Francis House Families Limited

463

Inspection report

463-465 Parrswood Road
Didsbury
Manchester
M20 5NE

Tel: 01614344118

Date of inspection visit:
03 September 2019

Date of publication:
02 October 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
463 is a small residential home providing personal and nursing care to seven young adults who have a life limiting condition. 463 is a fully adapted home in a residential area of Manchester.

People's experience of using this service and what we found
People said they enjoyed living at 463 and they felt safe. They said the staff were supportive, kind and respectful. Relatives were also positive about the support their relative received.

People were supported to maintain their health and nutrition. Clear information about people's health conditions and guidance for staff to follow if they became unwell was included in the care files. Referrals were made to medical professionals when required. People received their medicines as prescribed.

Staff knew where people required a modified diet; however, they did not always record when they added a thickener to fluids to reduce the risk of choking. A record form was implemented for thickeners following our inspection.

People's support needs and any potential risks were assessed and guidance provided on how to support people and manage the known risks. People had the support they needed and were encouraged to be independent in the tasks they could do for themselves.

Where required, people's communication needs were assessed and communication passports were in place to identify the potential meanings of the vocalisations and gestures used.

Staff were safely recruited and received the training and support to undertake their role.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People said staff offered them advice and then they were able to make their own choices.

The registered manager had oversight of the service through a combination being visible, speaking with people and staff, checking paperwork weekly or monthly and annual audits for medicines and infection control.

Incidents were recorded and reviewed to ensure actions had been taken to reduce the risk of a re-occurrence.

People continued to access 463's sister organisation, Francis House Children's Hospice for respite care. Trained staff at the hospice supported people in making advanced decisions for the end of their life; however, this information was not available for the staff team at 463.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 25 March 2017).

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

463

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by two inspectors.

Service and service type
463 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available to support the inspection.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with four people who used the service about their experience of the care provided. We spoke with

five members of staff including the registered manager, nurse, support workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We spoke with two relatives following the inspection for their feedback on the support provided by the service.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The risks people may face were identified and guidance given for staff to manage these known risks. Risk assessments were regularly reviewed.
- Monthly checks for the fire alarm were completed. The registered manager told us these would become weekly as a member of staff was going to lead on health and safety at the home.
- A new external company had been contracted to complete all water checks, including legionella and water temperatures. The previous company had not provided written records of their visits when doing the water checks.
- Equipment was serviced and maintained in accordance with the regulations. The home was well maintained throughout.

Staffing and recruitment

- Staff continued to be safely recruited. All pre-employment checks were carried out before a new member of staff started work.
- There were sufficient staff on duty to meet people's identified needs. People and staff told us people could be supported to access more activities when four staff were on duty. Rotas showed the home planned for four staff to be working; however, when staff took annual leave there would be three staff on duty. This had affected the rota over the summer as more staff took their annual leave, meaning there had been three staff on duty 60% of the time during this period.
- A registered nurse was on duty at all times. If required, regular agency nurses were used.

Using medicines safely

- People received their medicines as prescribed.
- A medicines assessment was completed to evaluate if a person was able to self-medicate or what support they needed. Where people did self-medicate staff checked with them that they had taken their medicines.
- Clear guidance was in place for when rescue epilepsy medication was to be used.
- There was a safe system for the ordering, storage and administration of medicines. The nurse signed the shift handover sheet to confirm all medicines had been administered.

Systems and processes to safeguard people from the risk of abuse

- The people and relatives we spoke with thought they were safe being supported by the 463 staff. One person said, "Yes definitely. The moving and handling is safe." One relative said, "[Name] is 100% safe there."
- Staff knew the reporting procedure for recording and reporting any concerns they had. They were confident that any issues raised would be fully investigated by the registered manager.

● Where staff supported people to manage their finances, records were kept for the money held on people's behalf and when it was spent. Receipts were kept for all purchases. However, we saw for one person the finance records showed some money had not been recorded on one occasion when it had been spent. We discussed this with the registered manager who was aware of this and said they had spoken with the staff team about the importance of record keeping to ensure people's money was correctly managed.

Learning lessons when things go wrong

● Incident reports were completed and then reviewed by the registered manager. Any actions taken required to reduce the risk of a re-occurrence were recorded.

● All incidents were reviewed annually to look for any patterns. Due to the small nature of the home, and subsequently small number of recorded incidents, the registered manager said that patterns would not be seen over a shorter timescale.

Preventing and controlling infection

● The home was visibly clean throughout. A domestic member of staff worked two days a week to carry out deep cleans of the communal areas and bathrooms.

● Staff had training in infection control and had access to personal protective equipment (PPE).

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were positive about the training they received. One member of staff said, "We get enough training and can ask for any that we think we want; they're quite good like that."
- Records showed staff had the training and support to carry out their role. Observations of competency were completed annually by the registered manager or a qualified nurse. A staff member told us, "Refresher training - oh gosh yes. We also have competencies which are signed off when you're confident to do it."
- Staff received specific training to meet people's individual needs, for example epilepsy and percutaneous endoscopic gastrostomy (PEG) feeding. Nurses completed clinical training to meet people's needs.
- New staff completed an induction, which included observations of their practice in a range of situations, for example personal care and moving and handling. New staff shadowed experienced members of staff to get to know people and their needs before going on the rota. Where required new staff were enrolled on the care certificate, which is the nationally recognised standards care staff should follow; however, this was not always done within the first 12 weeks of employment as per the good practice guidance.
- Staff had regular group supervisions with an external facilitator. This was so staff could confidentially discuss any issues with their peers and have support for any issues around supporting young people who had a life limiting condition.
- Staff had an annual appraisal with the registered manager to discuss their performance and any training and development they needed. Staff told us the registered manager was always available and visible within the service and felt able to approach him if they needed to discuss anything.

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

- Clear information about people's complex, life limiting, medical conditions were recorded in their care files. This also gave guidance for staff to follow if a person became unwell and had a list of consultants and specialists involved in the person's health care if staff required advice about a person's medical condition and health. A social worker commented, "They have good knowledge of [name's] condition and long term prognosis."
- Guidance was also in place for the use of any medical equipment people needed, for example a cough assist machine. Records were kept of when staff had supported people with the equipment.
- People were supported to make and attend all appointments. Referrals were made to specialists, such as the speech and language team, when required.

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

- People's nutritional needs were being met. A weekly menu was compiled from people's requests for meals

they wanted. Alternative meals could be made if people did not want what was on the days' menu.
● Care plans reflected people's nutritional needs. Guidance was in place where people required a modified diet, for example thickened fluids to reduce the risk of choking. However; the staff did not record when they had added thickener to a person's fluids. Following our inspection, the register manager sent us a form now being used by staff to record when they had added thickener to people's drinks.
● Any food a person should not eat due to their medical condition was recorded.
● Referrals were made to the speech and language team (SALT) where people were at risk of choking or losing weight.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● A full assessment of people's needs was completed prior to them moving to the service. Most people had been supported by the sister service, Francis House Children's Hospice prior to moving to 463. Therefore, the organisation had a lot of background information about people's needs, health condition, likes and wishes.

Adapting service, design, decoration to meet people's needs
● 463 was fully adapted to meet people's needs. Track hoists were installed in all bedrooms and bathrooms. Adaptive baths were available on each floor. The lounge had sensory equipment installed, which one person enjoyed using.
● The communal areas were spacious, with room for people to manoeuvre in their wheelchairs. The garden was fully accessible.
● People's rooms were personalised with their own personal items and décor. One person told us, "Yes, it's not institutionalised. It feels like my home."

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Most people living at the service had the capacity to agree to their support and care. Where a person did not have capacity, we saw a DoLS application had been made.
● We observed and heard members of staff asking for consent before providing people with support. One person said, "Staff don't tell me what to do. I make my own choices, I listen to advice (from staff) and then make my own choice."
● People were asked if they wanted their relatives to be informed about anything before the staff would contact them.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People said they liked living at 463 and that the staff were kind and caring. One person said, "The staff team is good, you can have a laugh with them, they listen to you and try to help you – though I don't always take their advice!" and another told us, "Staff treat you with respect and will explain things to me."
- A relative told us, "The staff are fantastic, they know [name's] needs really well."
- People were relaxed and comfortable when with members of staff. We saw and heard positive interactions between people living at the service and members of staff. There was a low turnover of staff and they had established strong relationships with people.
- People's diverse needs, including cultural needs were assessed and staff supported people to meet these needs. For example, people had agreed the home should only buy halal meat so that everyone could take part in the communal meals. If people wanted any meat forbidden under Islam, this would be bought and cooked separately.
- Festivals from various religions were celebrated within the home.

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

- People's communication methods were recorded in their care plans. The speech and language team had worked with one person to identify the possible meaning of their gestures and vocalisations. Clear guidance was given for staff to communicate with and involve the person in their care – for example touch their electric toothbrush to the back of their hand so they could feel the vibrations and be aware the staff were going to support them to clean their teeth.
- People's likes, dislikes and information about their family and friends was recorded.
- Staff knew people, and the support they needed, well. For example, one member of staff said, "[Name] has limited communication but you can tell if something is up with her straight away, she'll cough if she's unhappy or put her arm across her face if she needs something. You need to get to know her to know what she means."
- People and their relatives told us they had been involved in agreeing and reviewing their care plans. One person said, "I've been through my file with my keyworkers" and a relative told us, "[Name] agrees his care plans with the staff; he knows what he wants. [Name] would say if he was not happy and he has never raised any concerns with me."

Respecting and promoting people's privacy, dignity and independence

- Staff clearly explained how they maintained people's privacy and dignity when supporting them. People were supported to have privacy when friends or family visited if they wanted it.

● People were encouraged to be independent and supported to increase their skills where possible. Care plans clearly identified what people could do for themselves and where people needed a lot of encouragement to complete these tasks for themselves. One person said, "We get the right level of independence."
● People had been supported to gain the confidence to travel independently on public transport and by taxi.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Clear person-centred care plans detailed people's care and support needs. They included guidance for staff, so they could meet these identified needs. For example, care plans gave detailed guidance for safely transferring people using the hoist. Care plans also included an outline of people's daily routines.
- However, where people needed support to re-position themselves, for example at night in bed, the frequency of being re-positioned was not clearly defined. We discussed this with the registered manager who said they would ensure that a frequency for re-positioning, for example every two hours, was recorded in the care plans. Records showed there were no issues with people's skin integrity at the time of our inspection.
- People and relatives told us they were involved in agreeing the care plans and were invited to attend all review meetings. One person said, "Yes, I know what's in it (the care plan) and I am involved."
- Daily records were written stating the support provided for each person on a shift. This enabled staff to be fully aware of what people had done and the support that had been provided.
- A mood, behaviour and health chart was also used to indicate if a person was not feeling or behaving in their usual way. This was in recognition that if, for example, someone's had a small health issue this could then affect their mood. Staff were then able to be pro-active and provide people with additional support to reassure them.

Meeting people's communication needs

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

- Most people living at 463 were able to communicate verbally. Guidance was provided on how staff should present information and choices to people, so they could be involved in their care as well as day to day decisions.
- Where people could not verbally communicate, clear information about what gestures and vocalisations may mean was recorded to assist staff to interpret what they wanted, or how they felt.

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

- People were supported to take part in a range of activities, for example going to college, youth clubs and walks within their local community. Some people went out on their own, after being shown the route to travel to the activity. As stated in the safe domain, this was easier when four staff were on duty.

● 463 had their own transport available so staff could support people to attend activities or go on day trips. Additional staff were on duty when day trips, for example to Blackpool, were arranged.

Improving care quality in response to complaints or concerns

● 463 had a formal complaints policy in place. No formal complaints had been received since our last inspection.

● People and relatives told us they would speak directly to the registered manager if they had any issues. These were then addressed.

End of life care and support

● At the time of our inspection there was no one receiving end of life care.

● All the people living at 463 had a life limiting condition. They continued to have support to develop advanced care plans for their wishes for their care at the end of their lives when they had a respite stay at 463's sister organisation, Francis House Children's Hospice. However, these plans were kept at the hospice and were not available for the staff team at 463.

● We discussed this with the registered manager and nominated individual, who said they would ask people if they wanted a copy of their end of life wishes to be available at 463.

● All staff had received training in end of life care.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was very visible within the service and monitored people's activities and wellbeing and the cleanliness and maintenance of the home through their daily walk arounds, attending handovers and speaking with the staff and people living at the service.
- There was a range of weekly and monthly checks and audits in place, including for medicines, record keeping and finances. Formal audits for infection control and medicines were completed every six months or annually, with action plans being written where required.
- This system worked due to the presence of the registered manager within the home.
- The nominated individual regularly visited the home and had daily contact with the registered manager. However, these visits were not formally recorded. The registered manager wrote a quarterly report for the director's board meeting, covering areas such as the current support provided and staffing.
- The director of care from the sister organisation Francis House Children's Hospice provided clinical oversight of the nurses working at 463.

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

- People and relatives were positive about living at 463 and were involved in the support they received. One person said, "My keyworker talks to me about my support and if I'm happy; but I can speak to any staff if I need to."
- Staff said they were involved in the service and the management team were approachable and supportive. Regular team meetings were held which included a discussion about people's needs. Staff were able to add items to the agenda to discuss as a team.
- People were supported to maintain and increase their confidence, wellbeing and independence. One relative said, "[Name] has improved since they moved there (to 463). They're more sociable and have a better life now."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Regular residents' meetings were held. The registered manager was encouraging people to arrange and organise their own meetings, so they had more control over them. The meetings discussed menus, activities and any other issues people wanted to bring up.
- Relatives said they could be involved in the service as much as they wanted to be. One told us, "I've been

invited to go through [name's] care plans as much as I want to."
● The service worked well with a range of medical professionals and specialists to meet people's complex life limiting health needs.

Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The registered manager reviewed all incident reports and any actions taken to reduce the risk of a re-occurrence. The registered manager told us senior staff were now given time off shift to complete care plans when a new person moved to the service after feedback from a social worker that these had not been written in a timely manner.
● 463 had not had to make any notifications of serious events to the Care Quality Commission (CQC). We discussed with the registered manager what they would need to be notified to the CQC.