings were not routinely held. However people took part in person centred reviews which explored the care and support people received.

People who used the service or their relatives were also given a 'service user guide'. This explained the organisations aims, objectives and services provided. It also gave details of the care records people would have, how people were supported with their medicines, how personal property was managed and how to make a complaint. These documents gave people sufficient information so they would know what they could expect from the service.

Records we reviewed and staff we spoke with confirmed that regular staff meetings were held. We saw notes were kept of these meetings and that staff could raise any issues they wanted. We saw that issues discussed at recent meetings included, medicines administration, food safety, health and safety and infection control.

We looked at how the senior management team monitored the quality of the service provided. We saw a detailed audit had been completed on all care documentation. We were told this had not explored the content or accuracy of the records but checked to see that files were consistent across the service in relation to how they were structured. We were also told that the personnel department were carrying out a review of all staff files to ensure relevant checks were in place. In addition to this there was a system of daily and weekly quality checks and audits in place. We found these checks included cleaning, building maintenance, health and safety, medicines storage and infection control.

Records we looked at also showed that a log was kept of all accidents, incidents and safeguarding's. These were reviewed each month to look for patterns and identify any action that may be needed to reduce or prevent future occurrences.

During the inspection we identified shortfalls which had not been acted upon. We noted that weekly checks of the kitchen had identified on two occasions that the kitchen was in need of a deep clean.. Other shortfalls were identified with regards to people's monitoring records including turn charts, food and fluid charts and medication records. The operations director told us, and we saw, that an electronic system was being developed so that a more robust system of monitoring the service could be undertaken. We were told this would explore more qualitative information so that any areas of improvement could be easily identified and actioned by the relevant department.

The operations director also provided information to show that a review of the service had been completed and an action plan had been drawn up detailing areas of improvement needed. These were monitored and reviewed by the senior management team. In addition a five year financial strategic plan had been drawn up exploring the development of the current service provision and the retention, training and development of staff.

The operations director told us that the service was currently undertaking assessment for the 'Customer Service Excellence' (CSE) Accreditation. This involved the completion of a self-assessment by the provider in relation to their service delivery, identifying areas and methods for improvement. Once completed an independent assessment would be carried out to check the service is meeting the standards set out by CSE in relation to the culture, involvement and quality of service delivery.

Prior to our inspection we reviewed our records and saw that events such as accidents or incidents, which CQC should be made aware of, had been notified to us.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The management and administration of people's medicines did not demonstrate people received their prescribed medicines safely and by staff competent to do so. This was a breach of Regulation 12(1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
	People's monitoring records, such as repositioning charts and food and fluid charts were not kept up to date and complete so that their current and changing needs could be easily monitored and acted upon ensuring their health and well-being was maintained. This was a breach of Regulation 17(2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.