

# Bedfordshire Supported Housing Limited

## Francis House

### Inspection report

10 Gibbons Road  
Bedford  
Bedfordshire  
MK40 1DQ

Tel: 01234344729

Website: [www.bedssupportedhousing.co.uk](http://www.bedssupportedhousing.co.uk)

Date of inspection visit:  
20 February 2018

Date of publication:  
24 April 2018

### 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

Francis House is a care home that provides accommodation and care for up to six people who are living with a mental illness, some of whom may also have a physical disability. At the time of our inspection six people were living in the home. The service was also supporting a further 35 people who were living with mental health illness in their own homes.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People using the service felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and they felt confident in how to report these types of concerns.

People had risk assessments in place to enable them to be as independent as they could be in a safe manner. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks and remain independent.

There were sufficient staff with the correct skill mix on duty to support people with their needs. Effective recruitment processes were in place and followed by the service. Staff were not offered employment until satisfactory checks had been completed.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service. Effective infection control measures were in place to protect people.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people. Staff gained consent before supporting people.

Staff received an induction process and on-going training. They had attended a variety of training to ensure that they were able to provide care based on current practice when supporting people. They were also supported with regular supervisions.

People were able to make choices about the food and drink they had, and staff gave support when required to enable people to access a balanced diet. There was access to drinks and snacks throughout the day.

People were supported to access a variety of health professionals when required, including opticians and

doctors to make sure that people received additional healthcare to meet their needs.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times. Care plans were written in a person centred way and were responsive to people's needs. People were supported to follow their interests and join in activities.

People knew how to complain. There was a complaints procedure in place and accessible to all. Complaints had been responded to appropriately.

Quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Further information is in the detailed findings below

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good	<b>Good</b> ●

# 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 comprehensive inspection took place on 20 February 2018 and telephone calls to staff were made on 23 February and 2 March 2018.

This inspection was unannounced and was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their expertise was of using this type of service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority, we checked the information we held about this service and the service provider. No concerns had been raised.

During our inspection we observed how staff interacted with people who used the service.

We spoke with four people who used the residential service, eight people who were being supported in their own homes and two of their relatives. We also spoke with the registered manager, the home manager, one senior support worker and two support workers.

We reviewed seven people's care records, four medication records, nine staff files and records relating to the management of the service, such as quality audits.

## Is the service safe?

### Our findings

People told us they felt safe. One person said, "There is a good alarm system and there is always a member of staff on duty. The door is always locked."

There were systems in place to protect people from avoidable harm. Staff had received specific safeguarding training. Staff were able to tell us what constituted abuse and how and what they would report. There was information displayed regarding how to report safeguarding.

People had risk assessments in place to enable them to as independent as possible whilst keeping them safe. Risk assessments included; finance, self-harm and health risks. These were written to inform staff what the risk was and what to do to try to mitigate the risk. These had been reviewed on a regularly basis.

the service continued to have equipment serviced on a regular basis by outside contractors.

There were sufficient numbers of staff with the correct skills mix on duty to provide care and support for people's assessed needs. People we spoke with agreed.

Staff had been recruited using a robust system. Staff files we looked at contained required checks including; a minimum of two references, Disclosure and Barring Services (DBS) check and proof of identity. One staff member said, "I was not able to start until everything was in place."

People told us they received their medication when prescribed. The medicines trolley was kept locked securely and only accessed by trained staff. Each person had an individual Medication Administration Record (MAR). We checked four of these and they had been completed correctly following legislation and guidance. We carried out a stock check of some boxed medicines, these reconciled with recorded numbers.

The senior support worker was responsible for medicines and carried out weekly audits to ensure no errors had been made. They told us that if they found any, they would speak with the manager and the staff member responsible and seek advice from a doctor or appropriate healthcare professional.

The home was visibly clean and concerns were not identified in relation to infection control. People were encouraged to assist staff with keeping their rooms clean and tidy. We observed staff cleaning the communal areas when we arrived, before people got up for the day.

Staff were aware of their responsibilities to report and record any incidents. The registered manager and manager told us that they would use these incidents to further their learning and would review processes to ensure repeat incidents did not occur. this was done through staff feedback and team meetings to discuss lessons learnt.

## Is the service effective?

### Our findings

People's needs had been assessed before they were offered a place at Francis House. The manager told us they needed to ensure they could offer the correct support for the person and that they would fit in with the other people who were already living there. Within people's records we saw evidence this had taken place.

Staff we spoke with told us they had received appropriate training to enable them to carry out their job role. One staff member said, "The training is very good, brilliant." People who used the service all told us they thought the staff were well trained.

Staff told us they received induction and regular supervisions. One staff member said, "I had a really good induction and was introduced to people before I went out on my own." We saw that all staff had received regular supervisions at a one to one meeting.

Staff told us the registered manager and manager were both very supportive. One said, "[Name of registered manager] is supportive for personal issues as well as work." They went on to give us an example of when personal support had been given.

People told us that staff supported them with food preparation if they needed it. Most people were able to get their own breakfast and lunch but staff helped with the main meal in the evening. One person said, "Mostly I make my own meals. They always make the evening meal and we help when we can. We get our food delivered by [name of supermarket]. We help choose the order." The manager told us that the menu was devised between staff and people who used the service.

People were supported to access additional healthcare when required. One person said, "They arrange my appointments for me." Within care records we saw people had attended a variety of appointments including hospitals, dentist, doctors and opticians. The manager told us that people were supported at appointments if required and staff would make referrals for people when needed.

Each person had their own room which they were encouraged to furnish as they wished. The house had been adapted to meet people's needs. There was enough space for people to be together or spend time alone. There was a rear garden where people went out to smoke. A shelter had been built for protection. We observed this being used.

People told us staff always gained consent. One person said, "Yes, they always ask us, they don't come into our rooms without asking." We observed staff gaining consent throughout our inspection. This included for speaking with the inspector and asking if they were ready for medication. Within care records we saw people had signed consent forms for care and treatment.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff

had received training for MCA and DoLS and were aware of the requirements.

## Is the service caring?

### Our findings

People told us staff were kind and caring. One person said, "Yes they are all very good. [Name of registered manager] is especially good and kind." We observed staff treating people with kindness, there was a good rapport between staff and people and this was enjoyed. Staff spent time with people and they were not rushed. They chatted throughout the day about things of importance and interest to people.

It was obvious staff knew people well; they were able to tell us about people, their histories, likes and dislikes and family and friends.

People told us they were supported to express their views and were involved in decision making. One person said, "We have regular meetings one to one and staff keep me informed about what is going on. I can have a meeting whenever I want." Within people's care plans we saw evidence that people had been involved in every step of their care plan and decision making.

The manager told us that there was an advocacy service available for anyone who needed it. This service would enable people to have independent support if required. Information leaflets were available.

People told us they had their privacy and dignity respected. They had keys to their rooms to enable them to be kept locked and private. We observed staff knocking on doors and awaiting a response before entering. People were introduced to the inspectors and asked if they wanted to speak with them. If they chose not to, this was respected. One person said, "They always knock before entering my room. They remind me about my appointments. They are good people who genuinely care for me."

Staff encouraged people to be as independent as they could be, whilst keeping safe. Within care plans we saw documentation which recorded people's abilities and longer term goals.

People told us they could have visitors at any time. One person told us their family visited on a regular basis.

## Is the service responsive?

### Our findings

Within people's care records we saw they had been involved in their development. People told us that they had been involved from the beginning by assisting with the completion of forms and telling staff about themselves. One person said their parents had also been involved.

Care plans were written in a person centred way for each individual. They showed the persons background, social and emotional needs and future goals. Each person had a named key worker who sat with them on a regular basis to update their care plan, assess their progress and make new achievable goals. Care plans had been reviewed on a regular basis. One person said, "Every month I have a monthly summary care plan meeting. I have a care plan meeting every 6months. The last one was done in January 2018."

People told us, and we observed, they were supported to follow their interests. One person said, "I like computer games, the internet movies and other stuff. They (staff) help me lots." Another person told us that staff had helped get them on a confidence building course which had helped them a lot.

People were encouraged to develop friendships and they went out into the community to meet people.

People told us they knew how to complain. One person said, "I would speak to [staff member]." There was a complaints policy in place. Complaints had been responded to according to the policy and to the satisfaction of all concerned.

## Is the service well-led?

### Our findings

The management had a clear vision for the service. They were aware of the day to day activities and culture as they were on site on a daily basis. There was an open door policy where people and staff could speak with the registered manager or the manager. People and staff we spoke with told us that the management was available and very supportive.

There was a registered manager in post who was aware of their registration requirements. 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 2008 and associated Regulations about how the service is run.

Staff and management were aware of their responsibilities. There were processes in place for staff to account for their decisions made on a daily basis. Data was kept confidential, staff had individual log in accounts for the computer and paper files were kept locked in the office.

People who used the service told us they had been involved in any refurbishment or decoration. They told us the staff always kept them involved in whatever was happening in the home. This was at house meetings which had been held on a regular basis.

Staff told us there was a whistle blowing policy in place. One staff member said, "I would whistle blow. I am not afraid to whistle blow." Staff and residents meetings had been held on a regular basis to enable people to speak about any concerns they may have had or to make suggestions.

A number of quality audits had been carried out. These included care records, medication and maintenance records. The provider had carried out regular inspections of the service and reports for these were seen. If any issues had been found action plans had been put into place and signed off when complete. The registered manager told us that these would be used as learning and to assist with future development of the service.

The registered manager told us they had a very good open relationship with other agencies who were involved in supporting people who used the service. They explained they had direct contact with a number of agencies to enable swift action to be taken if required.