

The Lisieux Trust

Lisieux House

Inspection report

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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?	Requires Improvement ●

Summary of findings

Overall summary

This was an unannounced inspection, which took place on 24 August 2016. We did a previous rating inspection of this service on 2 and 3 October 2014, the service was rated as good in all areas, with no breaches of legal requirements.

Lisieux House provides residential care and support to 12 younger adults with learning disabilities in the Sutton Coldfield area of Birmingham. At the time of our inspection there were 10 people living there.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

All the people and relatives we spoke with said they received a safe service. We saw that safe procedures were in place to ensure that people received a service that was safe, protected them from harm and ensured their rights were protected. Staff spoken with knew how to keep people safe from abuse. The risk of harm to people receiving a service was assessed and managed appropriately; this ensured that people received care and support in a safe way.

People were supported by staff that were suitably recruited, trained and supervised to ensure they were able to support people well. People received their medicines as prescribed. People were supported by staff that were caring, friendly and committed to people maintaining their independence and individuality. People pursued a range of social, work and community interests to enhance their well-being and their rights were protected.

People were confident that their concerns and complaints would be listened to and acted upon.

People were happy with the service they received. However, systems for monitoring the overall quality of the service were not consistently applied.

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.

People received a safe service because, procedures were in place to help keep people safe and staff knew the procedures.

Risks to people were assessed and managed appropriately and there were sufficient staff that were suitably recruited to provide care and support to people.

People received their medication as prescribed and there were procedures in place to support staff to administer people's medicines safely.

Is the service effective?

Good ●

The service was effective.

People said they received care and support from staff that were trained and knew the people's needs. Staff received effective support, training, supervision and development to enable them to care for people well.

People had control over what they ate and drank and staff supported them to maintain a healthy diet, lifestyle and health.

People's right to give consent to care and support and make decisions about their lives was maintained.

Is the service caring?

Good ●

The service was caring.

People had good relationships with staff, and their individuality, independence, privacy and dignity were respected and promoted.

People made decisions about their care with support and guidance from staff and were supported to maintain contact with relatives and significant people in their lives.

Is the service responsive?

Good ●

The service was responsive.

People received individualised care and support, because staff ensured they were involved in planning and agreeing their care.

People were confident that their concerns would be listened to and acted upon.

Is the service well-led?

The service was not consistently well led.

People and staff's involvement in running the service was actively encouraged and promoted.

Processes in place to monitor the quality of the service were not consistently maintained.

Requires Improvement ●

Lisieux 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 August 2014 and was unannounced. The inspection was undertaken by one inspector.

Before our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We contacted the local authority who purchased the care on behalf of people and reviewed reports that they sent us on a regular basis.

During our inspection we spoke with six people that lived at the home, the registered manager, and three care staff. We looked at the care records of two people. Other records looked at included safety certificates, reports completed by the provider, analysis of questionnaires, compliments, complaints and safeguarding records.

Is the service safe?

Our findings

Everyone that lived at the home told us they were safe living there. All said if they were worried about anything they would tell the staff. One person told us, "Really safe. I can come into the office and talk to [Registered manager's name], at any time." This person also commented that, "[The staff] are really nice people." Another person said, "Yes we do feel safe." Someone else said, "Honestly I feel safe here. Staff are around if I need them." We saw that information was available to people that lived at the home on how to contact the provider in an emergency if they felt they needed help. This was in a format that was accessible to everyone that lived at the home. This meant that people felt safe and the provider ensured that they could contact someone senior within the organisation if they felt unsafe. No one spoken with had contacted the provider directly, as they told us they felt they could speak with any member of staff if they were worried about anything.

There were clear procedures in place to help staff to keep people safe from abuse and harm. All staff spoken with and records looked at confirmed that staff had received training on how to keep people safe from harm. Staff knew about the different types of abuse and the signs to look for which would indicate that a person was at risk of abuse. For example staff said they would observe for signs of bruising, change of behaviours or any signs of neglect, which could indicate that people were being mistreated. Staff understood how to report concerns and told us how they would ensure these were acted upon. Staff told us there was a manager on call at all times, so a senior member of the staff team was available for them to report any concerns relating to people's safety.

People told us they were involved in discussing their care and any risks involved with staff. One person told us, "I sometimes look at my care plan and I can read it." Another person told us that the registered manager talked to them about specific risks related to their care needs. For example, they told us that the registered manager was obtaining a specific piece of equipment to ensure that any risks to them in the event of a fire were reduced. All staff spoken with and records looked at showed that risk assessments and risk management plans were in place to support staff to manage risks to people's care, we saw that these were regularly reviewed.

One person told us about the fire safety checks that were done every Friday, so people knew what action to take in the event of a fire. We saw that the home was well maintained and all staff spoken with and records sampled confirmed that all safety checks of the premises and equipment used had been completed and were up to date. Staff spoken with knew the procedures for responding to any emergencies in the home such as fire and medical emergencies. This meant that the provider ensured that the home was safely maintained and emergency procedures were in place to ensure the safety of people that lived there.

Everyone spoken with said and we saw that there were enough staff to meet people's needs. One person told us, "There are enough staff, plenty of staff." A member of staff told us, "There is enough staff and there is always cover for sickness and annual leave." The registered manager told us that they were allocated hours of care based on each person's assessed needs and staff were employed in line with those hours. This ensured sufficient staff were available to support the needs of people.

Staff spoken with said all the required recruitment checks required by law were undertaken before they started working and that they received an induction into their role. An induction is the initial training received by staff when they commence work, so that they are clear about how to offer care and support to people. Staff told us that Disclosure and Barring Service checks (DBS) These are checks that are undertaken to ensure that staff do not have any relevant criminal offences that would prevent them from providing care and support to people that use services.

All the people that we spoke with said staff always supported them with taking their medicines where needed. One person told us that they administered their own medication. They told us, "I tell staff when I have taken my medicines and they [staff] check when my medicines are running out." Where people administered their own medication appropriate risk assessments were in place to support them to do this safely. This meant that people received their medication and staff supported them to take responsibility for this where necessary.

Procedures were in place to ensure all medicines received into the home and administered were recorded and all staff spoken with were aware of the procedures. Staff told us and records showed that medicines were audited at shift changeovers to ensure the amounts were correct and this showed that people had received their medication as prescribed. We saw that medicines were stored safely. Staff spoken with were aware of how to support people with prescribed medication that could be taken as and when necessary and we saw that individual protocols were in place to help staff to do this. This meant that staff ensured that people's medication was managed, so that they received them safely.

Is the service effective?

Our findings

People told us they thought the staff were trained. One person that lived at the home told us, "They [staff] are trained. Seriously they are good." Another person told us, "Yes, staff are very good, they are trained."

All staff spoken with were knowledgeable about people's needs. All staff said they received the necessary training, supervision, performance development and attended team meetings to support them to do their job. One member of staff told us, "We are all supported in every way." Another member of staff said, "Training is on offer to support our development and we can request any training that we need." Training records looked at confirmed that the provider had a planned approach to staff training and there was an organisational overview of all training, so that the provider can assure themselves that staff have the required training and competencies to do their job well. Staff spoken with were knowledgeable about people's needs and we saw that staff knew people's needs

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. We saw that mental capacity assessments were in place for the people that may have limited capacity to make major decisions about their care. Staff had received training to enable them to understand how to protect people's rights. Staff spoken with were clear about their responsibility to ensure people made their own decisions and what action to take should they have concerns about people's ability to make informed decisions. All the people spoken with said that staff discussed all aspects of their care and support with them and ensured they were in agreement with it. This ensured people consented to their care and support.

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. The application procedures for this in care homes and hospitals are 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 were being met. At our last inspection the registered manager said applications had been made for some people to be assessed under the DoLS. At this inspection the registered manager told us that to date one person had received an assessment, but the outcome of the assessment was not known at the time of this inspection. We did not observe any restrictions being imposed on anyone whilst we were at the home. Staff said no one currently living at the home had needs that staff would find difficult to manage, but that they received the necessary training should the need arise.

All the people that we spoke with said they were involved in agreeing the menus and groceries needed for the home. People told us that they chose what they wanted to eat and drink, and helped with shopping for groceries and preparing meals. We saw staff supporting people to prepare their lunch and people decided what they wanted to eat. We saw that people were offered choice of drinks throughout the day and where able people were supported to make their own drinks and snacks. We saw that fresh fruit was available

should people wish to help themselves to this. This meant that people were actively involved and in control of choosing and preparing the foods they liked.

Staff said they received training on ensuring that people ate a balanced diet and maintained healthy weights. Staff told us that they monitored people's weight based on their assessed needs and risks. Staff knew what action to take should someone be at risk of losing weight or not drinking sufficient fluids. For example involving the GP and other health care professionals to support the person. This ensured that people were supported to maintain a healthy diet and any risks associated with fluid and diet would be monitored and managed well.

People that we spoke with told us they saw the doctor, dentist and opticians when needed. One person said, "If I am ill staff take me to the doctor." Someone else told us they had a doctor's appointment the next day. Another person told us that they had a dentist appointment the following week. Records looked at showed that people were supported to access health care professionals. Staff spoken with and records showed people had a health assessment and plan in place, to show that people's physical and mental health needs were planned for.

Is the service caring?

Our findings

People told us they had a good relationship with staff and that all the staff treated them well and were very good. One person told us, "I like living here I get on with everyone." We saw that staff interacted well with people. We observed laughter and friendly banter between people and staff. One person was in hospital at the time of our inspection. We saw that a member of staff had just returned from visiting the person in hospital. Everyone was keen to know if the person was doing okay. The member of staff told us that a staff member visited the person twice daily to support the person with eating and drinking and to ensure the hospital staff understood the person's needs. This showed that staff were caring and committed to the well-being of people living at the home.

People said they were involved in discussing their care needs with staff. One person told us they had access to their care plan and can look at it if they wished. One person told us, I decide what I want to do. During the time at the home we saw that staff supported people with what they wanted to do. We saw that one person was having their room redecorated and they were choosing the new furniture's for their room.

People's independence was supported by staff. People told us they lived full and independent lives and did as much as possible for themselves. Some people told us they did their own laundry, cooking and keeping the house tidy. Two people told us they went out and about independently. Staff told us they encouraged people to be actively involved in all aspect of daily living. For example each person have allocated days to help with cleaning their rooms, doing the shopping, laundry and keeping occupied with things they wanted to do.

People's privacy and dignity was respected. People told us that staff respected their privacy and dignity. For example people said staff always knocked their doors and waited to be invited in. One person said, "Staff knock and I tell them to come in." Staff gave good examples of how the maintained people's privacy and dignity. Such as, ensure they knocked people's doors and wait to be invited in, closing doors, curtains and windows when supporting people with personal care. A member of staff told us, "I never go into a room without asking permission." We saw that staff interacted with people in a respectful manner.

Is the service responsive?

Our findings

People we spoke with had lived at the home for a number of years and were happy living there. One person told us, "I like living here and I get on with everyone." Another person said, "I think its fantastic living here."

Staff spoken with and records showed that detailed needs assessment and person centred care plans were available for each person's identified need. The care plans and risk assessments gave staff detailed information of how they needed to provide care and support to meet people's individual needs. We saw that each person had an essential lifestyle plan, which included their dream pathway. This consisted of people setting life goals and exceptional things they wanted to achieve. The plan was developed and agreed with the person and their key worker. (This is a member of staff that was assigned to support the person). This meant that staff had relevant information about people, to ensure peoples' needs were understood and to help staff to provide individualised care for each person.

We saw that people's care plans were individualised and provided in pictorial formats for people who needed to access this information this way. We saw that people were dressed in individual style of clothing reflecting their age, gender and the weather and people told us they chose their own clothes. People told us they were free to practice their faith and religion as they wished. One person told us that they went to church regularly if they chose. We saw that the service had a set of values and believes that focused on people's abilities rather than their disabilities, this enabled people to have choice and control over their lives and make whatever decisions they wanted, with support from staff to do so.

People, perused active lifestyles and said they were able to do the social activities that they enjoyed. One person told us, "I like going to the theatre, I went to see Cinderella." Another person told us, "I am independent and can do whatever activities I like." Other people told us they attended a day centre and told us about the holidays they had been on. A member of staff told us that people were free to do whatever social activities they wished to do and people told us that staff supported their choice of activities.

Everyone spoken with said they were free to raise any concerns with the staff or the registered manager and were confident that they would be addressed. All staff spoken with knew how to raise concerns or complaints on behalf of people that lived at the home. People spoken with said they had no complaints, but felt if they had they would be addressed by the registered manager and staff.

We saw that people and their relatives completed quarterly questionnaires sent by the provider giving their opinion of the quality of the service. People also had access to self-addressed envelopes and questionnaires in their rooms, so they can make comments about the service at any time. This showed that the provider encouraged people to raise concerns, comments and suggestions about the service.

Is the service well-led?

Our findings

We saw that the service was not always monitored effectively. For example, we saw that there were procedures in place for the safe keeping and recording of medication. However, we saw that the medication cupboard keys were kept in an unlocked drawer and left on the desk, whilst a member of staff gave medicine to someone. The registered manager said they were unaware that this practice was taking place. People said they always received their medication. However, we saw examples where medication records had not been signed and the provider's monitoring arrangements had not identified this.

We saw that records kept for monitoring the service was disorganised, and resulted in the registered manager being unable to locate monitoring records, such as infection control audits, records of the provider visit reports and medication audits. The complaints records were unclear, as they were undated, the nature of the complaints were not recorded, so it would be difficult for the provider to monitor the complaint for trends and learning. We spoke with the registered manager about the inconsistencies in the process for monitoring quality within the service, given that at our last inspection the provider was able to demonstrate that there was an effective quality assurance system in place. The registered manager told us that the provider had already discussed introducing a standardised quality assurance process across the organisation, to ensure consistency in practice.

Since our last inspection there has been a change of registered manager and a new manager was registered with us in April 2016. The provider kept us informed of the changes as they are required to and has a history of complying with the requirements of the regulations. We saw that the registered manager was visible in the home and people living there and staff told us he was very approachable.

People told us they attended house meetings, so they were able to discuss things that happened in the house and we saw records to support this. We saw that people were asked to give regular feedback on the quality of the service they received and these were analysed for trends and learning. This showed that people were able to give feedback about the service on an on-going basis. Staff said they had regular meetings where they were able to put ideas forward for improvement and the provider used feedback sheets to obtain staff views on the service. This enabled people living at the home and staff to have a say on how the service was run. People told us that their views were acted upon. We saw that analysis of surveys completed May 2016, showed that people were happy with the service. The registered manager told us they had developed a healthy eating action group, based on people's comments.