

The Brothers of Charity Services

Lisieux Hall Residential

Nursing Home

Inspection report

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Date of inspection visit:
05 February 2018

Date of publication:
05 April 2018

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

Lisieux Hall Residential Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This inspection took place on 05 February 2018, and was unannounced.

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 16 people with a learning disability.

The service provides accommodation in two single storey bungalows (Meadows and Woodlands). There is a third property on the site (St Edwin's), however, as this property has been determined as not fit for purpose by the service provider, it is no longer in use. At the time of our inspection there were 10 people living at Lisieux Hall.

At the last inspection on 27 September and 4 October 2016 we found that the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment, as the management and administration of people's medicines did not demonstrate that people received their prescribed medicines safely by staff who were competent.

In 2016, we also found a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance, as without clear and accurate records, people's current and changing needs could not be easily monitored and acted upon in order to ensure their health and well-being was maintained. As a result, the service was given the rating: Requires Improvement.

At this inspection, we found that the service was no longer in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and that no further breaches were found. The service has been given the rating: Good.

A registered manager was now in post at the service. 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.

The registered manager and staff team were passionate about ensuring people at the service had a good quality of life and were supported safely. They worked well with outside professionals and took on board advice and guidance to make a positive difference to the care and support people received. They used information from complaints, mistakes and incidents to learn lessons and improve safety.

Relatives and visiting professionals told us the registered manager and staff were approachable and visible. There was an open culture at the service which meant staff felt able to raise concerns freely and know that something would be done as a result.

Staff were trained in infection control. Accidents and incidents were monitored and we noted that these had lessened in this service. Good risk assessments and emergency planning were in place.

Staff had received training on ensuring people were kept free from harm and abuse. They were confident in management dealing with any issues appropriately.

Staff recruitment was thorough with all checks completed before new staff worked with vulnerable people. Staffing levels were suitable to meet the assessed needs of people in the service. The organisation had robust disciplinary procedures in place.

People had their medicines reviewed by their GP and specialist health care providers. Medicines were well managed.

Staff we spoke with displayed a caring attitude. They understood how to support people and help them maintain their dignity and privacy.

There were regular internal and external audits of all aspects of the service. Changes were put into place after evaluation of the service. Good recording systems were in place and these covered all the support needs of the people in the service.

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.

There were enough staff to provide the support people required.

Robust systems were in place to check that new staff were suitable to work in with people.

The registered manager and staff took appropriate action to protect people from the risk of abuse and to keep people safe.

Suitable arrangements were made to safely assist people in taking their prescribed medicines.

Is the service effective?

Good 

The service was effective.

Care staff were trained and supported to ensure they had the skills and knowledge to provide the support people needed.

People received the support they needed with the preparation of their meals and drinks.

People were well supported to maintain good health. Staff were aware of people's healthcare needs and where appropriate worked with other professionals to promote and improve people's health and wellbeing.

People's capacity was always assessed in line with the Mental Capacity Act. People were supported to make choices, and where people's ability to make informed choices was limited, appropriate systems were in place to protect people, and best interest meetings took place.

Is the service caring?

Good 

The service was caring.

People were supported by staff who were very caring, kind and friendly. They were asked for their views and the choices they made were respected.

The staff knew people well.

Staff gave people time to carry out tasks themselves and understood the importance of supporting people's independence.

Is the service responsive?

Good ●

The service was responsive.

Care plans were sufficiently detailed and person centred and people's abilities and preferences were clearly recorded.

People were supported to make choices, and where people's ability to make informed choices was limited, appropriate systems were in place to protect people, and best interest meetings took place.

The registered provider had an appropriate and responsive procedure for receiving and managing complaints.

Is the service well-led?

Good ●

The service was well-led.

The service had a registered manager in place who was experienced and well trained.
Relatives and staff were positive about the manager's running of the service.

People such as relatives and professionals, were asked for their views about the service. Where people were unable to communicate their views observations took place to ensure their needs were being met.

People knew how to contact a member of the management team if they needed to.

The management team set high standards and monitored the quality of the service to ensure these were maintained.

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 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.

The inspection took place on the 05 February 2018, and was completed by one adult social care inspector, and a Specialist Advisor. A Specialist Advisor (SpA) offer particular professional knowledge and expertise to inspections when this is needed. They are health and social care professionals and clinicians drawn from a range of disciplines. In this instance, the SpA was a nurse with expertise in working with adults with learning disabilities.

Prior to the inspection we gathered the available information from Care Quality Commission (CQC) systems to help plan the inspection. This included the detail of any notifications received, any safeguarding alerts made to the Local Authority, any complaints or whistle-blowing information received and the detail of the Provider Information Return (PIR) received from the provider. The PIR is submitted to the CQC by the provider and includes details of the provider's perspective on meeting the requirements of the regulations.

As many of the people who lived at the home did not use words to communicate due to their cognitive impairment, we observed the way they engaged with staff at home and their environment. We also observed how the staff interacted with people. We spoke with three relatives, and two visiting professionals. We spoke with 6 members of staff and the registered manager. During the inspection we reviewed four people's care plans, four staff files, quality audits, team meeting notes, medication records and other documents and records associated with the running the of service.

Is the service safe?

Our findings

Relatives we spoke with told us they thought the service was safe. Comments we received include, "Yes, my [relative] is very safe and comfortable her", and "I didn't have to worry about my [relative]. I know that they are safe and sound. The pressure is off me in many ways, because I know that my [relative] is cared a group of people that know how to safe."

At the last inspection on 27 September and 4 October 2016 we found that the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment. This was because the management and administration of people's medicines did not demonstrate that people received their prescribed medicines safely by staff who were competent. We found that improvements had now been made.

Medicines were only administrated by trained nurses. Our observations, the records and audits showed that nurses stored medicines correctly, disposed of them safely and kept accurate records. To protect people with limited capacity to make decisions about their own care or treatment, the service followed correct procedures such as ensuring regular discussions with GPs and Social Workers took place, and that decisions relating to medicines were appropriately recorded. Nurses spoke knowledgeably regarding medicines management. They confirmed that they were trained appropriately, had the necessary assistance from management and were competency checked regularly.

The staff training and personnel records confirmed this. The service assessed the risks when people wished to manage their own medicines. Our observations, record checks and discussions showed that the service was no long in breach of the Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and that no further breaches were found.

The deployment of staff was assessed, monitored and reviewed on a weekly basis in line with the assessed needs of the people living at the home. Rotas showed that there were always enough competent staff on duty who had the right mix of skills to make sure that practice was safe. Staff were able to respond to unforeseen events or changes in the assessed needs of the people living at the home.

Staff understood how to minimise risks and there was a good track record on safety and risk management. There were policies and procedures in place for managing risk and staff understood and consistently followed them to protect people. Risk assessments and risk management strategies were in pace for all people living at the home. These were regularly reviewed, and if changes were needed then these were swiftly implemented in order to ensure people's safety was promoted and protected.

The staff and management team took action to reduce the risk of injury caused by the environment people lived in and looked for ways to improve safety. Where the service was responsible it kept equipment serviced and well maintained.

Risk assessments were found to be proportionate and centred round the needs of the person. The service

regularly reviewed people's needs and took note of any changes, incorporating these into care plans and risk assessments in order to enable people to live as independently as possible. Restrictions were minimised so that people felt safe but also had the most freedom possible – regardless of disability or other needs. Staff explained that they gave people information about risks and actively supported them in their choices so they had as much control and independence as possible.

Staff were aware of how to report safeguarding issues and concerns and had a good understanding of potential abuse which helped to make sure that they could recognise signs and symptoms of abuse. We found that staff received training in safeguarding vulnerable adults. Our discussions with staff showed that the service had well established relationships with the local safeguarding team operated by the Local Authority.

Whistleblowing procedures were in place, and staff knew how to use them. Evidence held within the service records showed that incidents, accidents and safeguarding concerns were reported promptly, and, where required, thoroughly investigated.

All the proper pre-employment checks were seen to be carried out in a timely manner, and new staff were shadowed whilst on induction. We found documentary evidence to show recruitment systems were robust and made sure that the right staff were recruited to keep people safe.

Staff told us that there was a culture of learning from mistakes and an open approach. There were specific examples of learning from incidents such as a change to the food provided to one individual, as their dietary requirements had changed. This had been raised by a relative, and as a result, discussions with the relative and the person took place and appropriate changes made. These changes had been communicated to the staff team.

Staff understood their role and responsibilities for maintaining high standards of cleanliness and hygiene. Relatives we spoke with had no concerns relating to food hygiene or general hygiene issues. The staff were able to clearly explain how they managed the control and prevention of infection and how they followed policies and procedures that meet current and relevant guidance.

Is the service effective?

Our findings

One relative said, "The staff team always come across as being very professional and understand my [relative] and their needs. I have every confidence in the way they work." Another said, "The staff know what they are doing, they always come across as being well training. When my [relative] was a little unwell they noticed the signs and quickly got the doctor. Everything was done quickly, but I was fully involved."

At the last inspection in 2016, we found that individual records relating to people's health care and on-going needs were not robust, and this was a breach of Regulation 17(2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that improvements had taken place. People's monitoring records, such as repositioning charts and food and fluid charts were now kept up to date and complete so that their current and changing needs could be easily monitored and acted upon ensuring their health and wellbeing was maintained.

The registered manager explained that she made sure that the needs of people were met consistently by staff who had the right competencies, knowledge, qualifications, skills, experience and attitudes. People's needs were assessed before they moved into the home.

The service had a proactive approach to staff members' learning and development. Staff told us that supervision and appraisals were used to develop and motivate them and review their practice or behaviours. We saw records that showed that staff had a thorough induction that gave them the skills and confidence to carry out their role and responsibilities effectively. The registered manager explained staff were asked questions around equality and diversity during their supervision and appraisals, and this was documented in the staff files.

Lunch time was observed both in the dining room and in people's own rooms; this was found to be a relaxed and pleasant experience for people using the service. People were observed to enjoy the food provided and they were able to eat at a time that suited them. Where people required assistance from staff, this was provided discretely and in an unhurried manner. Where people did not want an item on the menu, alternatives were offered. Staff were aware of people's likes and dislikes, and the catering staff were aware of people who required a specialised diet, and ensured this was provided through nutritional assessment and planning.

The service had good links with external agencies such as Speech and Language Therapy, Safeguarding, local GPs, Occupational Therapy and Physiotherapy. The feedback we received from visiting professionals was that the service worked well with them to deliver good care and treatment that was safe and focussed on the person.

People were supported to maintain their health and emotional wellbeing through access to preventative healthcare, for example weekly GP visits, dental checks, opticians and chiropodists and had annual health checks and medicines reviews. Staff knew people's routine and specialised health needs and preferences

and the records showed that these were consistently kept under review.

The registered manager and staff engaged proactively with health and social care agencies and acted on their recommendations and guidance to meet people's best interests. Appropriate referrals were made to other health and social care services as and when required. The records showed that people's needs were regularly monitored and reviewed and relevant professionals and people using the service were actively involved in this.

The home was accessible to people with physical impairments, and pleasantly decorated, and had some adaptations to meet people's current needs. There were ramps and mobility aids.

The service had clear systems and processes in place for referring people to external services. When people used or moved between different services the registered manager explained how this was properly planned. We saw evidence in daily records to show that people were involved in these decisions and their preferences and choices were respected.

Consent was always sought before care was provided and when decisions were made on behalf of or about individuals, then this was appropriately documented. We saw that people, and their relatives (where appropriate), had been involved, consulted with and had agreed with the level of care and treatment provided. We saw that consent to care and treatment within care records had been signed by people with the appropriate legal authority. This meant that people's rights were being protected.

The registered manager had acted on our recommendations made at the previous inspection in 2016. The principles of the Mental Capacity Act (MCA) were now embedded in practice within the home and all the relevant documentation is completed in line with the MCA. Staff understood and had a good working knowledge of the key requirements of the MCA. They put these into practice effectively, and ensured people's rights were respected.

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 procedure for this in care homes is called the deprivation of liberty safeguards (DoLS). Appropriate applications had been submitted to the local authority for authorisation where required. People were supported to make choices, and where people's ability to make informed choices was limited, appropriate systems were in place to protect people, and best interest meetings took place.

Is the service caring?

Our findings

People received care and support from staff who knew and understand their history, likes, preferences and needs. The relationships between staff and people receiving support were described by relatives as "positive" and "dignified." One relative said, "The staff are always happy, and have smile on their faces. They know all about my [relative] as a person and they take a real interest in me and my family."

The atmosphere in the home was calm and relaxed. Discussions with staff showed that they had a very good knowledge of the people they supported, including their life histories, the things they liked and didn't like and the people who were important to them. Relatives and friends were welcome to visit at any time and people were supported by staff to maintain relationships with friends and family outside of the home.

Staff confirmed that they knew people's individual communication skills, abilities and preferences. Staff told us that they were given enough time to get to know a person who was new to the service, and time to read through their care plan and risk assessments.

Relatives said that they were encouraged to express their views about the care and support provided to their relative. Staff were seen to enable people to take control of their daily routines, make decisions and maintain their independence as much as possible. This was evident throughout the inspection when staff consistently asked people for their thoughts and wishes.

Staff communicated effectively with every person using the service, no matter how complex their needs. There were notice boards in the entrance with information about the staff team and training, the policy on smoking in the service, the food safety certificate and how to complain.

We saw there were leaflets about advocacy services on display; this was alongside other information about the home and its service that was available in accessible and pictorial formats. Advocates are independent people who provide support for those who may require some assistance to express their views. Signposting people towards advocacy services helped to ensure people's rights to make decisions about their care and support were promoted.

We observed that staff treated people with dignity and respect and encouraged people to treat each other in the same way. Relatives told us that they trusted the staff that worked at the home. Staff we spoke with understood and respected people's confidentiality. Staff recognised the importance of not sharing information with people inappropriately, and the service had processes in place to deal with breaches in confidentiality.

Is the service responsive?

Our findings

Relatives told us they knew how to complain. One person said, "I have had no complaints, but I know they would listen to me if I had to raise anything." Another said that if they raised something, "I have no issues about doing this and I am sure it would be dealt with properly."

One relative said, "My [relative] doesn't communicate by using words, and has very limited capabilities due to his impairment. But, the staff really know them well, and know the types of activities they like to do. As family members we are always very involved in care planning because my [relative] is unable to communicate their needs. The staff are very good at asking us what we think the best way to provide care and support, and they keep us well informed of any changes to my [relative's] health."

People were seen to receive consistent, personalised care, treatment and support. They were involved in identifying their own needs, choices and preferences and how these were to be met. We saw that people who received services, and those that mattered to them, were actively involved in developing their care plans.

Care, treatment and support plans were seen as important to providing good person centred-care. They were detailed and reflected people's needs, individuality, choices and preferences. Hospital "passports" were available so that these could be taken with the person if unwell. The passports contained up to date and vital information about each person's health, communication and social care needs so that hospital staff could work with people effectively.

Changes in people's needs were thoroughly recorded in a timely manner and any involvement by external professionals involved in people's care was clearly recorded. There were appropriate systems in place to make sure that changes to care plans were communicated to those that needed to know. Staff were proactive, and made sure that people were able to keep relationships that mattered to them, such as family, community and other social links.

People's support plans included information about all areas of their life and guidance for staff in how to provide the support they required. For example, their communication, eating and drinking, work, social and leisure needs, their health and emotional wellbeing and their goals and aspirations. They included information about people's end of life wishes where appropriate. Support plans included information on how to promote people's independence and choice.

Each house had a communication book and handover sheets that were used to pass on important information to staff for the day such as medical appointments and planned activities. Staff we spoke with and records we looked at showed that people took part in activities such as, trampoline, jacuzzi, soft space, dance groups and shopping. People also attended other services run by the provider such as day services, a café and social enterprise work opportunities. We saw that where people did not use words to communicate, the staff observed people's facial expressions to see how they were feeling during an activity.

Assessment processes were in place to determine people's individual communication needs and requirements. The registered manager explained that if people needed information to be displayed in an accessible format then this would be done. Accessible information was displayed in different parts of the home e.g. staff photographs and names and information leaflets.

There were different ways in which people could feed back and raise any issues or concerns they may have. The registered manager explained that concerns and complaints were always taken seriously. Relatives told us they would feel able to speak to the staff if they had any concerns and said they would be listened to.

We saw written evidence to show that all complaints were explored thoroughly and responded to in good time. The service was able to show how changes to the way they delivered care in response to concerns or complaints, and proactively used complaints and concerns as an opportunity for learning. We saw that changes to the way care was provided to one person had been changed following a minor complaint regarding the food they received and another where changes to the way personal care was provided following discussions with a relative.

The service had appropriate systems and procedures in place to support people at the end of their life, ensuring that they could have a comfortable, dignified and pain-free death. Staff received awareness training in end of life care. Staff were able to talk in depth about the need to ensure that people were supported to keep comfortable through appropriate oral health care, pain relief, adequate nutrition and hydration, and skin care. The nursing staff were trained in the use of appropriate end of life pain relieving medicines, and appropriate systems were in place to ensure interventions were managed in accordance with people's wishes.

Is the service well-led?

Our findings

The registered manager at the home was registered with CQC. Staff were very complimentary about her and her approach. She was described as "visible and approachable". Staff explained that there was an open and transparent culture within the home which helped them share ideas and raise any concerns. Staff felt supported by the registered manager, and they said that there was a good team approach to work in the home.

The leadership and governance systems were found to promote good quality care based on the assessed needs of people living at the home. Quality assurance processes now ensured that any risks or shortfalls in care were identified and dealt with in a timely fashion. Governance and performance management were reliable and effective. Systems were regularly reviewed, and risks were identified and managed. Staff completed on-going checks as part of their daily tasks to ensure people received the care they needed.

The registered manager undertook a range of audits to ensure staff were providing safe and good quality care. Any actions were identified and completed. Feedback to staff was described as consistent and this meant that any instructions were clear about what was needed to bring about improvements. Policies and procedures were in place for staff to follow, and these were periodically reviewed to ensure staff had up to date guidance which was in line with national guidance and good practice.

We found a positive approach to sharing information with and obtaining the views of staff, people who use services, external partners and other stakeholders. Staff meetings took place regularly and people were encouraged to share their views and ideas for improving the service. Minutes of the last meeting showed that people discussed the things that were important to them, such as activities, décor and menus.

People and their relatives had opportunities to provide feedback about their views of the care provided. The registered manager had a system where they sent out surveys to a range of stakeholders (i.e. people at the home, relatives, and professionals).

Staff told us that communication in the team was effective. They had a handover meeting so that staff coming on shift had up to date information about people and any incidents or changes to their care needs. There was a written copy of the handover so staff could refer to it, and a shift plan with allocated duties to be completed throughout the shift which ensured staff understood their responsibilities and the home ran smoothly.

Through discussion with the registered manager and staff we found that quality assurance arrangements were applied consistently. Action to introduce improvements were not just reactive or focused on the short term changes, but were planned in consultation with people at the home. For example, changes to the environment had been identified following discussions with the staff and people at the home.

The service had a collaborative and cooperative approach to working with external stakeholders and other services. Visiting healthcare professionals confirmed that the registered manager and staff always shared

information effectively and appropriately. Data relating to people living at the home was shared as required with external agencies and this helped to show there were good systems in place that promoted partnership working.

There were systems in place to ensure the CQC rating given to the home was displayed e.g. website, notice board with the home. The registered manager notified CQC of incidents such as safeguarding alerts, as required.