

Francis House Limited







Francis House

Inspection report

Leyfields
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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

We completed an unannounced inspection of the service on 14 August 2015. At our previous inspection on 4 December 2013 we found that there were two breaches in the legal requirements and regulations associated with the Health and Social Care Act 2008. These related to consent to care and treatment and management of medicines. We asked the provider to send us an action plan to demonstrate how they would meet the legal requirements of the regulations. During this inspection we looked at whether improvements had been made and we found that they had.

Francis House provides accommodation for people who require personal care. The home can provide accommodation for up to 8 people who have mental health conditions. There were 7 people using the service at the time of our inspection. The building is an eight bedroom bungalow, with easy access throughout the house and garden for people with limited mobility.

The home had a manager registered with the Care Quality Commission. A registered manager is a person who has registered with CQC to manage the service. Like

Summary of findings

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.

There were enough staff available to safeguard the health, safety and welfare of people. Staff were trained in how to protect people from the risk of abuse and understood how to raise concerns.

Staffing levels could be adjusted to meet people's changing needs and people's care was reviewed with them regularly.

The provider had robust recruitment procedures in place. All staff were subject to a probation period. There were procedures in place to ensure that staff had ongoing training and supervision to ensure that they met the provider's standards of care.

Medicines were stored, administered, recorded and disposed of safely. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

The registered manager and staff understood the need to obtain consent to provide care for people. Where people

lacked the capacity to consent to an element of their care, staff understood their roles and responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards.

People were supported by staff to have meals and snacks that were balanced and nutritious. Staff knew about people's dietary preferences. People were encouraged to develop and maintain their skills in cooking.

People were encouraged to develop and maintain their independence, and we saw that staff treated people with kindness, dignity and respect. Staff demonstrated knowledge about people's individual needs and preferences.

The service was managed in an inclusive manner. People had regular opportunities to talk about their care and support, and were encouraged to make suggestions to improve the service. Staff also felt able to contribute to the development of the service. They told us that they felt supported to provide a quality service for people. People knew how to make a complaint and felt confident to do so. The provider had systems in place for investigating and acting on complaints.

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.

Staff knew how to recognise and respond to situations that put people at risk of abuse. The provider had recruitment practices in place to ensure staff were suitable to care for people living at the home. There were enough staff to meet people's needs and the system of managing medication was safe.

Good



Is the service effective?

The service was effective.

People were supported by staff who got ongoing training and supervision that was relevant to the support people needed. Staff understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People were supported to maintain a nutritious diet that catered for their needs and preferences.

Good



Is the service caring?

The service was caring.

Staff were able to develop caring relationships with people because they showed a good understanding of their care needs. People who used the service spoke positively about the kindness of staff. People also spoke about staff treating them with dignity and respect and felt involved in discussions about their care and support.

Good



Is the service responsive?

The service was responsive.

People received care and support that reflected their individual needs and preferences. Care plans were reviewed and updated regularly with people to meet their changing needs. People were able to raise concerns and complaints about their care and these were handled appropriately by the provider.

Good



Is the service well-led?

The service was well led.

People and staff were involved in decisions about how the service was run and they felt listened to. Staff were motivated and spoke positively about working at the home. The provider had systems in place to assess and monitor the quality of the service

Good



Francis 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This inspection took place on 14 August 2015 and was unannounced.

The inspection was carried out by two inspectors.

Before the inspection we reviewed the information we held about the service along with notifications that we had received from the provider. A notification is information about important events which the service is required to send us by law. We contacted the local authority that had a contract with the service and had responsibility for funding some people's care. We reviewed our previous inspection reports.

We spoke with four people using the service and looked at two people's care records. We spoke with the registered manager and three members of care staff. We looked at three staff recruitment and training records and other records about the management of the home. For example, health and safety audits and actions taken to manage risks.

Is the service safe?

Our findings

At our last inspection we found the provider had not made appropriate arrangements for the safe storage, administration and recording of people's medication. The arrangements made did not fully protect people against the risks associated with the unsafe use and management of medicines. This was a breach of Regulation 13 of the Health and Social Care Act 2008 and we asked the provider to take action to rectify this. Following this inspection the provider sent us an action plan detailing the changes they would make. During this inspection we saw that improvements had been made and found this regulation had now been met.

All the people we spoke with told us they felt safe living at the home. One person told us, "It's a very safe place to be." Another person said, "[Staff have] spoken with me about keeping myself safe."

People were protected against the risk of abuse. Staff demonstrated a good knowledge about recognising and reporting allegations of abuse, and said that they were all confident in raising concerns within the organisation. Staff had received regular training about how to protect people from the risk of abuse and records we looked at confirmed this. Information about safeguarding people from the risk of abuse was displayed in communal areas in the home and also in people's bedrooms. Most staff we spoke with knew who to take concerns to outside of the provider if this was necessary. One staff member told us they were confident to report any concerns they may have about people's care under the Public Interest Disclosure Act 1998 (PIDA) because they were aware of the provider's whistle-blowing policy. PIDA is a law that protects staff from being treated unfairly by their employer if they have raised genuine concerns about a person's care. This meant that staff could continue to raise concerns about people's care if they felt the provider was not taking this seriously.

Staff had a good understanding of people's needs and so were aware of how to provide care and support to people in the safest way. Staff were clear about their responsibilities should anyone have an accident or incident and told us about the action they would take to respond, report and monitor such events. People had been spoken with about particular risks, for example, one person told us they had fallen in the garden and staff had spoken with them about how to stop it from happening again. Their

care plans confirmed this. People were encouraged to maintain as much independence as possible. The registered manager told us that they regularly reviewed people's risk assessments and care plans to ensure that people and staff were documenting individual needs, risks and the support people needed to keep them safe and well.

People told us there were enough staff to meet their needs and said there was always someone available when they needed help or support. The registered manager was also available to be contacted outside their regular work hours. However, two people raised a concern that when only one member of staff was on duty at the weekend, they were unable to go out. They said this did not happen often. We spoke with the registered manager and they confirmed that one member of staff had been on duty, and that the no-one had wanted to go out at that time. The registered manager told us that they would remind people and staff that extra staff could be available if needed. Staff we spoke with felt there were enough staff for the people living at the home and told us they were able to meet people's individual needs without delay. We were told that staffing levels were flexible depending on people's needs and what events were planned. During our inspection we found there were enough staff available to meet the needs of the people who used the service and keep them safe.

Recruitment procedures included checking references, any gaps in employment history and carrying out checks with the Disclosure and Barring Service (DBS) for employees before they started work. Records confirmed that these checks had been completed. Staff told us that they had a probation period when they started work where they received training, additional supervision and mentoring. These systems reduced the risk of people being cared for by unsuitable or unskilled staff.

People were satisfied their medicines were given as prescribed and told us about how they requested medicine as required for pain relief. One person told us, "If I'm ill they ask if I'm in pain and they give a painkiller." People had been asked by staff about self-administering their medicines. Two people said they did not want to take responsibility for this but had been given the opportunity. One person managed their own medicines, and told us they had asked staff to support them to ensure that they did not miss a dose. If people went out during day staff supported them to take their medicines with them. On the

Is the service safe?

person's return, staff checked with them to ensure they had taken their medicines. This enabled people to have responsibility for their own medicines where they had the capacity to do so.

Records showed that people were given their prescribed medicine at the right time of day. We saw that people had a clear care plan documenting when their medicine should be given and what other support could be given to reduce the need for medication. There was also a protocol in place for medicines given as required to protect people from receiving the wrong dose. We saw that people's MAR sheets had their photographs attached to them. This reduced the risk of medicines being given to the wrong person.

All medicines were stored securely and accounted for. We checked the system for the receipt, storage, administration and disposal of medicines. We saw the registered manager checking a delivery of medicine, and cross-checking the individual medicines against people's MAR sheets. Staff told us, and records confirmed that staff were trained in the safe handling and administration of medicines. This showed us there were systems in place to protect people from the risks associated with medicines.

Is the service effective?

Our findings

At our last inspection we found the provider had not made suitable arrangements to obtain people's consent if there was lack of capacity. The arrangements were not adequate to establish and act in accordance with people's best interests. This was a breach of Regulation 18 (1) (b) of the Health and Social Care Act 2008 and we asked the provider to take action to rectify this. Following this inspection the provider sent us an action plan detailing the changes they would make. During this inspection we saw that improvements had been made and found this regulation had now been met.

People were confident that staff had sufficient skills to be able to care for them. Staff told us that they had supervision with the registered manager every three months. They said that this was a very positive experience and one staff member said it helped them to develop new skills. One staff member said they felt confident to talk with the registered manager and ask for feedback on their performance. We saw from staff records that supervision was taking place.

The registered manager told us that staff undertook a range of training courses during their induction period, and that they ensured all staff training and refresher courses were scheduled and attended. The provider's induction training standards were linked to the Care Certificate. This sets standards for the induction of health care support workers and adult social care workers, and supports staff to have the appropriate skills and knowledge to care for people. We looked at three staff training files which confirmed this. Staff told us they felt supported and that they received sufficient training in key areas of delivering safe and effective care. For example, staff undertook training in the Mental Capacity Act, Deprivation of Liberty Safeguards, mental health awareness and person centred support. One staff member said that they had taken on responsibilities with ordering and checking medicines and were scheduled to have additional training in this.

People told us staff sought their consent and acted in accordance with their wishes. One person told us, "I make my own decisions." Another person said, "You're allowed to make your own decisions," and, "[Staff] all listen to us." People's consent to their care had been recorded in their care plan and these were signed by people who were able to do so. Consent had been sought with regard to the

management of finances, administration of medicines and contact with family. One person had not given their consent for staff to speak with family about their day to day care needs and confirmed staff had acted accordingly.

The Mental Capacity Act 2005 (MCA) helps to safeguard the human rights of people. It provides a legal framework to empower people to make their own decisions, and protects people who lack the capacity to make certain decisions for themselves. We saw that capacity assessments had been carried out where this was required and that people's views and opinions were taken into account in best interest decisions. For example, capacity assessments were in place for making decisions about finances. One person told us, "They look after my money for me and I'm happy they look after it and keep it safe." This showed that people either made their own decisions or were involved in decision making, where they were assessed as lacking the capacity to make the decision for themselves.

We asked staff to tell us what they understood about the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The DoLS are part of the MCA. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. Staff and the registered manager told us that they had attended training on the MCA and DoLS and demonstrated an understanding of the process to follow when people did not have the mental capacity to make certain decisions.

Staff told us about one person's DoLS authorisation and what it meant. They were able to tell us about how they supported the person in the least restrictive way. Staff had also provided the person with information about the DoLS authorisation in a format which was accessible to the person. The person's care plans included relevant information about the DoLS authorisation and what this meant for the person and their support. We spoke with the person who was on a DoLS authorisation. They told us that they were able to go out when they wanted, but that staff went with them. They said that this helped to keep them safe. They also told us that staff, "Keep an eye on me all the time." We saw throughout the day that staff did keep the person under observation, but did this in an unobtrusive manner which demonstrated respect for the person's dignity. Staff understood how to apply the DoLS authorisation in practice to protect the person's rights.

Is the service effective?

People were supported to prepare their own food and encouraged to make healthy choices. They fixed their own breakfast and lunch according to personal tastes, and some people chose to eat out. One person said, "We make our own breakfast and lunch or sometimes we go out and buy something." Another person commented, "The food's very good here." People also told us that sometimes they had takeaways and visits to a pub. People told us that a choice was always available, one person said, "We have lots of variety, roasts, chicken curry, burgers." They also told us, "I like different food to the [other people using the service] and [staff] get that in for me." We saw that the menu offered people a balanced diet and saw that there was plenty of fresh fruit and vegetables available in the fridge.

Staff told us that they supported people to create a weekly menu and shopping list for the home, and that every person was asked for their views and preferences. We saw that the menu was displayed on the noticeboard. Staff also told us that people were encouraged to make their own breakfast and lunch, but that the evening meal was usually a group decision and activity. We saw that people were able to make their own food choices at lunchtime, and that staff offered people support if this was needed. People were supported to have a balanced diet taking into account their individual preferences.

We looked at people's care records and saw that one person had lost weight and appropriate action had been taken to ensure they had fortified food. Another person was prone to weight gain and their care plan detailed how staff should encourage healthy eating. The person confirmed this saying, "Staff have spoken with me about being healthy." People's weight was monitored where this was appropriate and people's care plans reflected how staff should support people with their diet.

People told us they were confident that staff monitored their health and well-being. Care records confirmed that people had access to external health and social care professionals, and that staff documented what advice and guidance had been given. One person had become very unwell quite quickly, and they told us how staff had responded promptly and ensured the doctor and district nurse were involved. We saw that one person had a specialist bed and mattress to reduce the risk of problems with their skin. This person also had support from professional healthcare staff in relation to their care. People's health was promoted by regular contact with health and social care professionals.

Is the service caring?

Our findings

People were overwhelmingly positive about the staff team at the home. One person told us, “Staff are nice, they help me and I help them,” another person said, “They’re lovely, very nice to talk to,” A further person we spoke with told us, “The staff are very good...they make the home. They always have time to talk with you.” People confirmed they were treated with dignity and their right to privacy was respected.

Staff had formed good relationships with people and had a good knowledge of people’s needs and preferences. We observed staff providing reassurance to one person when they became upset and the person became visibly happier after this interaction. Staff spent time talking with people and were patient and calm. People were confident to approach staff and we saw that they gave people choices and allowed them to make their own decisions. Staff spoke in a positive manner about the people they supported and cared for. This was demonstrated in their responses to people and recognition of when people required additional support.

Staff told us that people had access to advocacy services and one person confirmed that they had an advocate who

supported them to express their views and wishes about their care. We saw that there were posters about how to contact advocacy services, and this information was also in the home’s handbook in people’s bedrooms. This meant that people had information and help to access independent advocates who could support them.

We saw that staff were mindful of people’s right to privacy when discussing their care with them. The registered manager told us that staff would support people to healthcare appointments and ask people if they wanted any support to attend. If people preferred to attend appointments on their own, staff would ask people for any key information that needed to go in their care plan, or ask the person’s permission to obtain essential information about their healthcare needs for their care plan. Staff told us that they would only involve people’s family members in discussions about their care if people agreed to this. All staff we spoke with talked about the need to maintain people’s right to confidentiality, and staff were able to state when they would disclose information appropriately. This demonstrated that staff understood the principles of maintaining confidentiality and were able to identify when they would disclose information in order to maintain people’s safety.

Is the service responsive?

Our findings

People told us about the regular weekly and monthly meetings, where they were able to talk about the service, plan meals and activities and raise concerns. One person said, “We have meetings, we talk about menus, where we want to go, trips out.” We saw that minutes were kept of these meetings, and that staff followed up any issues that people raised. Staff told us that they also used the weekly informal meetings to talk with people about any safety related issues in the home. For example, we saw notes that confirmed that there had been an unannounced fire alarm test, and people confirmed that this had been the case. We saw records that showed that people regularly discussed what activities and outings they would like to do.

One person said they were unhappy with what their care plan said, so they spoke with staff and this was amended together. We saw from their records that this had happened, which meant that people’s views about their care were respected. We saw from care plans we looked at that people were involved in the assessment of their needs and in reviews of their care. People’s care plans had been reviewed and regularly updated by the staff team which showed that people’s individual needs, wishes and preferences had been taken into account. The provider’s operations manager was also carrying out checks to ensure this was taking place. Care plans gave guidance for staff about how to meet people’s individual needs. For example, people were encouraged to take responsibility for domestic activities and to go out on their own. People’s care plans reflected their day to day support and also showed that people had been asked about their goals and aspirations and the support they would need to achieve these.

People were confident their needs were being met. One person told us how staff had helped them to manage their anxiety and this helped them calm down when upset. They told us, “When people have problems [staff] always help and can always talk with you.” People spoke with us about their support, one person told us, “There’s lots going on, I like to get a taxi to the shopping centre and have lunch.” Another person said, “I go out when I want to the shops or supermarket,” and another said, “I like living here, staff help me and I help them.” People were able to take part in a range of activities both in and away from the home. For example one person told us, “We went to [garden centre] yesterday, had a lovely time,” and, “There’s enough to do

and staff enjoy a chat.” We saw that a range of day trips had been discussed as well as plans for people to have a holiday. One person told us “We went on holiday last year, I enjoyed that.”

The registered manager told us that people had a specific worker to support them with activities and care planning. The registered manager told us that they tried to match people with the worker of their choice “I ask them who they would like to be their [key] worker.” We saw evidence that one person had requested a change of worker and that this had been arranged. They also told us that the provider and the operational manager organised the staff rotas, but that they were able to request specific staff if this was needed. This was to ensure that people were supported by their preferred member of staff, for example, one person had asked for a specific member of staff to support them at a doctor’s appointment because they felt more comfortable with them.

Staff were able to demonstrate that they had a good knowledge of people’s likes, preferences, activities and personal histories. One staff member said, “It’s nice to have the time to listen to people as this leads to better support from us.” Another told us, “The written care plans are very helpful, but I also need to spend time talking with people to hear how they want things.” Staff knew people’s care and medical needs, and what was significant to them in their lives and we observed them responding accordingly. The registered manager told us that staff were aware of one person’s religious beliefs, and were able to support this person appropriately at significant times of the year. Staff told us they kept up to date with people’s changing needs and preferences through handovers which took place at the beginning of each shift and the use of a communication book. This included information about people’s general health and well-being, activities and trips out. Staff said that they used these daily records to inform the care planning process as well as monitoring people’s daily care needs. People’s support and care was personal to them and reflected their individual needs.

Staff told us that they attended monthly staff meetings where they would discuss issues affecting the care people wanted or needed. We looked at minutes from the meetings, which showed that staff also discussed any incidents or risk factors, and established what changes needed to be made to ensure that people were supported safely. One staff member told us that they were the key

Is the service responsive?

worker for two people, and would review their care plans with them every three months or sooner if needed. They told us that they were able to take time to talk with people about their views and wishes, and that this helped them deliver support that was personalised.

Staff told us that people were able to leave the house when they wished. Staff told us that most of the people living in the home preferred to go out with staff support as this helped them feel more confident. They said that if everyone wanted to go out to different places, this could be resolved by talking with everyone and trying to work out how people could be supported to do what they wanted.

The complaints procedure was displayed in the home and we saw that the provider had a clear system in place for dealing with complaints. We looked at the complaints file, which showed that these were recorded, and there was evidence of the actions the provider had taken to resolve these. People were confident any complaints would be handled appropriately by the registered manager, with one person telling us, "I'm confident they deal with any issues."

Is the service well-led?

Our findings

We saw that people and staff were welcome to speak with the registered manager throughout the day of our inspection. People were confident in the management of the service and the registered manager. They knew they were approachable and told us the provider also visited. “[Registered manager] really looks after us.” People using the service were actively involved in decisions about the service through regular residents’ meetings. We found that people’s views, comments and concerns about their care had been appropriately considered and responded to by the registered manager.

The registered manager told us their vision for the home was to, “Support individuals to live the best lives so they can be active and independent.” People’s comments to us about how staff supported them showed that staff understood and practiced the provider’s values. The registered manager told us that they had a lot of support from the provider in their role, and said they were, “Very proud of the atmosphere in the home and the care we give.” Two staff members told us, “The [registered] manager and senior carers are always available to support me,” and that, “[Francis House was] one of the best places I’ve worked.”

Staff were supported to raise concerns about the service with the registered manager and provider, and they told us that this could be informally, through team meetings or their individual supervision. Staff knew that they could

raise concerns with the local authority and the Care Quality Commission. Staff also told us that they felt able to share their views and opinions to help improve the quality of service provided at regular staff meetings.

All the staff we spoke with were consistent that they felt very able to provide a quality service and were well supported by the provider, registered manager and by their colleagues. They were clear about their responsibilities and felt that communication in the home was clear and effective. The registered manager and the provider’s operations manager had regular contact with staff to ensure that they were working in accordance with the provider’s policies, procedures and values. It was clear that the registered manager used supervision and staff meetings to give feedback on performance expectations.

The registered manager ensured that the home was well maintained and that there were systems in place to ensure that people received safe and effective care. For example, we saw that risk assessments and audits for a fire prevention plan were done and reviewed. We saw that staff had signed to say they had read them, and staff were able to tell us what action to take in the event of an emergency. We also saw records that essential services in the home were checked to make sure they were working effectively. For example a weekly hazard check was carried out by the registered manager and staff throughout the building, and any action taken from this was recorded and followed up. This meant that people living at the home could be confident that the quality of service provided was being monitored by the registered manager and provider.