

Lisieux Trust

# Lisieux House

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This was an unannounced inspection, which took place on 2 and 3 October 2014. We last inspected this service on 5 November 2013 there were no breaches of legal requirements at that inspection.

Lisieux House provides residential care and support to 12 younger adults with learning disabilities in the Sutton Coldfield area of Birmingham.

There was a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

All the people and relatives we spoke with said they received a safe service. We saw that safe procedures were in place to ensure that people received a service that was safe, protected them from harm and ensured their rights were protected. Staff spoken with knew how to keep

# Summary of findings

people safe from abuse. The risk of harm to people receiving a service was assessed and managed appropriately; this ensured that people received care and support in a safe way.

All the people, relatives and staff spoken with said there were sufficient numbers of staff available to meet the needs of people and keep them safe. Everyone that used the service felt the staff that supported them was trained and competent. We saw that all relevant checks required by law were undertaken for all staff that worked at the home. We found that staff received the training development and support needed to ensure they did their job well and provided an effective service.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. All staff spoken with understood the MCA and DoLS and the manager was in the process of making applications for people that this applied to, so that their rights could be fully protected in line with the recent high court ruling.

People told us that staff supported them with eating a healthy diet and exercising choice and control over what they ate and drank. Everyone and their relatives spoken with said their health care needs were met where needed. People told us and we saw that staff were

friendly and treated people with kindness and respect. We saw that people were encouraged and supported to live full and independent lives and were enabled to express themselves and explore their dreams and aspirations. People pursued a range of social, work and community interests to enhance their well-being. All relatives spoken with talked about the enhanced quality of life experienced by people that lived at the home. This showed that people lived full and active lives and the provider ensured they had opportunities to participate in community life.

People received a service which focused on their individuality and they were involved in assessing and planning their care. Where people needs had changed staff followed recognised guidance to ensure they were able to meet those needs.

People and their relatives were confident that their concerns and complaints would be listened to and acted upon. We saw that the provider took steps to ensure people were able to raise concerns and comments directly to the provider any time they choose.

All the people and their relatives spoken with were complimentary about the quality of the service. The management of the service was stable, with robust processes in place to monitor the quality of the service. People were actively involved in how the service was managed. This included involvement in recruiting new staff and being part of a steering group, so that they could discuss issues and improvements across the organisation.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. People said they received a safe service, procedures were in place to keep people safe and staff knew how to keep people safe from abuse and harm. People were able to report their concerns about safety issues independently to the provider and external agencies if they wished.

Risks to people were assessed and managed appropriately and there were sufficient staff that were safely recruited to provide care and support to people. People were encouraged to manage their own medication and where people needed support with medication they received this safely.

Good



### Is the service effective?

The service was effective. People said they received care and support from staff that were knowledgeable about their needs. Staff received effective support, training, supervision and development to enable them to care for people well.

People had control over what they ate and drank and staff supported them to maintain a healthy diet, lifestyle and health.

The service was ready to follow the new guidance on DoLS for people who did not have the capacity to make all decisions about their care.

Good



### Is the service caring?

The service was caring. Everyone said they were treated well by staff, and their individuality, independence, privacy and dignity respected and promoted.

People said they made decisions about their care with support and guidance from staff and they were supported to maintain contact with relatives and significant people in their lives.

Good



### Is the service responsive?

The service was responsive. All the people spoken with told us about the excellent quality of life they experienced and expressed a high level of satisfaction with the way their needs were met.

People were involved in assessing and planning their care, so they received a service that was personalised and based on their agreed needs, goals and aspirations.

Staff followed relevant guidance to ensure they were able to meet people's changing needs where necessary.

People and their relatives were confident that their concerns would be listened to and acted upon.

Good



### Is the service well-led?

The service was well led. People and staff's involvement in running the service was actively encouraged and promoted. There was a stable management and staff group in place all of whom were open and accessible to people and their relatives.

There were clear processes in place to monitor the quality of the service and support continuous improvements. The provider ensured that they had a constant overview of how the service was managed, so that quality was maintained.

Good



# Lisieux House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 and 3 October 2014 and was unannounced. The inspection was undertaken by one inspector.

Before our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks

the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority who purchased the care on behalf of people and reviewed reports that they sent us on a regular basis.

During our inspection we spoke with five people that lived at the home, three relatives, a health care professional, the manager, deputy manager and three care staff. We also received feedback from a social care professional; this was a person who had a lot of involvement with reviewing the needs of people that lived at the home.

We looked at the care records of two people and the recruitment records for two staff. Other records looked at included audits and monitoring records completed by the manager, safety certificates, Monthly reports completed by the provider, analysis of questionnaires, compliments, complaints and safeguarding records.

# Is the service safe?

## Our findings

Everyone that lived at the home and their relatives spoken with told us they were safe living there. All said if they were worried about anything they would tell the staff. One person told us, "I feel safe, the staff are all very nice people and no one treats me bad." A relative told us. We feel that [person's name] is safe in the house and we have never had any cause for concern." We saw that information was available to people that lived at the home on how to contact the provider in an emergency if they felt they needed help. This was in a format that was accessible to everyone that lived at the home. This meant that people felt safe and the provider ensured that they could contact someone senior within the organisation if they felt unsafe.

There were clear procedures in place to help staff to keep people safe from abuse and harm. All staff spoken with and records looked at confirmed that staff had received training on how to keep people safe from harm. All staff knew about the different types of abuse and the signs to look for which would indicate that a person was at risk of abuse. For example staff said they would observe for signs of bruising, change of behaviours or any signs of neglect, which could indicate that people were being mistreated. Staff understood how to report concerns and told us how they would ensure these were acted upon. All staff spoken with confirmed that no form of restraint was used in the service. This meant that staff were very clear about their responsibilities to report the risks of abuse to the people that used the service.

All the people that lived at the home and their relative spoken with said that staff always discussed all aspects of their care with them, this included any identified risks. For example one person spoken with was clear about the risks associated with them taking control of their care needs and talked about the discussion they had with staff about managing those risks. All staff spoken with and records looked at showed that risk assessments and risk management plans were in place to support staff to manage risks to people's care, we saw that these were regularly reviewed.

All the people and their relatives spoken with said they felt that the home was safely maintained. One person that used the service told us, "My room is safe." We saw that the home was well maintained and all staff spoken with and records looked at confirmed that all safety checks of the

premises and equipment used had been completed and were up to date. All staff spoken with and records seen showed that risk assessments were in place for all safety aspects of the home, regular checks were undertaken for water, gas and electrical safety. Water temperatures were monitored to ensure water was dispensed at a safe temperature and fire safety equipment was checked and maintained. Staff spoken with knew the procedures for handling any emergencies in the home such as fire and medical emergencies. This meant that the provider ensured that the home was safely maintained and emergency procedures were in place to ensure the safety of people that lived there.

Everyone spoken with said and we saw that there were enough staff to meet people's needs. The manager told us that they were allocated hours of care based on each person's assessed needs and staff were employed in line with those hours. This ensured that sufficient staff were available to meet people's needs. The manager and all staff spoken with said that regular bank staff were available to support the staff team and cover for sickness and annual leave.

All staff spoken with said all the required recruitment checks required by law were undertaken before they started working and that they received an induction into their role. An induction is the initial training received by staff when they commence work, so that they are clear about how to offer care and support to people. Staff told us that Disclosure and Barring Service checks (DBS), these are checks that are undertaken to ensure that staff do not have any relevant criminal offences that would prevent them from providing care and support to people that use services, were updated annually. We looked at a sample of two staff records and these confirmed that all required checks had been undertaken. This showed that the provider undertook all relevant checks to ensure that staff were safely recruited to care for people and help to keep them safe.

All the people that we spoke with said staff always supported them with their medication where needed. One person told us that they administered their own medication. They told us, "Staff just check every day to make sure I have taken them. They are kept in a locked box in my room and I have the key." Where people administered

## Is the service safe?

their own medication appropriate risk assessments were in place to support them to do this safely. This meant that people received their medication and staff supported them to take responsibility for this where necessary.

Procedures were in place to ensure all medicines received into the home and administered were recorded and all staff spoken with were aware of the procedures. Staff told us and records showed that medicines were audited at shift changeovers to ensure the amounts were correct. We saw that medicines were stored safely at all times. Staff told us and records showed that guidance was sought from people's GP where people chose to take homely remedies

and that everyone that lived at the home had an annual medication review or their medication reviewed when their needs changed. Staff spoken with were aware of how to support people with prescribed medication that could be taken as and when necessary and we saw that individual protocols were in place to help staff to do this. All staff spoken with clearly understood the need to gain consent from people before administering their medication and to ensure that a record of all medication taken was kept. This meant that staff ensured that people's medication was managed, so that they received them safely.

# Is the service effective?

## Our findings

Everyone that lived at the home and relatives spoken with said they thought the staff were well trained and knowledgeable about people's needs. One person that lived at the home told us, "Yes staff are trained and I have a good quality of life." A relative told us, "In terms of [person's name] needs, they always seem settled and all staff seems to know what they are doing."

All staff spoken with were knowledgeable about people's needs. All said they received the necessary training, supervision, performance development and attended team meetings to support them to do their job. One member of staff told us, "Yes I get the training needed to do my job and regular updated training is also provided, we can request any training we need and it would be provided." Training records looked at confirmed that the provider had a planned approach to staff training and there was an organisational overview of all training, so that the provider can assure themselves that staff have the required training and competencies to do their job well.

All the people spoken with said that staff discussed all aspects of their care and support with them and ensured they were in agreement.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty.

Information received from the provider before the inspection stated that no one that used the service was the subject of a DoLS. All staff spoken with had undertaken MCA and DoLS training and had an understanding of the principles of the MCA Act in relation to their role. The manager was aware of the recent high court ruling on the DoLS, she told us that she did not believe it applied to anyone that lived at the home, because of the independent lives that people lived. She later confirmed that some people did not have the capacity to make some decisions about their care and required continual supervision for their safety. We saw that mental capacity assessments were in place for the people that lacked capacity. Immediately

following the inspection the manager confirmed that she had had made applications to the supervisory authority for the relevant people. This would ensure that people's rights were fully protected.

All the people that we spoke with said they were involved in agreeing the menus and groceries needed for the home. One person said, "We all meet and decide what's on the menu, but we can have something else if we change our minds." Everyone spoken with told us that they chose what they wanted to eat and drink, and helped with shopping for groceries and preparing meals. One person said, "I go shopping for food as well and get a choice of food that I like and I help with the cooking on Saturdays." We saw someone else that lived at the home being supported by staff to prepare the evening meal. This meant that people were actively involved and in control of choosing and preparing the foods they liked.

All staff spoken with said they received training on ensuring that people ate a balanced diet and maintained healthy weights. Staff told us that they monitored people's weight based on their assessed needs and risks. A member of staff told us about someone who had chosen to lose weight and how they had supported the person to maintain a healthy diet. All staff spoken with knew what action to take should someone be at risk of losing weight or not drinking sufficient fluids. This meant that people were supported to maintain a healthy diet and any risks associated with fluid and diet would be monitored and managed well.

All the people that we spoke with told us they saw the doctor, dentist and opticians when needed. One person told us, "If I am not feeling well I tell the staff and they call the doctor." Relatives spoken with had no concerns about people's health care needs. A relative told us, [person's name] goes to the doctor's surgery for regular checks, so we have no concerns about their health needs."

All staff spoken with said that each person has a health assessment and plan in place, to ensure their health needs were supported. We spoke with a specialist nurse who told us that they previously had regular contact with staff at the home to support someone who had a specific health needs. They told us that staff responded well to and acted upon health instructions they were given. They also said staff were good at identifying when people's health needs had deteriorated and would contact the GP, so that the person's health needs was reviewed.



# Is the service caring?

## Our findings

All the people living at the home spoken with said they were treated well by staff. One person told us, "I am treated well by all staff. They are friendly and I do think they are caring." A relative told us, "There is a good relationship with staff. Over the years we have found that they are really nice people." We saw that all staff interacted well with people. Staff spoke to people in a sensitive, respectful and caring manner. We saw that staff understood people's communication needs and gave people the time and space to express their views. All staff spoke about people in a way that showed they knew their individual needs and preferences and ensured that people were cared for in a way that they wanted.

Everyone spoken with said they were involved in discussing their care needs with staff. One person told us, "I know how I want to be cared for and I tell them." Another person told us, "I make all the decisions about my care. I ask staff for their opinion, they say what they think, but I do what I want anyway." This meant that people actively made their own decisions about their care and support. All staff spoken with said they talked to people about what they would like and make suggestions and give advice, but it was up to people what they wanted to do. Staff said they would take into consideration any risks associated with people's needs and requests and support people accordingly. Staff demonstrated a strong commitment to ensuring people received person centred care.

During the time at the home we saw that staff supported people with what they wanted to do and relatives spoken with confirmed this to be the case. Information was

available in the home about independent Mental Capacity Advocacy services and the manager said that people were supported to use this service when required. We saw that information was provided in a way that was accessible for people to understand and this helped them to make decisions about things they wanted to do. A health care professional told us that the staff were very good at advocating on behalf of people. This ensured that people were able to fully express their views and fulfil their aspirations.

All the people we spoke with said their privacy, dignity and independence were respected by staff. People and their relatives told us and we saw that they lived full and independent lives. Everyone spoken with said they were involved in undertaking daily tasks within the home. We saw that people were supported to do cooking, shopping and their own laundry. One person told us, "I have the key to my room. All staff had to be invited in. They knock the door and wait for me to invite them in." All staff spoken with gave good examples of how they ensured people's privacy and dignity was maintained. This included, discussing the care with people to ensure they were in agreement, making sure doors and windows were kept closed whilst providing personal care and people were covered up when they received support with their personal care, so they maintained their dignity.

All relatives spoken with said they were free to visit the home at any time and people visited their families as they wished. A relative told us, "Their independence is definitely promoted." This showed that people were encouraged to be independent and maintain relationship with friends and relatives as they wished.



# Is the service responsive?

## Our findings

All the people and relatives spoken with expressed a high level of satisfaction with the way their needs were met. They told us that staff always talked to them about their care and obtained their consent and agreement before providing any care or support. Two relatives spoken with told us about the improvement in the quality of life experienced by their family member since they lived at the home. A relative told us, [person's name] quality of life is much improved. The home is brilliant and we are well pleased with the care." Another relative said, "They provide individualised care. Another relative told us, I think the staff try very hard to make sure they understand [person's name] needs and they do."

Staff spoken with and records showed that detailed needs assessment and person centred care plans were available for each person's identified need. The care plans and risk assessments gave staff detailed information of how they needed to provide care and support to meet people's individual needs. We saw that each person had an essential lifestyle plan, which included their dream pathway. This consisted of people setting life goals and exceptional things they wanted to achieve. The plan was developed and agreed with the person and their key worker, (This is a member of staff that was assigned to support the person). A member of staff told us that someone wanted to handle birds and staff supported them to achieve this goal. Another member of staff told us, "We get to know each person's personal histories their likes and dislikes, so we know people well and can tailor the service to meet their needs." This meant that staff understood people well and knew how to interact with them on an individual level. The manager told us that people can decide whatever they want to do in their dream pathway and staff would work with them to ensure they achieved this. This indicated that staff knew people's needs and supported people in a way that was creative to ensure they fulfilled their personal dreams, goals and aspirations.

We saw that people's care plans were individualised and provided in pictorial formats for people who needed to access this information this way. We saw that people were dressed in individual style of clothing reflecting their age, gender and the weather and people told us they chose their own clothes. People told us they were free to practice their faith and religion as they wished. One person told us

that they went to church regularly if they chose. We saw that the service had a set of values and believes that focused on people's abilities rather than their disabilities, this enabled people to have choice and control over their lives and make whatever decisions they wanted, with support from staff to do so.

We saw from records looked at that staff followed recognised guidance to ensure they were able to meet the changing needs of people they cared for. For example staff talked about people that had developed young onset dementia and we saw that they had followed the Alzheimer's society guidance to assess and plan people's needs to ensure they were able to offer the most appropriate care and support. This showed that staff followed relevant guidance to ensure they were able to offer care and support to people in the most appropriate way.

People, relatives and staff told us that people were encouraged to live a full and active lifestyle. All staff told us that some people went to work, were members of the local gym, attended day centres, went on regular holidays, horse riding, go to the theatre and participated in any community and social activities of their choice. One person told us, "I do whatever activities I want to do." Throughout the time of our inspection we saw that people were busy going to and from various activities within the community. A relative told us that people were very much part of the local community. This meant that people had a very active lifestyle and so their quality of life was enhanced and encouraged by staff.

Everyone spoken with said they were free to raise any concerns with the staff or manager and were confident that they would be addressed. We looked at a sample of concerns received and we saw that these had been investigated and responded to. All staff spoken with knew how to raise concerns or complaints on behalf of people that lived at the home. A relative told us, Any issues arise they deal with it." This meant that the provider responded well to complaints and people were confident that their concerns would be acted upon.

We saw that people and their relatives completed quarterly questionnaires sent by the provider giving their opinion of the quality of the service. People also had access to self-addressed envelopes and questionnaires in their

## Is the service responsive?

rooms, so they can make comments about the service at any time. This showed that the provider encouraged people to raise concerns, comments and suggestions about the service.

# Is the service well-led?

## Our findings

All the people, their relatives, staff and health and social care professionals spoken with were complimentary about the openness of the management and the quality of the service. Everyone said they could speak with the manager whenever they wished. One person told us, “I can approach [manager’s name] at any time, all the staff are open and friendly. The door is always open so we can go in at any time.” A relative told us, “The quality of the care is very good. The door is always open and the manager is accessible. We feel lucky to have found this home.” During the inspection we saw that people approached the manager and other staff freely, the door to the office was kept opened and people could access it whenever they wished. We saw that the manager spent time in different parts of the house talking to people and visitors. This meant that the home was managed in an open and transparent way.

People told us they attended house meetings and we saw records to support this. Relatives spoken with said they attended open days and events that took place at the home and were encouraged to participate. We saw that people were asked to give regular feedback on the quality of the service they received and these were analysed for trends and learning. Analysis of recent questionnaires that we saw showed a high level of satisfaction with the service. Comments included: “I am happy living here and I love all the staff.” “Good staffing, excellent service.” This showed that people were able to give feedback about the service on an on-going basis.

Staff said they had regular meetings where they were able to put ideas forward for improvement and the provider used feedback sheets to obtain staff views on the service. These were analysed for trends, so that any suggested improvements could be put in place. Staff spoken with told

us that two people were involved in recruiting new staff across the organisation and anyone could be involved in this if they wished. We were told that two people were part of an organisational steering group, where they discussed any issues relating to the services. This showed that the provider encouraged a management culture where everyone was involved in contributing to the running of the service in order to achieve the best outcomes for people.

There was a registered manager in post with no changes of managers so the management of the service was stable and the service had a history of complying with the requirements of the regulations. All staff spoken with had worked at the home for a long period of time and they told us the staff team was stable, so ensured continuity of the service. Before the inspection we asked the provider to send us provider information return, this is a report that gives us information about the service. This was returned to us completed and within the timescale requested. Where necessary the service kept us informed about events that they are required to inform us of.

We saw that there were robust systems in place to monitor the service which ensured that it was delivered as planned. These included regular audits such as records, staff training, medication, infection control, care records and health and safety processes and procedures. The providers visited the home monthly and complete a report of their findings with action points for improvements. We saw that the provider ensured that any improvement suggested was followed up on their next visit. The service received very few concerns or complaints, incidents or accidents, however, staff told us where these had occurred, they were acted upon and discussed with staff to prevent re-occurrence and improved practice. This meant that continual improvement of the service was promoted and monitored.