

Lisieux Trust Limited

Francis House

Inspection report

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Date of inspection visit:
03 February 2022
10 February 2022

Date of publication:
16 March 2022

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Francis House is a residential care home providing accommodation and personal care for up to nine people with a learning disability and autistic people. At the time of the inspection, eight people were living at the home, one person was in hospital.

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

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right Support

Francis House does not fully meet the current guidance on small, ordinary homes forming part of a local community. However, we found Francis House was based very close to local amenities. People had a good relationship with their local community and regularly accessed local facilities. Plans were underway to forward plan for changes in people's mobility. There was a stairlift in place and the provider was in the process of exploring the potential to install a passenger lift.

People told us they felt safe. Staff knew how to manage any risks and report any concerns. There were sufficient numbers of staff to meet people's needs. Medicines were managed in a safe way.

Right Care

People were supported by a caring and kind staff. One person told us, "I like my keyworker and I can talk to them about anything." Staff knew people very well and knew their likes and dislikes. People were supported and encouraged to become more independent, where possible. One person told us, "I like to help with the cooking." Another person told us, "I make my bed and clean my bedroom." People were supported to do things they enjoyed doing. One person told us about volunteer work they enjoyed doing in their local community.

Right Culture

Staff told us they received the support they needed to carry out their role. People told us the registered manager was helpful and caring. A relative told us, "They [Registered manager and staff] are marvellous, [person's name] is doing more now than they have ever done. The staff are so good and know how to support [name] and they are more confident and more independent since moving to Francis House."

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

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support, right care, right culture.

We also inspected because Lisieux Trust Limited had applied to change the name of their legal entity and register as a company from that of a registered charity. This means they are registered now as a new service and we needed to inspect and rate the service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

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.

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 Care Act 2014.

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 was completed by one Inspector.

Service and service type

Francis House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

This inspection was unannounced.

We visited the home on 03 and 10 February 2022

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. We used the information 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 improvements they plan to make. This information helps support our inspections.

We used all this information to plan our inspection.

During the inspection

We communicated with seven people who used the service about their experience of the care provided.

We spoke with nine members of staff including the registered manager, the deputy manager, support workers and the providers representative.

We reviewed a range of records. This included three people's care records and a variety of records relating to the management of the service, including health and safety records and some policies and procedures.

After the inspection

We spoke with two relatives, and two health care professionals.

We continued to seek clarification from the provider to validate evidence found and reviewed quality monitoring records and survey feedback records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- One person told us, "If I am worried about anything I can speak with my key worker, or any of the staff". Information about safeguarding was in a format that people could understand.
- Staff received safeguarding training and showed an understanding of safeguarding procedures.
- Staff told us they were confident any concerns raised would be dealt with by the manager.
- A relative told us, "Yes I feel [person's name] is safe and very well cared for."

Assessing risk, safety monitoring and management

- Risks to people were identified with assessments and care plans in place to inform staff on how to support people to stay safe. Some additional information was needed to a person's risk assessment and this was completed by the registered manager during the inspection.
- Staff supported positive risk taking. For example, people were encouraged to take part in household tasks and some people were involved in voluntary work in the local community.
- People's health needs were monitored, and health care professionals were contacted in a timely way to ensure people received the support and treatment they needed. Staff had a very good understanding of people's needs and risks.
- Checks and audits were completed and kept under review to ensure the environment was safe and well maintained for people.

Staffing and recruitment

- There were enough staff to support people in the home, and to take part in things they like to do. For example, some people wanted to go out for lunch and people were supported to do this.
- Staff were recruited safely. There was also an induction process in place to ensure staff knew how to support people safely, before working unsupervised.
- Staff had a very good knowledge and understanding of people's individual needs.
- Rotas and training records showed there were enough suitably trained staff on duty to ensure safe care.

Using medicines safely

- People received their medicines safely. Records were available to tell staff how people preferred to be given their medicines.
- Staff understood their responsibilities in relation to safe medicine administration and storage.
- There was a system in place to ensure medicines prescribed on a 'as required' basis were only administered in line with the protocols in place. The registered manager was able to tell us examples of where people's medicines had been reduced.
- Staff had the appropriate training and competency to support people with their medicines.

Preventing and controlling infection

- The provider had effective infection prevention and control measures to keep people safe.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency.

- The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Learning lessons when things go wrong

- Accidents and incidents in the home were recorded by staff.
- The registered manager and deputy manager reviewed the accident or incident reports to ensure appropriate action had been taken. Records showed there had been a few incidents but no emerging patterns or trends.
- Staff told us that learning from any incidents was discussed during staff meetings.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the person's outcomes were consistently good, and relative and staff feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to moving in. Information was also gathered from healthcare professionals and other people involved in their care.
- People's care plans were developed from the assessments and protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability.
- A relative told us that the support their loved one received to move into the home was , "Excellent and well organised."

Staff support: induction, training, skills and experience

- New staff worked alongside more experienced staff (shadowing) until they felt confident in their role.
- Staff told us and training records showed a wide range of specialist training was provided to staff to ensure they had the skills and confidence to meet people's assessed needs effectively. For example, training had been provided on Autism and Asperger's, deaf awareness, Learning disability, anxiety and end of life care. A staff member told us, "The training is really good, and we have done training which is specific to a person's needs. When we have completed specialist training, we also have information packs which we can refer back to when needed."
- Staff had completed an induction in line with the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff received support to carry out their role. Staff were happy with their day to day support and told us the registered manager and deputy manager was approachable and supportive. A staff member told us, "The managers are very approachable and the people living here always come first, which is how it should be. They [managers] are always there for help and advice."

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

- People told us they could make a choice about their meals and were involved in shopping and food preparation. One person told us, "The food is lovely, I eat food that I like."
- Staff supported people to maintain a healthy balanced diet and enabled them to have choices at mealtimes.
- People were involved in meal planning, cooking and were able to help themselves to food and drink. We saw one person was preparing the potatoes for the evening meal. We saw people help themselves to snacks and drinks.

Adapting service, design, decoration to meet people's needs

- People could choose where they wanted to spend their time.
- The home was comfortable and well maintained. During our visit work was taking place to upgrade the fire doors.
- People told us they were supported to personalise their bedroom. One person told us, "I really like my bedroom and I picked the colour I wanted it to be painted." Another person told us, "My room is just how I like it and I have everything I need."
- There were different areas within the house for people to spend their time. This included a large lounge, kitchen/ dining room, sensory room and accessible garden. We saw people used all parts of the home freely.
- There was a stairlift in place and the provider told us they were in the process of seeking quotes for a passenger lift to be installed. The provider was also looking at changing one of the shower rooms to a wet room. This would mean that people's future needs could be provided for, if their mobility needs changed.

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

- People were supported to access community healthcare professionals including GP and specialised nursing teams. People were supported with routine medical appointments and annual health checks so any early warning signs of ill health were detected.
- Staff spoke passionately about the importance of ensuring people had the right access to health care provision and where they needed to, they spoke out and chased health care professionals, in the best interest of the individual.
- People had a Health Action Plan [HAP] and hospital passport. The HAP detailed what was needed to promote the person's good physical and mental health and their likes and dislikes.
- Staff monitored people's oral care to ensure their teeth and mouth were kept as healthy as possible and dental appointments were made.
- Staff explained during COVID- 19 they received good support from their local GP service.
- The registered manager sought the support of the specialist health facilitating team at the hospital when people needed to attend for care and treatment. This was to ensure people received the best support possible.

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.

- We saw people's consent was obtained prior to them being supported. A person told us, "Staff knock my door before they come in my room."
- Systems were in place to ensure where people were being deprived of their liberty, the appropriate parties were involved. The registered manager was in the process of reviewing the safeguards that were in place for one person as their circumstances had changed.
- Staff had received training in MCA and Deprivation of Liberty Safeguarding (DoLS) and told us about the core principles of the MCA and how this was used when supporting people. A staff member told us, "We absolutely always ask people for their consent first, before we assist with any aspect of their care."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the person was 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

- One person told us, "I am very happy living here. I have friends here and the staff are kind."
- A relative told us, "The staff are marvellous they are so kind and caring. They understand [person's name] needs very well."
- Staff knew people's needs very well and were kind and caring in their approach with people. They knew what the person liked to do and the things that were important in their lives.
- People's records included details of life histories, wishes and preferences. This provided staff with the information they needed to ensure they supported people with a personalised care approach.
- Staff told us they had the time they needed to provide the support people needed. We saw staff taking time to sit with people, listen and talk.

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

- People told us about all the things they like to do and told us they were encouraged to express their views and make decisions about their care. One person told us about the voluntary work they were doing and how they wanted to increase the time they spent doing this, and staff had supported them to do so.
- People were involved in discussing their care. They had regular key worker meetings to discuss their short- and long-term plans. People told us that staff listened to them. One person told us, "I get on really well with my key worker we have a good bond, I can talk to them about anything,"
- People's care plans and a range of other information was available to people in a style that was easy to read and understand.

Respecting and promoting people's privacy, dignity and independence

- All the staff we spoke with were passionate about their roles and were committed to supporting people to live full and active lives. They were enthusiastic about their role and showed a commitment to support people in the best way possible. A staff member told us, "Our role is to support people to live a fulfilled life, I feel we do this well."
- People's preferences about how they wanted their care to be provided were detailed in person-centred care plans.
- Staff received equality and diversity training. They knew people's needs very well and were kind and caring in their approach with people. They knew what the person liked to do and the things that were important in their lives.
- Staff told us how people were supported when they had lost a family member and bereavement counselling and support was provided to people and also staff members.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the person'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

- People's care plans were personalised and detailed what outcomes they would like to achieve. The care plans were reviewed regularly.
- People told us they made decisions about what they do, and how they spend their time. One person told us, "I talk to my key worker about the things I like to do and they help me."
- A relative told us, "[Person's name] is doing more now than they have ever done. The staff are so good and know how to support [name] and they are more confident and more independent since moving to Francis House."

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 told us that some of the regular things they enjoyed doing were affected by government restrictions related to COVID-19. However, they told us about the wide range of in-house activities they took part in including puzzle games, quizzes, baking and keep fit sessions. People told us they were now starting to go out again and enjoyed meals out, theatre trips, attending clubs and places of interest, bowling and cinema trips.
- People were encouraged to engage in a meaningful way in the local community. For example, one person was involved in volunteer work with the local MP and another person told us they volunteered at a local charity shop.
- People told us about a recent art workshop they were involved in with a local community art group. We saw photographs of the work people had produced and were very proud of. The artwork was displayed at a local gallery and friends, family and members of the community attended the event.
- The provider had recently arranged a workshop on personal relationships and sexuality that people across the organisation were able to take part in.
- The registered manager and staff worked with people's families to ensure relationships were maintained during the pandemic, despite the challenges which COVID-19 restrictions brought.

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.

- The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS). Information could be made available to people in different formats including easy read documents.
- There was a range of information available for people to access in an easy read format including information about COVID-19, safeguarding, fire safety and complaints.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure which was accessible.
- People told us they could speak with staff if they were not happy about something.
- People were asked during house meetings and key worker meetings if they had any concerns. People were provided with a postcard with a stamp on that could be sent to the provider or Care Quality Commission, to alert them to a concern, if they were unable to speak with someone at the home.

End of life care and support

- No one was receiving end of life care at the time of the inspection. People's choices and preferences for end of life care had been sought and recorded.

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.

This is the first inspection for this newly registered service. This key question has been rated as good. This meant the promotion of a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for the person.

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

- The registered manager and provider promoted a caring culture.
- Staff valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. A staff member told us, "Our moto is live, laugh and learn. We really want people to live a fulfilled life and I feel we do this well."
- People told us they liked living at Francis House. One person told us, "It's my home and I am happy."
- Relatives had no concerns about their loved one's care. A relative told us, "I think the staff are simply wonderful." Another relative told us, "The communication is very good. They pick up on changes in [person's name] health needs very quickly. I cannot praise them enough."
- People were supported in an individual and person-centred way. People's care plans were individualised and focused on their strengths, abilities and goals.
- A healthcare professional told us staff were very passionate about the care they give to people and always listened to their professional advice.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 had the skills, knowledge and experience to carry out their role. Meeting the needs of people living at Francis house was their priority, and they had good oversight of the service.
- Staff were caring and kind. They understood what was expected of them. A staff member told us, "I am always happy to come to work, it is a homely, friendly and relaxed place to be and it's all about supporting people in the best way we can."
- Regular checks and audits were carried out by the registered manager and provider in order to oversee the quality of the service. For example, health and safety checks and medicines audits. When actions were identified these were followed up in a timely way.
- The registered manager and deputy manager carried out competency assessments on staff members. This ensured training and learning had been understood and embedded into practice and people received good care and support.
- During our inspection we identified additional information was required to some risks assessments we looked at. This were actioned immediately by the registered manager.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- The provider sought feedback from people and those important to them and used the feedback to develop the service.
- People were encouraged to be involved in the day to day running of the service. People took part in keyworker meetings, house meetings and forum meetings. One person told us they had recently attended a forum meeting with other people from across the organisation. They told us they enjoyed attending the meetings and talking about different things and organising events.
- Regular meetings took place with staff including staff meetings and staff forum meetings. Staff told us they felt very well supported by the provider. A staff member told us, "I feel very well supported at work. We get good training and the communication is very good."
- The provider produced a monthly newsletter which was distributed across the organisation to people, staff, family members and friends. This provided updates on any developments within the organisation and events and celebrations taking place in the different care settings including community events.
- The registered manager and staff team worked in partnership with social workers, health professionals and relatives to ensure the service people received was person centred.

Continuous learning and improving care; working in partnership with others

- The registered manager had accessed external health care professionals for advice and support, so people received the best care.
- The registered manager was responsive to changes in people's needs and would ensure that staff training and information about the change in need, was provided in a timely manner.
- During the inspection the registered manager was responsive to the inspection process, things we found and discussed were actioned immediately.