

Francis House Limited

Francis House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Francis House is a residential care home providing accommodation and personal care for up to 8 older people with mental health needs. At the time of this inspection there were 8 people receiving care at the service within one adapted, accessible, single level building. This included individual bedroom accommodation, with some en-suite facilities and a choice of communal bathing, lounge, dining and kitchen areas.

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

Risks to people's safety were effectively assessed and managed. People's medicines were safely managed to ensure people received their medicines when they should.

The provider was meeting key principles for infection prevention, control and cleanliness at the service, including for COVID-19. Environmental and equipment safety was ensured.

The provider's safeguarding, emergency contingency planning and staffing measures, helped to ensure people's safety and protect them against the risk of harm or abuse.

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.

The provider operated effective governance arrangements, to ensure the quality and safety of people's care and timely, sustained improvements when needed.

The service was well managed. The registered manager and staff understood their individual role and responsibilities for people's care. Regulatory requirements were being met. Staff management measures, communication, reporting and record keeping procedures for people's care, helped to ensure this.

There was an open, positive and inclusive culture at the service, where people and others who were important to them, felt they mattered. Staff were highly motivated and effectively supported, to provide people's care in the right way.

The provider worked in partnership with people, relevant authorities, care partners and others with an interest in people's care at the service, to help achieve good care outcomes. Feedback from all parties, was used to help inform or improve people's care, when needed.

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 30 August 2018).

Why we inspected

We undertook this inspection due to length of time since our last comprehensive ratings inspection. We undertook a focused inspection to review the key questions of Safe and Well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service remains good, based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Francis House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Francis House

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection team consisted of 1 inspector.

Service and service type

Francis House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Francis House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of this inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included written notifications about changes, events or incidents the provider must tell us about. We sought feedback from the local authority and professionals who work with the service. We used information that the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well and any improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who received care at the service and 4 relatives. We observed staff interactions with people and spoke with 3 care staff, including 1 senior. We spoke with the registered manager and looked at 3 people's care plans, medicines records and other records relating to how the service was managed. This included staffing records, meeting minutes, survey results, checks of the quality and safety of people's care and some of the provider's care policies. We did this to gain people's views about their care and to check standards of care were being met.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm or abuse
- Staff understood how to recognise and report any suspected, or witnessed abuse, in accordance with local procedures.
- The provider had notified us of any safeguarding matters when they happened at the service. This included timely action in consultation with the local safeguarding authority to mitigate further risk to people when needed.
- People and relatives said they were informed and confident to raise any safety concerns if they needed to.

Assessing risk, safety monitoring and management

- Risks to people's safety associated with their health condition, environment and any equipment used, were assessed and managed in a timely manner.
- Staff understood how to support people safely in line with their individual care plans, which were regularly reviewed and updated following any key changes in people's safety needs. For example, to ensure people's safe mobility, community access or help people to manage any thoughts or behaviours that could lead to self-harm.
- Emergency contingency measures and recognised incident procedures were in place, which staff knew to follow in any event. Such as in the event of a fire alarm, missing person or following any sudden individual health deterioration.
- People and relatives felt people's safety was effectively promoted and ensured. Their related comments included, "I feel safe, staff always remind me of things I need to do to help me stay safe." "I am 100% confident [person] is safe at Francis House." "Staff do a good job – they work with [person], not at them."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- Overall, there were safe staffing arrangements for people's care.
- Staff were mostly safely recruited. This included carrying out required pre-employment checks of prospective staff before they commenced employment at the service to provide people's care.
- However, in 3 out of 4 staff files we looked at, full dates of their previous employment listed, were not always obtained for the purposes of their job application. This meant there could be a risk to people from this, because any potential employment gaps were not effectively identified, or explored before any offer of staff employment at the service.
- We discussed our findings with the registered manager, who agreed to take the action required to rectify this for people's safety. Following this inspection, they provided further assurance to confirm this and to prevent any reoccurrence.
- Regular reviews were undertaken of people's individual care needs and any related risk factors, to help inform and ensure sufficient staffing arrangements for people's safety.
- Feedback from people, relatives and staff was positive with regard to staffing measures at the service. Examples included, "Staff are always there; to help me and to go out, which I like to do most days." "The manager regularly checks staffing arrangements with us, to make sure we are happy." "Staff are always flexible and make sure to send a staff member with [person] to any health appointments, if I [relative] can't take them for any reason."

Using medicines safely

- Overall, people's medicines were safely managed.
- Before this inspection, the registered manager told us about a series of medicines errors, which had occurred at the service, with no resulting harm to any person.
- We found related management remedial measures were instigated, to help prevent any further reoccurrence. Additional training, instruction and competency checks had been completed with staff responsible. Increased management medicines checks were also in progress, to ensure people received their medicines safely.
- Staff responsible for people's medicines understood the reasons for this and why related improvements were needed.

Preventing and controlling infection

- The provider ensured safe systems for the prevention and control of infection and cleanliness at the service.
- All areas of the home, furnishing and any equipment used for people's care were visibly clean and hygienic. Staff followed standardised cleaning rotas to ensure this.
- Sufficient supplies of personal protective equipment (PPE), such as gloves, masks and aprons were provided, which staff knew how to use safely.
- The provider's policy guidance for staff to follow for the prevention and control of infection, met with nationally recognised guidance and was regularly reviewed to ensure this.
- People and relatives were happy with standards of cleanliness and hygiene at the service. One person said, "The home is always clean and pleasant."

Learning lessons when things go wrong

- Management arrangements for the ongoing monitoring and analysis of any individual health incidents, helped to inform or improve people's care when needed.
- During this inspection, the registered manager demonstrated lessons learned when things went wrong at the service, to fully ensure safe arrangements for staff recruitment and people's medicines.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. 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; Continuous learning and improving care

- Overall, the provide operated effective governance and management arrangements to ensure the quality and safety of people's care and any improvements needed.
- The registered manager understood regulatory requirements and their management role and responsibilities for people's care and safety within the service.
- Staff were motivated to deliver safe, effective and individualised care, and were positive regarding management and leadership arrangements at the service. Staff management, supervision and support measures, along with timely communication and reporting procedures for people's care, helped to consistently ensure this.
- Provider checks, risk management strategies, quality and complaints procedures were usually proactive, to identify and ensure any service improvements needed. Examples of recent improvements, either made or in progress, included environmental and medicines systems improvements. Following this inspection the registered manager introduced further management measures, to consistently ensure full and accurate completion of staff employment application forms for people's safety.
- People, relatives and staff were highly positive regarding the operation and management of the service. All said they would recommend the service to friends and family. Examples from their feedback included, "The [registered] manager is a very professional, focused and proactive person towards all." "Always takes time to listen to and engage with everyone." "Very thoughtful and constructive in approach – gives full support to resolving matters when needed."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We found a welcoming, equitable and inclusive care culture at the service where people, relatives and staff were involved and engaged, to inform and ensure effective arrangements for people's care.
- Staff understood the provider's published service aims and objectives, and were motivated to consistently ensure people's dignity, safety, rights and best interests when they provided care. The provider's arrangements for staff training and support, helped to ensure this. Along with a range of care policies, which were set and regularly reviewed against nationally recognised guidance, including sector relevant care practice.
- People and relatives told us staff knew people well and what was important to them for their care. All were highly satisfied that staff strove to support people in an individualised way that met with their assessed

needs, daily living and lifestyle preferences.

- A range of methods were used, to help inform people's care, related service planning and improvement. This included regular meetings and periodical care satisfaction quality surveys, which showed people's overall satisfaction with the service.
- When any changes or improvements were needed for people's care, related management records showed how this was communicated to staff.
- Feedback from people, relatives and staff included, "Fantastic place; manager and staff are skilled and really understand what's important [for person's care]." "People's involvement and independence is always a priority." "I am very happy living here; nothing is too much trouble for the staff; they are brilliant." "The care is focused to the individual; we are a strong team and always prepared to go the extra mile for the residents and each other; I really love working here."

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 understood their duty of candour. They sent us written notifications when required, following any important incidents when they happened at the service.
- Management records showed any remedial measures taken to ensure people's safety and help prevent any reoccurrence when needed.

Working in partnership with others

- The provider strove to work in partnership with relevant authorities, educational providers and external health and social care partners.
- During the inspection we observed incidences of timely, accurate information sharing with external health professionals when needed.
- The Herbert Protocol was used, which staff understood to follow in any event. This is a national scheme, which includes the care provider, local authority, police and other agencies. Whereby, useful information is compiled by the care service, which can be used to help locate a vulnerable person, if they go missing.